



WARSZAWSKI UNIWERSYTET MEDYCZNY

Evidence-Based Practice – Why the importance of measure?

ESCOLA SUPERIOR DE SAÚDE DA CRUZ VERMELHA PORTUGUESA

*Cátia Concórdia
Ricardo Cotrim
2011, November*



I – EVIDENCE-BASED PRACTICE (EBP):

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based means integrating individual clinical expertise with the best available external clinical evidence from systematic research.



(Sackett *et al.*, 1996)

The WCPT recognises the absolute importance of the development and documentation of agreed standards for the practice of physiotherapy.

- Demonstrate to the public that physiotherapists are concerned with the quality of the services provided and are willing to implement self-regulatory programs to maintain that quality;
(...)
- Guide practitioners in the conduct and evaluation of their practices;
(...)
- Standards must be based on valid principles and be measurable;
(...)
- Standards should serve as a means of communication with members of the profession, employers, other health professions, governments and the public.

I.I - EBP, How to do it?

Five steps:

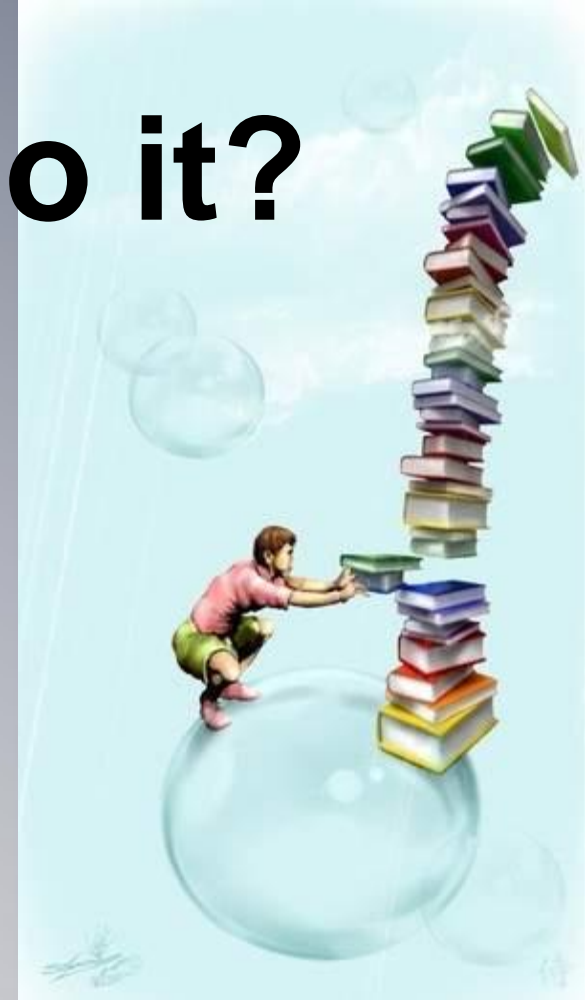
1 – Asking

2 – Acquiring

3 – Appraising

4 – Applying

5 – Assessing



1 - Asking:

- **P.I.C.O.:**
 - What type of **P**articipants;
 - What type(s) of **I**nterventions;
 - What type(s) of **C**omparisons;
 - What type(s) of **O**utcomes.

2 - Acquiring:

- **Systematically Search:**
 - Define keyword;
 - Define support type;
 - Define where to search;
 - Choose evidence with the most applicability potential, accreditation and reliability;

3 - (Critical)

Appraising:

- Considered a key skill on every health care provider:

- Professional Responsibility;
- Need for an effective reading;
- Huge overload of information;
- Information filtering.
- Recognize and apply correct searching methods;
- Knowledge of data base differences and adequateness;
- Bias recognition.

4 - Applying:

- Best Evidence Available + Clinical Expertise + Patient Preferences:

- Create questions based on the patient problems, results to achieve, study type adequateness .

5 - Assessing:

• Audits:

- Confronting the therapist practicing standards vs evidence;
 - Is the study related to a specific issue?
(...)
 - Were both subjects and investigators blind?
 - Were all subjects considered on the final considerations?
(...)
 - How precise and significant were the results?
- All results were considered in order to apply them in clinical context?

II - Measure?



*Yes, it's a
"LEGAL AND PROFESSIONAL REQUIREMENT"*

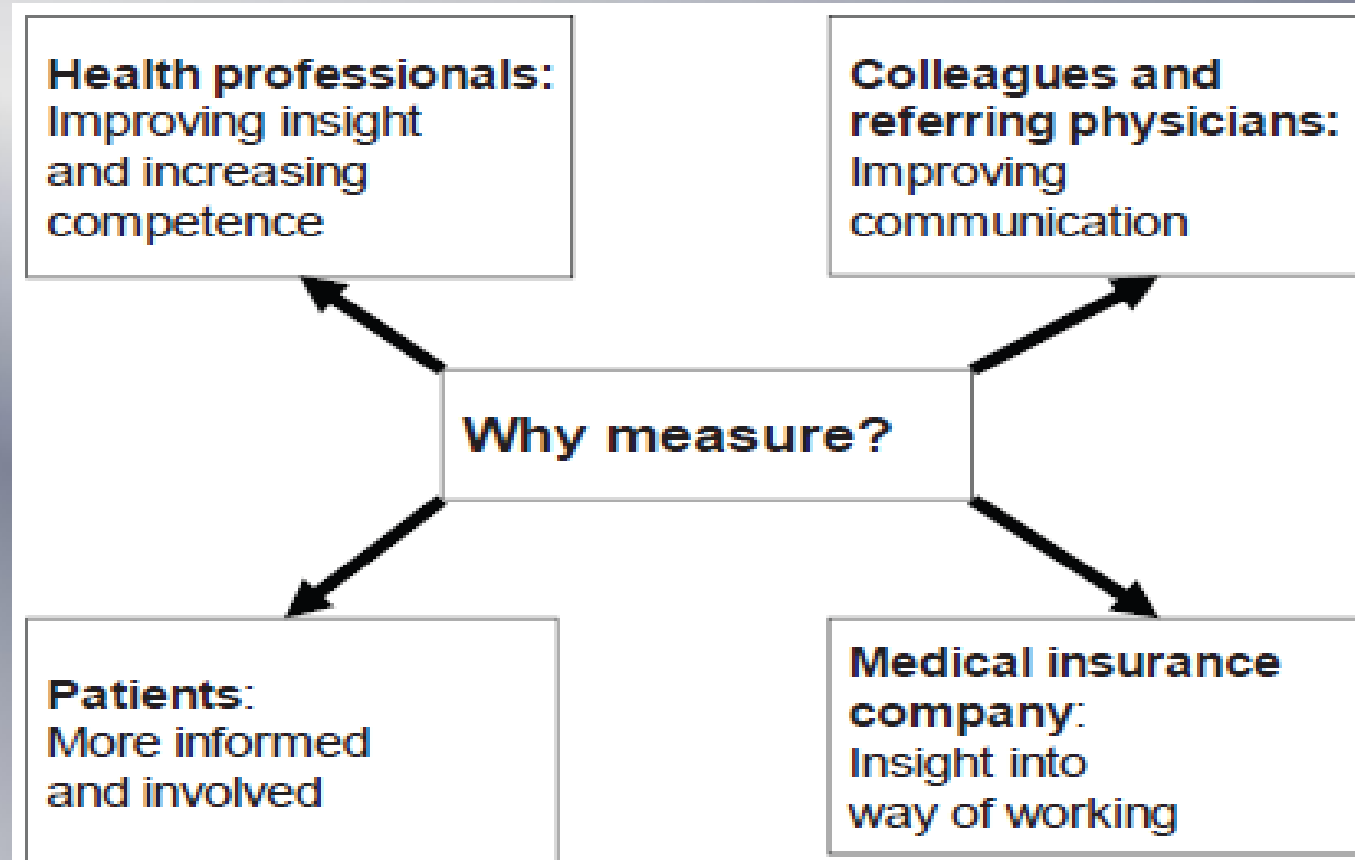
*"FAILURE TO MAINTAIN ACCURATE PHYSICAL THERAPY
RECORDS IS DEEMED TO BE NEGLIGENCE"*



PROOF OF WORK BEEING DONE!!!

(WCPT guideline for physical therapy records management: record keeping, storage, retrieval and disposal, 2011)

II.1 - So, why measure?



Factors of relevance to use measurement instruments in clinical practice.

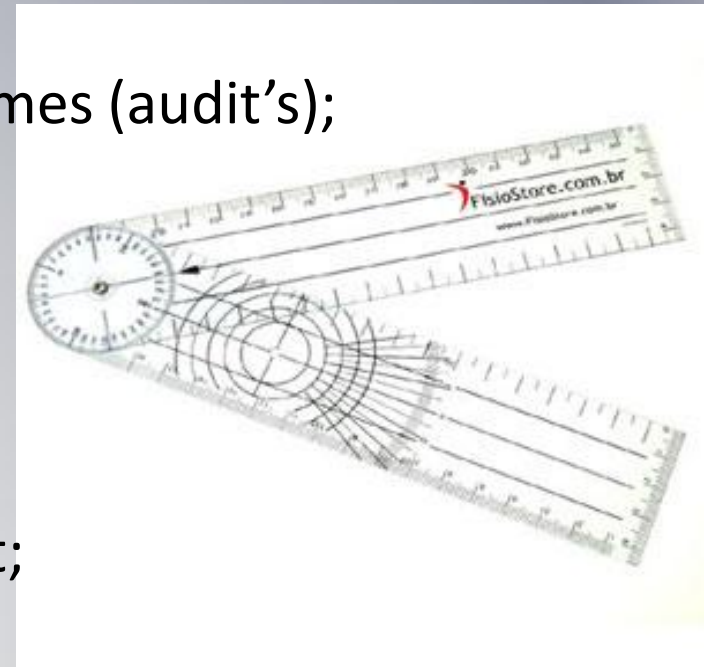
II.I - So, why measure?

- **Practice indirectly related matters:**

- Easily and proper accessible information improving safety...
- Investigation;
- Support quality standardization programmes (audit's);
- Legal matters;
- Statistical information;

- **Practice directly related matters:**

- Clinical reasoning facilitator;
- Provide evidence on the work carried out;
- Effectiveness of procedures;
- Promote multidisciplinary work and continued health care;



(WCPT Policy Statement: Physical Therapy Records Management record keeping, storage, retrieval and disposal, 2011;)

II.II - Measure Instruments

The use of measurement instruments should not be a goal but a tool that supports the clinical decision making process.

A way to classify measurement instruments is the **ICF**. Using this framework gives a clearer understanding of the kind of measurement instruments used in clinical practice: focusing on **impairments in function**, on **disabilities**, on **personal factors** or on **external factors**.



II.II - Measure Instruments

How to select the outcome measure?

Selection – Psychometric Criteria

Appropriateness;
Reliability;
Validity;
Responsiveness;
Precision;
Interpretability;
Acceptability;
Feasibility.



(Fitzpatrick *et al.*, 1998)

III – Barriers

But, there are current barriers for implementation of standardised measures:

Cochrane *et al.* identified seven categories of **barriers**:

- 1 - supports/resources;
- 2 - cognitive/behavioral;
- 3 - healthcare professional;
- 4 - system/ process;
- 5 - attitudinal/rational-emotive;
- 6 - clinical practice guidelines/evidence for physical therapy;
- 7 - patient factors.



(Swienkels *et al.*, 2011)

III – Barriers

Swienkels et al. (2011) made a study with the aim to investigate the current use of measurement instruments, and related barriers and facilitators in the use of measurement instruments in clinical physical therapy practice.

Comparing the results of this study with other studies in the literature, the same problems prove to exist in different countries regarding the use of measurement instruments.

There were a comparison between private practice and nursing home physiotherapy.

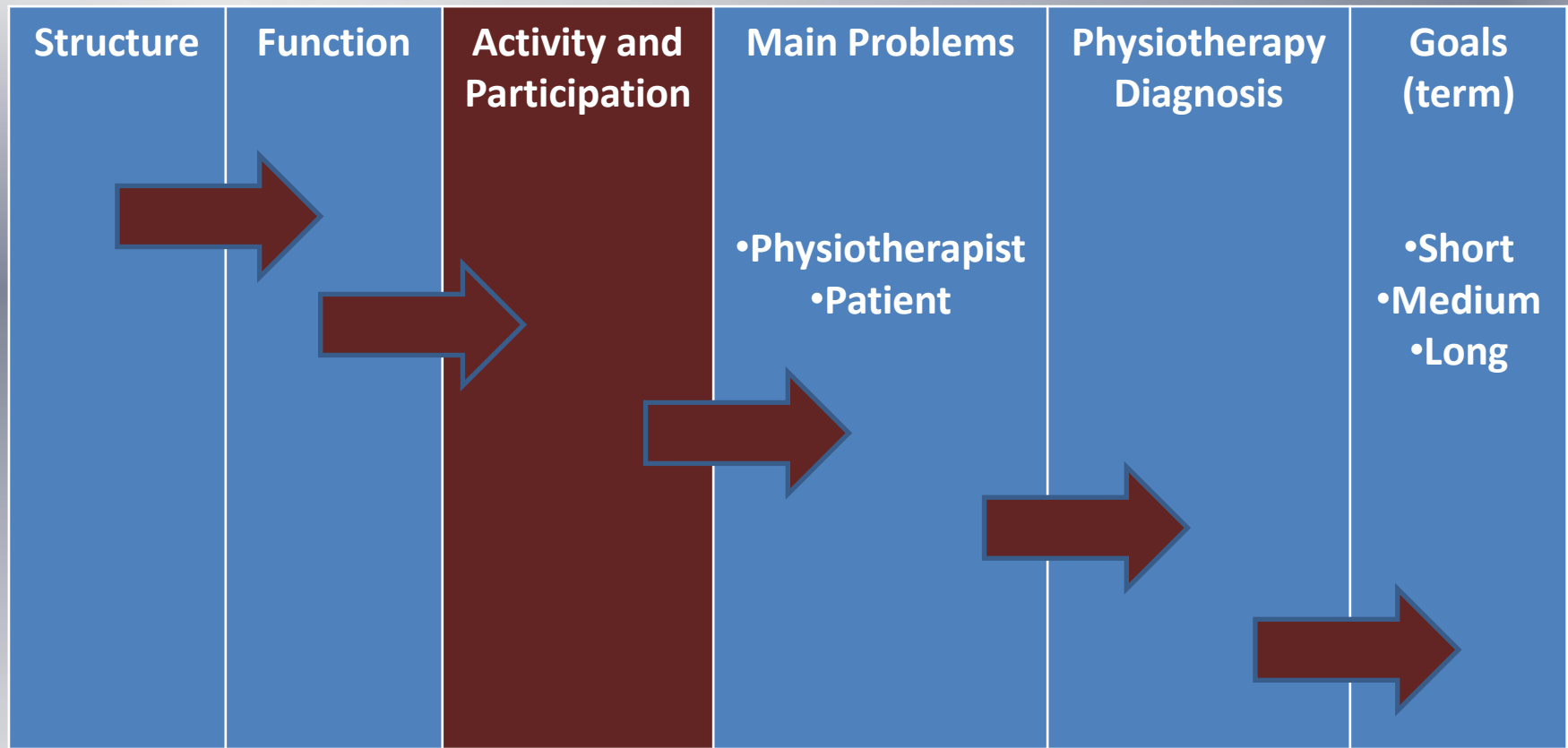
III – Barriers

The five most frequently used measures listed by nursing home physical therapists were in the “**activity**” category, but none were in the “**participation**” category.

Physical therapists, particularly in orthopaedic practice, have traditionally focused on the **measurement of impairments** such as pain, range of motion and muscle strength, but have not utilized standardized measures of **activity** and **participation**.

Based on their findings, the assessment of **activity** and **participation** is clearly not routine in private practice.

III – Assessment using ICF





**It can be confused but it's just a
matter of work and time!!!!**

Dziękujemy!!!!

WARSZAWSKI UNIWERSYTET MEDYCZNY

Cátia Concórdia

Ricardo Cotrim

2011, November

IV – References

- Cruz, E., Silva, M. (2005). *Análise Crítica da Evidência. Essfisionline*, 1 (2);
- Fitzpatrick, R., Davey, C., Buxton, M., Jones, D. (1998). *Evaluating patient based outcome measures for use in clinical trials. Health Technol Assessment*, 2 (14);
- International Classification of Functioning, Disability and Health. *World Health Organization*, 2004;
- World Confederation of Physical Therapy (2011). *Guideline for physical therapy records management: record keeping, storage, retrieval and disposal*;
- World Confederation of Physical Therapy (2011). *Policy Statement: Physical therapy records management, record keeping, storage, retrieval and disposal*;
- World Confederation of Physical Therapy (2008). *European Core Standards of Physiotherapy Practice* ;
- Sackett, D., et al. (1996). *Evidence based medicine: what it is and what it isn't. BMJ*, 312, 71-72;
- Swienkels, R., et al. (2011). *Current use and barriers and facilitators for implementation of standardised measures in physical therapy in the Netherlands. BMC Musculoskeletal Disorders*, 106 (20).

