

Position Statement

Summary Statement of Position

Evidence-informed practice (EIP) is a key element of best practice in occupational therapy. In recognition of the importance of EIP, Occupational Therapy Australia (OTA) expects that occupational therapists use professional reasoning to integrate information from their clinical expertise, research evidence, client values and circumstances and practice context, when making decisions about practice.

The Occupational Therapy Profession

Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2011).

In order to practice in Australia, occupational therapists must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) and as part of this registration must meet and maintain continuing professional development requirements. Entry level qualifications in occupational therapy are at a minimum, an undergraduate Bachelor's Degree (or equivalent) or entry level Master's Degree. Many occupational therapists may also have postgraduate qualifications in their practice area of choice at Masters or Doctorate level.

Occupational therapists provide services across the life span as well as across a range of clinical areas and of particular importance in the primary health sector including chronic disease management, rehabilitation, mental health, intellectual disability, and physical disability. Services may include specialised assessment, intervention / therapy, team consultation health promotion and community development.

Occupational therapists work within a biopsychosocial framework addressing occupational performance to enable participation in life situations. Practice areas in which an occupational therapist may deliver services include: activities of daily living, enablement of social and economic participation, functional assessment, driving assessment, assistive technology recommendation and implementation, environmental modifications (including home, school and workplace), specialised interventions, rehabilitation, hand therapy, mental health intervention including focused psychological strategies, post-hospital discharge follow-up, and cognitive assessment and intervention.

Purpose of the Position Statement

This statement identifies evidence-informed practice as an essential component of contemporary healthcare delivery and a responsibility of both the occupational therapy profession and individual occupational therapists. This position statement reviews the background, information, responsibilities and challenges required for evidence-informed occupational therapy. It provides recommendations to occupational therapy practitioners, educators, and employers in order to strengthen the evidence-informed approaches of Australia's occupational therapists.

Rationale

Evidence-informed practice is an accepted professional requirement in healthcare (Sackett et al, 2000). Evidence informed occupational therapists use clinical reasoning to integrate information from four sources: clinical expertise, research evidence, the patient's values and circumstances, and the practice context.

Occupational therapists are expected to adhere to evidence-informed practice principles as

- (a) it is part of their registration requirements
- (b) clients expect and deserve services informed on best available evidence
- (c) funding bodies increasingly require evidence for approval and continuation of services.

By integrating the best available research evidence with information from clinical experience, clients, and the practice context, the reasoning behind therapists' clinical decisions becomes apparent, which can serve to reinforce professional accountability. Evidence-informed practice also promotes an attitude of inquiry and reflection among clinicians, fosters life-long learning, and can contribute to the appropriate use of finite health resources

Policy and Environmental Context

Registration

Evidence informed practice is enshrined in the Occupational Therapy Board of Australia's *Code of Conduct for Occupational Therapists* (2014) (section 2.2a, 2.2h, 2.2n, 2.2o and 2.2p). In addition to being fundamental to good practice, the Australian Health Professional Regulation Agency (AHPRA) expects that all registered health practitioners will have the qualifications and the contemporary knowledge and skills to provide safe and effective health care within their area of practice informed by evidence-informed practice.

Occupational therapists make decisions regarding screening, assessment, goal setting and selection, implementation, and monitoring of interventions to address clients' occupational needs. These decisions must be informed upon integration of the best available research evidence with the clinical expertise, client's preference, and the practice context.

- Evidenced informed practice is acknowledged to be an integration of the best available research evidence with the clinical expertise, client's preference, and the practice context.
- Research methodologies and evaluation strategies are dynamic and it is the responsibility of the occupational therapist to ascertain the available research evidence and to critically evaluate the calibre of the evidence. OTA recognises that the strength of evidence for the monitoring of effectiveness of any specific occupational therapy intervention or approach is a function of a number of factors related to the relevant research studies Contemporary tools such as Cochrane evaluations for qualitative and quantitative studies can be utilised <http://www.cochrane.org/contact/methods-groups#g-38>. The quality of the available research evidence impacts on the profession's standing in the health and general community and is the responsibility of the profession and our association to contribute to the body of research and to utilise it in practice.
- OTA acknowledges that the absence of published research investigating an occupational therapy intervention does not always mean that the intervention is ineffective or inappropriate.
- When there is no research evidence for effectiveness of an intervention, that intervention should be used with caution, with regular reviews to ensure that the intervention is meeting the goals of the client.
- OTA acknowledges that occupational therapists have a range of professional questions that extend beyond those about intervention effectiveness. These may include questions about: the accuracy of an assessment/s, prognosis (i.e. the likely outcome for a client, either with

or without intervention), clients' experiences and concerns for a particular situation, or the frequency, aetiology, or risk factors for a condition occurring.

- The best available evidence should be used as the default position for all practitioners. Occupational therapists may need to critically evaluate study methodologies where conflicting evidence of effectiveness exists, as well as evaluating the applicability of evidence where the cohort or diagnostic group is heterogenous. Where there is evidence that practice is not effective, that practice should not be implemented by a registered occupational therapist.

Within the evaluation of the evidence, occupational therapists should consider cost effectiveness; alongside the clients' best interest. This is in accordance with the OTBA (2014) Code of Conduct (1.2 and 2.2h), to ensure that practitioners act ethically with regard to the wellbeing of their clients.

- OTA acknowledges that best available evidence should be used as the default position for all continuing professional development. In accordance with the OTBA, professional development activities should be aligned with contemporary evidence-informed practice activities.

Role of Occupational Therapists Statement of Position Taken by OTA

Evidence-informed occupational therapy practice demands that both client goals and values, as well as the occupational therapist's knowledge, be used in decision making. This is a collaborative process between the therapist and the client and/or caregivers. The client provides expert knowledge which is crucial for determining meaningful occupational priorities. The client's perspective on medical, developmental and social barriers to occupational performance is important information for understanding and taking action on issues. Also important are the client's subjective evaluation of present capacities, knowledge of personal and environmental resources and limitations, desired outcomes, acceptability of and preferences for specific plans and criteria for success (Egan et al, 1998; Fearing et al, 1997).

The occupational therapist provides knowledge of client, environment and occupational factors relevant to enabling occupation. Ideally, this evidence is derived from a critical review of the research literature, and professional experience. The occupational therapist uses this information to assist the client to name and prioritise occupational performance issues. Occupational therapy interventions are most effective when responsive to the patient's specific problems, strengths, personality, sociocultural context, and preferences.

A central goal of evidence-informed practice is to maximise client choice among effective alternative interventions. The occupational therapist and client should work collaboratively to consider the options for managing the identified issue and the benefits and opportunity costs of each option, and decide on targeted outcomes, the preferred option and methods for evaluating the outcomes.

Significance of the Statement to Society

This statement will be of use to those who require knowledge of how and why evidence should be used by occupational therapists; this may include occupational therapy students, practitioners, educators, researchers and registration board members, as well as clients, employers, administrators, funders and other health, social service or education workers.

Recommendations

Occupational therapists, clients, administrators, regulators, the public at large and the professional and academic community must assume an active role in advocating for evidence informed occupational therapy. The net result is that clients and funders are benefitting from occupational therapy services which are informed / underpinned by the best available evidence.

All stakeholders should assume an active role in advocating for evidenced informed practice, but occupational therapists must take full responsibility for ensuring that they keep informed about the available evidence and work collaboratively with clients in decision-making relevant to their care.

For occupational therapy practitioners

- OTA expects that occupational therapists are evidenced informed in their practice. This involves integrating the best available research evidence with clinical expertise, client's preference, and the practice context.
- In order to be evidenced informed in their practice, occupational therapists use clinical reasoning to integrate information from their clinical expertise, research evidence, the client's values and circumstances, and practice context, when making decisions.
- OTA expects that members will set measurable occupational goals and will measure outcomes with all clients to ensure that they receive systematic feedback on the effectiveness of their services. Where appropriate, standardized outcome measures are to be used. and can be sought and evaluated

For employers of occupational therapists

- Employers of occupational therapists have a role in facilitating evidence informed practice through policies and resourcing. This may include support to develop skills in evidence-informed practice. This includes policies which facilitate evidence-informed practice (Novack and McIntyre, 2010), as well as resources such as time, access to databases offering online access to research of relevance to occupational therapy interventions (Bennett et al, 2011), and access to evidence-informed CPD.

For educators and researchers

- Occupational therapy education programs are responsible for preparing future occupational therapists for evidence-informed occupational therapy practice. This responsibility includes teaching and assessing students' knowledge and skills in the core components of evidence-informed practice.
- The field of evidence-informed practice is dynamic and evolving, and therefore the evidence-informed practice curricula requires regular review to reflect changes in the field.

For Occupational Therapy Australia

- Professional associations have a role in providing evidenced informed continuing professional development (CPD) opportunities and ensuring that CPD opportunities are appropriately evidenced informed, including evidence of emerging research. Thus, CPD activities without a demonstrable evidence base, including emerging research, that does not meet the definition endorsed by the OTA or with an evidence base that demonstrates poor or harmful outcomes should not be sanctioned by the professional association.
- Professional associations have an important role in assisting occupational therapists to practice in an evidence informed manner by actions that support the development of evidence informed practitioner skills, such as facilitating awareness and access to resources, and offering evidence informed skill development (e.g. understanding and developing systematic review, reflective practice).
- Furthermore, the association has a role in advocating the use of evidence informed practice to ensure the quality of practice experienced by the users of occupational therapy services and to uphold the reputation of the profession. It is mandatory for occupational therapists to commit time and effort to locating, applying and implementing the evidence base, including regular review and adaptation of practice approaches in light of new evidence.

References/Bibliography

1. Hoffmann, T., Bennett, S., & Del Mar, C. (2013). *Evidence-informed practice across the health professions* (2nd ed). Australia: Churchill Livingstone.
2. The Australian Health Practitioner Regulation Agency (AHPRA). (2014). *Occupational Therapy Board of Australia Code of Conduct*. Retrieved from: <http://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>
3. World Federation of Occupational Therapy (WFOT). (2011). *WFOT statement on occupational therapy*. Retrieved from: <http://www.wfot.org/Portals/0/PDF/STATEMENT%20ON%20OCCUPATIONAL%20THERAPY%20300811.pdf>
4. Egan, M., Dubouloz, C.J., von Zweck, C. & Vallerand, J. (1998). The client-centred evidence-informed practice of occupational therapy. *Canadian Journal of Occupational Therapy*, 65, pp.136-143.
5. Fearing, V. G., Law, M., & Clark, J. (1997). An occupational performance process model: Fostering client and therapist alliances. *Canadian Journal of Occupational Therapy*. 6. pp. 7-15.
6. Novak, I., & McIntyre, S. (2010). The effect of education with workplace supports on practitioners' evidence-informed practice knowledge and implementation behaviours. *Australian Occupational Therapy Journal*. 57. pp. 386-93.
7. Bennett, S., McCluskey, A., Hoffmann, T. & Tooth, L. (2011). Resources to help occupational therapists access and appraise evidence. *World Federation of Occupational Therapists bulletin*. 64. pp.18-23.
8. Bennett, S. & Bennett, J.W. (2000). The process of evidence-informed practice in occupational therapy: Informing clinical decisions. *Australian Occupational Therapy Journal*. 47. pp. 171-80.
9. Sackett, D.L., Rosenberg, W.M.C., Gray, J.A.M., Haynes, R.B. & Richardson, W.S. (1996). Evidence informed medicine: what it is and what it isn't. *British Medical Journal*. 312. pp. 71–72.
10. Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W. & Haynes, R.B. (2000). *Evidence-informed medicine: How to practice and teach EBM* (2nd ed.). Edinburgh: Churchill Livingstone.

Glossary of Terms

Evidence-informed occupational therapy: OTA endorses the definition of evidence-informed occupational therapy practice as a process that ‘using clinical reasoning to integrate information from four sources: clinical expertise, research evidence, the patient’s values and circumstances, and the practice context.’¹ (Hoffmann et al 2013, p.4).

Qualitative research: is a systematic, subjective approach used to describe life experiences and give them meaning.

Quantitative research: is a formal, objective, systematic process used to describe and test relationships and examine cause-and-effect interactions among variables. The design of quantitative research permits the application or generalisation of findings from a smaller number of studies to a larger population. When determining the effectiveness of an intervention, it is quantitative research which forms the basis of the best evidence described in the definition of evidence informed occupational therapy above.

Date approved

Review Date

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