

LEADING EVIDENCE - BASED PRACTICE CHANGE

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High-quality evidence is not applied in practice on a consistent basis. (1) This can occur on multiple levels – from the individual level to the program level. In seating and mobility, for example, we sometimes find that individuals in tilt-in-space wheelchairs are not being tilted to the degree required for off-loading the ischial tuberosities. In addition, there may be no prescribed weight-shifting schedule, despite the evidence for pressure injury prevention. Whether it is due to a clinician's lack of knowledge of the evidence or due to a Director of Care labelling a tilt-in-space wheelchair a restraint and limiting its intended use, understanding principles of change management and knowledge translation can help to effect practice change on multiple levels.

This presentation will highlight clinical practice guidelines related to seating and mobility and pressure injury prevention that provide the foundation for evidence-based practice. In addition, this presentation will review some of the main theories related to change management, including Kotter's 8-Step Process for Leading Change, but will focus primarily on leading practice change through the application of Knowledge Translation principles. Knowledge translation, also known as knowledge transfer, will be defined and the Canadian Institutes of Health Research (CIHR) Knowledge to Action Process model will be highlighted. Each phase of the model will be reviewed, including assessing barriers/facilitators to knowledge use and selecting appropriate evidence-based interventions to overcome barriers. A practical application of the model will be described, with an example given related to staff/caregiver training and wheelchair cushions. Theories related to adult education and learning styles will be discussed as this also has an impact on the transfer of information and implementation of knowledge. Participants will be encouraged to reflect on how to apply knowledge translation to effectively lead change in their practice settings, whether in changing clinical practice, program policies or in informing/altering actions of staff/caregivers/clients.

Learning objectives:

Upon completion of this workshop, participants will be able to:

1. Identify at least 6 clinical practice guidelines related to seating and mobility and pressure injury prevention
2. Articulate at least 2 change management theories
3. Describe at least 5 phases of the CIHR Knowledge to Action Process model
4. Apply the Knowledge to Action Process in their work setting either to effect clinical practice change or to inform staff/caregiver/client actions

References:

1. Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*. (26).13-24.

Speaker Bio

Sheilagh Sherman, BA, BHScOT, MHM, OT Reg. (Ont.) is the Clinical Educator for Sunrise Medical Canada. Sheilagh hosts Cyber Series webinars monthly and writes articles on the clinical aspects of seating and mobility monthly for her blog, found at www.clinical-corner.com. Sheilagh has presented at provincial, national, and international conferences, in addition to leading workshops throughout Canada.