



October 2018

Increasing Rehabilitation Therapists' Confidence Utilizing Evidence-Based Interventions: Pilot Study

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Recommended Citation

Hovick S, Provident I. Increasing Rehabilitation Therapists' Confidence Utilizing Evidence-Based Interventions: Pilot Study. *The Internet Journal of Allied Health Sciences and Practice*. 2018 Oct 17;16(4), Article 13.

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Increasing Rehabilitation Therapists' Confidence Utilizing Evidence-Based Interventions: Pilot Study

Evidence-based practice enables rehabilitation therapists to provide the best quality of care and outcomes for patients. However, rehabilitation therapists are often not confident in using evidence in many settings.

Purpose. The objective of this evidence-based practice project was to determine if educational small group sessions enhanced occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, and a speech and language pathologist's confidence in utilizing and applying evidence.

Method. Eleven rehabilitation therapists of multiple disciplines (occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, and a speech and language pathologist) from a skilled nursing facility participated in six educational sessions designed to increase evidence-based practice. A pre- and post-test utilizing the Evidence-Based Practice Profile Questionnaire (EBPPQ), measured change in therapists' confidence regarding evidence-based practice.

Results. Results on the Evidence-Based Practice Profile Questionnaire concluded that 7 of 11 rehabilitation therapists reported an increase in confidence levels.

Conclusion. Educational small group sessions can be an effective method to assist rehabilitation therapists in developing this confidence.

KEYWORDS: Evidence-based practice, confidence levels, rehabilitation therapists, educational sessions, skilled nursing facility

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The Internet Journal of Allied Health Sciences and Practice

Dedicated to allied health professional practice and education

Vol. 16 No. 4 ISSN 1540-580X

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Abstract

Evidence-based practice enables rehabilitation therapists to provide the best quality of care and outcomes for patients. However, rehabilitation therapists are often not confident in using evidence in many settings. **Purpose:** The objective of this evidence-based practice project was to determine if educational small group sessions enhanced occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, and a speech and language pathologist's confidence in utilizing and applying evidence. **Method:** Eleven rehabilitation therapists of multiple disciplines (occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, and a speech and language pathologist) from a skilled nursing facility participated in six educational sessions designed to increase evidence-based practice. A pre- and post-test utilizing the Evidence-Based Practice Profile Questionnaire (EBPPQ), measured change in therapists' confidence regarding evidence-based practice. **Results:** Results on the Evidence-Based Practice Profile Questionnaire concluded that 7 of 11 rehabilitation therapists reported an increase in confidence levels. **Conclusion:** Educational small group sessions can be an effective method to assist rehabilitation therapists in developing this confidence.

KEYWORDS: Evidence-based practice, confidence levels, rehabilitation therapists, educational sessions, skilled nursing facility

INTRODUCTION

The American Occupational Therapy Association (OTA) defines evidence-based practice (EBP) as the incorporation of critically appraised research results along with clinical expertise and the patient's desires, values, and beliefs.¹ Various professionals in health care including physicians, nurses, and therapists throughout the United States and other countries, apply EBP to everyday job responsibilities.^{2,3} Incorporating evidence into treatment has been suggested as the means to provide the best outcomes for patients.⁴ For this EBP project, the process of locating, appraising, and applying research to specific clinical questions is the definition of EBP.⁵

Within the past decade, academic occupational therapy programs emphasize EBP approaches in formal curricula.⁶ Due to this recent emphasis, practitioners who have been in the field for more than five years often lack knowledge on the process of finding, evaluating, and translating evidence into clinical practice. McCluskey completed a study on increasing use of evidence by occupational therapists and discussed the perceived barriers of implementing EBP.⁷ McCluskey concluded that the biggest barriers are limited time, lack of access to evidence at the workplace, difficulty evaluating the quality of research, and not understanding the statistical analyses in previous studies.⁷ Due to these perceived barriers, a need for increased educational preparation was addressed by incorporating training related to the skills and knowledge required to retrieve, appraise, and apply evidence to interventions in an effort to increase the therapist's confidence in using evidence and increase the amount of evidence utilized in intervention sessions.⁸

As academic preparation and requirements to utilize EBP increase, there is an increase in the use of EBP practice by therapists who have been trained.⁹ As the practice increases, therapists' confidence in utilizing evidence also increases.³ However, there is limited literature on the outcomes of improving practicing therapists' confidence and the subsequent use of evidence within occupational therapy practice settings after implementing a structured evidence-based education and practice program in the workplace, which is the aim of this EBP project.³

Numerous studies have found that education-focused interventions have improved therapists' knowledge and skills but the impact on change in behavior has varied effectiveness.^{10,11} Fruth et al. found that participation in topic-specific presentations significantly ($p < 0.05$) increased therapists' confidence in incorporating published research into practice.¹² Kim et al. also concluded that through the use of a two-hour lesson on EBP and description of clinically integrating EBP, therapists had a significant increase in EBP use ($p < 0.05$) and knowledge ($p < 0.05$).¹³ Lastly, Doyle and Bennett, found that an 8 hour theoretically based evidence-based workshop increases therapists' knowledge, attitudes, behaviors, and confidence utilizing evidence.¹⁴

The format and the content of the educational sessions used in this EBP project were based on the best available literature identified and appraised.^{10,13} The articles reviewed showed differing lengths of education (one day to thirteen weeks) which were effective for increasing therapists' confidence in EBP. Brangan et al. concluded that a one-day evidence-based training course that included didactic lectures, case studies, and small group work increased therapists' confidence in determining if evidence applies to their client base.⁶ Bennett et al. concluded that participants' confidence in using EBP skills was statistically significant ($p < 0.001$) following a 2 hour per week, 13-week, EBP course using didactic lectures and hands-on database searching sessions.¹¹ Small group work within focused educational sessions is used to encourage collaboration between therapists and has personal, academic, and social benefits, such as teamwork, support, and encouragement from peers.¹⁵ Using the literature to guide the design, a 6-week time frame was decided upon for this project based upon a reasonable average of the previously published literature and the availability of the potential participants. The focused question guiding this EBP project was: What are the outcomes of practicing therapists' confidence in utilizing EBP for intervention after implementing a structured 6-week evidence-based education and practice program in the workplace?

METHODOLOGY

In an effort to improve the confidence of a multi-disciplinary rehabilitation team, the project was designed for a convenience sample of 16 rehabilitation therapists working in a skilled nursing facility in northern Illinois. The first author, who worked as an occupational therapist at the facility and was earning her clinical doctorate created educational sessions based upon a review of the literature for effective EBP education. The second author substantially guided the design and validated outcome data through an educator-student relationship. This project was completed as a part of the first author's doctoral program and voluntary recruitment measures were used to avoid coercion of peers. Ethical approval was obtained by the university institutional review board (IRB) which approved methods for recruitment, project implementation, data gathering, and the informed consent forms used. An information letter, including the purpose and description of the project, the time commitment involved, and a request to voluntarily participate, was posted in the therapy gym for the 16 rehabilitation therapists employed at the setting to consider participation.

Participants

Of the 16 potential participants, 13 initially volunteered but due to various circumstances, only 11 participants completed the entire project of six educational small group sessions held in the therapy gym during the therapists' lunch time. Participant identity was masked as each therapist chose a 4-digit code used on all written documents, to allow for proper pre-post comparison. Demographic information and signed informed consent forms were gathered prior to the first educational session. Table 1 outlines the demographics of the 11 rehabilitation therapists who participated in and completed the educational small group sessions.

Table 1. Demographic Information for Participants

Demographics	Number of participants per category (n = 11)
AGE (YEARS)	
18 – 25	1
26 – 35	4
36 – 45	1
46 – 55	4
56 – 65	1
GENDER	
Female	9
Male	2
HIGHEST DEGREE	
Associate	5
Bachelor's	4
Master's	2
YEARS IN PRACTICE	
0-5	5
6-10	1
11-15	0
16-20	1
21-25	3
25+	1
RACE/ETHNICITY	
White	8
Asian	3
EVIDENCE-BASED PRACTICE TRAINING	
None	5
Yes, 1-3 hours	0
Yes, 3-10 hours	2
Yes, 10-20 hours	0
Yes, 20+ hours	4

The professional disciplines and specific roles of participants included occupational therapists, certified occupational therapy assistants, physical therapists, physical therapy assistants, and a speech and language pathologist. Participants had a range of work experience between 6 months and 25 years, along with varying knowledge levels on aspects of EBP. The rehabilitation therapy team as a group reported not feeling confident utilizing evidence to guide their practice and there was no structured process in place that assisted with guidance or mentoring related to utilizing evidence-based interventions in their practice setting prior to this project.

Procedures

The first author delivered the educational intervention and post survey over a six-week period from August to September. Weekly educational small group sessions were held from 12:00pm to 12:30pm in the rehabilitation therapy gym. These educational sessions consisted of a combination of didactic teaching and hands-on learning. Each educational small group session had a different EBP focus structured to build on the subsequent session. This purposeful design was based upon content delivered in

the literature reviewed and scaffolded to sequentially lead to a comprehensive understanding of and confidence in using EBP.¹¹⁻¹³ The objectives and content from the educational sessions are provided in Table 2.

Table 2. Content of Educational Sessions

Session 1	What is Evidence-Based Practice (EBP)				
Participants	OT = 0	COTA = 2	PT = 3	PTA = 2	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Introductions completed - Collected the completed pre-project EBPPQ from participants - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Background on EBP - Participants' role with EBP - Logistics of EBP - Each participant selected an intervention strategy they use often as a basis for the duration of the project - Assigned homework of each participant writing down an intervention strategy they use often 				
Objectives	<ul style="list-style-type: none"> - Be able to define EBP - Identify professionals that utilize EBP - State the 5 steps to EBP - Explain 1 goal of EBP 				
Session 2	Identifying Clinical Questions and Creating Search Terms				
Participants	OT = 1	COTA = 2	PT = 3	PTA = 4	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Creating a list of interventions participants use - Brainstorming exhaustive list of search terms - Creating a list of search terms - Applying learning to a practice case study - Assigned homework of creating a list of search terms to be utilized next session 				
Objectives	<ul style="list-style-type: none"> - Identify 5 different search terms for their selected intervention - Utilize their PICO/PIO question from session 1 to develop search terms 				
Session 3	Searching Literature for Evidence				
Participants	OT = 1	COTA = 2	PT = 3	PTA = 3	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Levels of evidence - Available search engines for finding evidence - Accessed various search engines to search for evidence for the interventions participants identified - Assigned homework of identifying a minimum of 3 pieces of evidence that support selected interventions 				
Objectives	<ul style="list-style-type: none"> - Identify the different levels of evidence - Utilize free databases to search for evidence - Utilize search terms in relation to their PICO question to search for evidence - Identify a minimum of 2 pieces of evidence that support their selected intervention 				
Session 4	Integrating Literature into Interventions				
Participants	OT = 1	COTA = 2	PT = 3	PTA = 4	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Ways to incorporate evidence into interventions - Participants interventions and search experience - Discussed utilizing evidence found as homework from last session - Assigned homework of identifying ways participants will incorporate evidence into intervention sessions 				
Objectives	<ul style="list-style-type: none"> - Identify 1 or more ways to incorporate evidence into intervention sessions - Utilize found evidence in intervention sessions 				
Session 5	Instilling Change and Overcoming Barriers				
Participants	OT = 1	COTA = 2	PT = 3	PTA = 3	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Overcome barriers to EBP - Ideas on promoting EBP - How to create new habits - Participants completed the EBPPQ to compare to initial assessment - Assigned homework of identifying a plan for how participants will continue to incorporate evidence into intervention sessions 				
Objectives	<ul style="list-style-type: none"> - Identify barriers to EBP ways to overcome them - Identify ideas to promote EBP within the therapy team - State a minimum of 1 new habit of being an EBP therapist 				
Session 6	Wrap Up and Questions				
Participants	OT = 1	COTA = 2	PT = 3	PTA = 3	SLP = 1
Educational Session Overview	<ul style="list-style-type: none"> - Completed interactive education session with the use of PowerPoint presentation about: <ul style="list-style-type: none"> - Prior session's objectives to ensure knowledge - Discussed changes between pre- and post-project EBPPQ results - Participants created 2 personal goals to incorporate evidence into intervention sessions 				
Objectives	Any additional questions were answered				

Prior to the first educational session, participants were asked to complete the Evidence-Based Practice Profile Questionnaire (EBPPQ) to inform the authors of their current knowledge and confidence level of EBP. This questionnaire was used as the pre-post educational outcome measure.

Measures

The Evidence-Based Practice Profile Questionnaire (EBPPQ), developed by McEvoy, was administered to measure changes in confidence levels of participants prior to and following the educational sessions.¹⁶ The first author obtained written permission to utilize this questionnaire from the authors for this project. This questionnaire was developed to evaluate professionals' knowledge, attitudes, and beliefs about EBP.¹⁶ The EBPPQ is a 74-question intervention questionnaire developed using a combination of Likert-type scale and open-ended questions.¹⁶ The EBPPQ subsection and descriptions are displayed in Table 3.

Table 3. EBPPQ Description

Subsection Number	Subsection Topic	Number of Items	Purpose of Items
1	Relevance	15	Awareness of, intentions of utilizing, thoughts on need, application, and interest in EBP
2	Sympathy	7	Beliefs on importance of and the ideas on the work environment supporting EBP
3	Terminology	17	Various common terms
4	Practice	9	How often therapists have completed the steps to and considered patient preferences of EBP
5	Confidence	11	Ability to search, access, analyze, apply, research, and determine usefulness of evidence
6	Non-Domain	15	Desire to learn, personal skills, and ideas on EBP

The EBPPQ is reliable as a measure of EBP with internal consistency of Cronbach's alpha 0.96, test-retest reliability of ICCs range 0.77 to 0.94, and convergent validity with practice subsection 0.66, confidence subsection 0.80, and sympathy subsection 0.54.¹⁶ Fifteen questions discussing the readiness and available resources to utilize evidence at this particular site as well as thirteen questions about basic demographics of each participant (age, sex, profession, and education level) were added at the end of the EBPPQ questionnaire for the purposes of this project.

Interventions

The teaching methods included didactic lectures using original PowerPoints designed and delivered by the first author, interactive group discussions, use of practical case studies, and individual weekly homework assignments.

The content in session one exposed the participating rehabilitation therapists to the definition of EBP, various professionals who utilize EBP, and the five steps to EBP. Each participant wrote one personalized EBP goal to attain by the end of the six-week project. Session two focused on participants identifying different search terms for interventions they could use with their patients and each participant individually crafted a Problem, Intervention, Outcome (PIO) question to utilize throughout future sessions. Session three focused on identifying different levels of evidence, utilizing free databases to search for evidence, utilizing search terms related to each participant's PIO question, and identifying evidence to support interventions. Therapists identified one or more ways to incorporate evidence into interventions at their setting and created a plan to utilize more evidence in intervention sessions during session four. Session five was designed to have participants identify barriers to EBP and ways to overcome these barriers, identify ideas to promote EBP within their therapy team, and a group process activity whereby each participant stated a minimum of one new habit of becoming an EBP therapist. The last session, six, was a review of the EBP process and provided an opportunity for each of the participants to determine if their initial goal was attained and to create new personal goals to incorporate evidence into intervention sessions for their respective patients.

While the specific content differed each week, the basic framework was consistently applied. The educational small group sessions began with review of the previous week's content, followed by problem-based and transformative learning exercises designed to change participants' practice beliefs. The sessions also addressed therapists' practice habits in order to improve their work-related occupation of being a better evidence-based practitioner. Therapists discovered their existing knowledge of EBP by each having

a specific patient in mind while completing the hands-on portion of the small groups. Having a specific patient in mind also allowed the therapists to apply learning into their actual interventions, which is consistent with adult learning theory.

To improve therapists' use of evidence in intervention sessions, therapists were educated and supported on strategies to create an automatic habit of utilizing evidence in intervention sessions. They were also educated on how to internalize their role as an evidence-based practitioner. This education methodology utilized a collaborative approach to search for and interpret evidence. Therapists were able to collaborate during the hands-on as well as during the question and answer portions of the educational small groups. This collaboration encouraged discussions and reflections throughout the learning process and was intentional to promote carry over once the project concluded. By allowing therapists the opportunity to interact, sustainability of the process was encouraged as they began to trust one another and recognize they could find the evidence to answer clinical questions.

DATA ANALYSIS / RESULTS

The EBPPQ contains 74 individual items organized into six subsections. The pre- and post-education EBPPQ scores were calculated and compared to determine the degree of change per participant over the project duration. Each individual participant's change score, in each of the 74 items of the EBPPQ was first calculated (by subtracting the pre-EBPPQ score from the post-EBPPQ score) and then change scores averaged according to the six subsections of the questionnaire (i.e., all 15 item change scores averaged in the subsection of relevance, etc.). Based upon the demographics of the participants, two separate groups were formed for comparison based upon the years of practice. Group 1 were participants with 0 to 10 years ($n = 6$) and Group 2 those with 16 to over 25 years ($n = 5$). There were no participants with 10 to 15 years' experience who participated in the project. Once grouped, the participants' pre- post change scores for each member of the group was combined and averaged for each of the six subsections. This allows for comparison of subsection scores based upon years in practice. Higher post- EBPPQ scores compared to pre-educational scores (increase) was the desired outcome. These results are displayed in Figure 1.

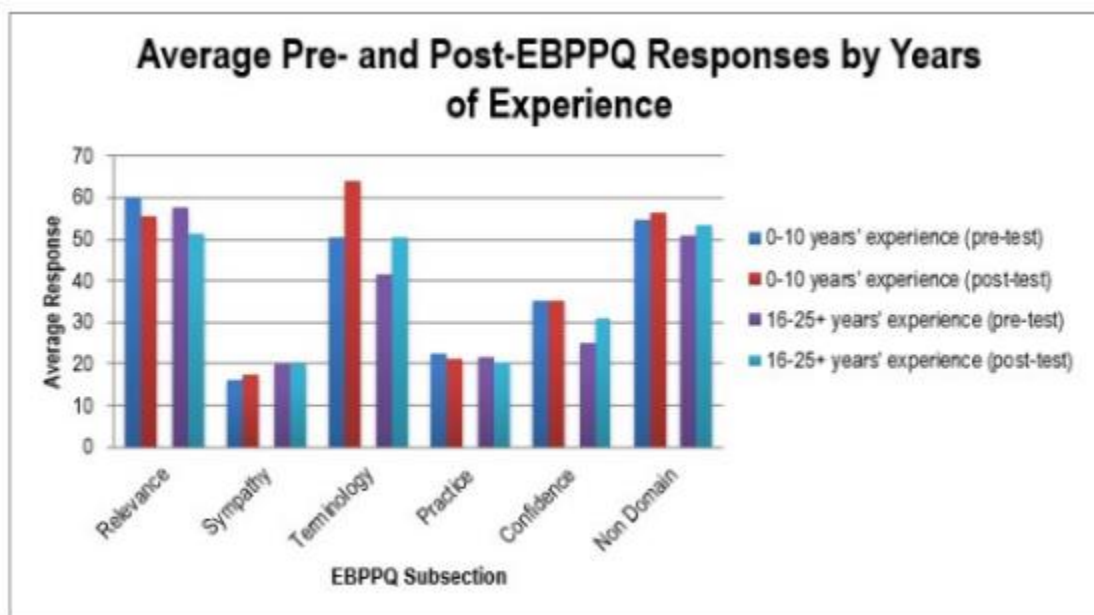


Figure 1: Average responses by years of experience

DISCUSSION

Overall, the findings for the subsections (sympathy, terminology, and non-domain) which demonstrated increases in scores for both groups demonstrate that the educational sessions impacted a change in understanding of EBP. This was an expected outcome as the participants initially reported unfamiliarity with EBP and the educational sessions delivered content related to EBP. The sympathy subsection showed a slight increase in both groups. Group 1 increased from 16.3 to 17.3 whereas Group 2 increased from 19.8 to 20. This subsection is focused on beliefs related to the importance and benefits of EBP as well as participants' ideas on work environment supporting EBP. This relative small change in the group with more experience (0.20) versus a (1.0) change in the group with less experience may be attributed to therapists with greater experience having the belief in their experience rather than literature for basing their client intervention. Since the post-survey was completed at the end of the educational sessions and

not after time for integrated practice to occur, it may take time for participants to develop their beliefs and ideas on the use of EBP in their interventions as they gain experience in seeing client results based upon integrating new techniques found in the literature. The therapists in Group 2 may be less likely to feel that true change will occur based upon past experience with educational sessions. The terminology subsection had the greatest increase with 10 of 11 participants showing an increase in their scores. Interestingly, participants in Group 1 showed a greater increase between their pre- and post-EBPPQ scores as compared to the 16 to over 25 years' experience group. This outcome may be attributed to the fact that a handout with the terms used in the EBPPQ and their definitions were provided to all participants or that those with less years' experience recall the terms from their academic preparation. Lastly, the non-domain subsection revealed an increase in four of six participants (66%) in Group 1 and three of five participants (60%) in Group 2. This subsection included attributes related to desire to learn, personal skills, and ideas, and miscellaneous questions regarding EBP practice. This may be due to intrinsic motivation to learn as all voluntarily participated in this project as well as those with lesser years of experience having the desire to continue their knowledge to be the best professional possible by growing their skills and knowledge as compared to those with greater years of experience might be content with continuing the use of interventions that they have been utilizing for many years and relying upon their clinical expertise.

The subsection of confidence, which was most aligned with the overall guiding question, had interesting results. The outcome data demonstrated desired changes in 10 of 11 therapists' confidence levels after participating in six educational small group sessions. However, the change in Group 1 was very small; from 35.16 to 35.3 compared to Group 2, which increased from 25.0 to 30.8. When the data are examined from an individual participant perspective, the EBPPQ outcomes in this subsection showed an increase in 7 of the 11 participants' confidence in incorporating evidence into intervention sessions. When pre- EBPPQ results were inspected, the items showing least confidence initially were: awareness of major information types and sources of evidence, ability to access evidence, and ability to determine validity. These questions demonstrated the greatest change on the post- EBPPQ scores. The individual scores increased by an average of one point for the items: awareness of major information types and sources of evidence and ability to access evidence. The impact for Group 2 shows that they may now have an improved confidence in finding and accessing evidence as compared to Group 1. This may be explained as a result of Group 2 being out of school longer and not being exposed to the databases, process of searching literature, etc. prior to this project. The outcome of the educational sessions may now allow each of these experienced therapists to have developed the skills to determine the validity of the literature and make judgements on how the published studies can be applied to their respective patients. This outcome was the desired effect of the educational sessions as the education was designed to assist therapists to develop the skills and habits necessary to become confident evidence-based practitioners.

Just as the EBPPQ demonstrated increases in therapists' responses in various subsections, there were two subsections that resulted in a decrease from pre- to post-EBPPQ, which was not the expected outcome. One of the subsections showing a decline was relevance where four of six participants in Group 1 reported a decrease in pre- to post-EBPPQ scores and three of five in Group 2. This subsection reported the therapists' awareness of EBP, its use in their respective profession, their intentions of growing and utilizing evidence, and their thoughts on the need, application, and interest in EBP. The other subsection that reflected a negative outcome was the practice subsection which included how often therapists have completed the steps of EBP process which includes formulating PIO questions, finding evidence, integrating the evidence, and reading evidence. While this was not a significant decrease as only two participants in each group showed a decrease in score, it is an interesting finding and one that allows the authors to speculate that the awareness gained by the educational sessions may have caused the therapists to further realize deterrents in practice to actual practice of EBP. Many therapists in the literature have stated that time, access to the literature, and difficulty evaluating the quality of research, keep therapists from carrying out EBP. It was beyond the scope of this project to determine the actual change in the use of EBP as a practice change, but the reported perceptions of the therapists in this area is both unexpected and disappointing.

The results of this EBP project align with evidence from the literature. Several published research studies reported therapists who are educated about EBP through a variety of formats including education-focused interventions, have shown improvements in knowledge, skills, and confidence.^{10,11,17} The decreases noticed in the area of relevance and practice could be attributed to therapists reporting a higher score initially on their awareness of EBP than their real knowledge and their initial intentions of utilizing EBP may have been higher prior to learning the full EBP process.¹⁸ Participants may be leery of the perceived time commitment of completing the EBP process, therefore decreasing their desire and intentions of future use. The education-focused format utilized for this project was a small group of inter-professional therapists familiar with one another due to working in the same facility. This was intentional in design supported by published literature which reported that familiarity of therapists being exposed to education not only increases the use of evidence in intervention sessions, but increases therapists' confidence as well.^{6,11,13} The design of the six educational small group sessions on EBP facilitated this increase in confidence specifically for the group which had the greater years of work experience. With therapists reporting low levels of knowledge, skill, and confidence prior to engaging in the educational sessions relating to EBP, this may have limited their ability to utilize evidence in intervention sessions prior to their

engagement in the educational sessions.^{11,19-21} However, an increase in confidence in EBP should advance the use of evidence in future intervention sessions by these participating therapists.

Since completion of the educational sessions, rehabilitation therapists have continued to approach the first author with questions, comments, and findings of evidence that they have or plan to incorporate into intervention sessions. The evidence binder created during the six educational sessions has continued to be used at the facility which has demonstrated an active practice change by which additional articles have been added to it and therapists have shared information learned from continuing education courses with other coworkers. Continued use and interest in EBP has ultimately benefited the patients served by utilizing the best practice interventions to maximize the progress towards independence in the respective disciplines therapy sessions.

STUDY LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

Limitations

The small-scale design, 11 rehabilitation therapists demonstrating varying levels of knowledge on EBP, does limit the generalizability to other settings. It is important to note that the first author was a co-worker and the leader of this project, so the volunteering participants may have had a desire to learn or a predetermined interest in supporting the project and/or becoming an evidence-based practitioner. This may have resulted in a greater degree of confidence being reported in the post-EBPPQ. Utilizing an assessment in which participants provided self-reported answers may demonstrate bias and should be considered by future researchers.

Future Research

EBP is a main component of occupational therapy academic programs. Unfortunately, many entry-level practitioners have the knowledge of EBP but have inadequate skills and confidence in utilizing evidence in intervention sessions.^{3,4} In addition, many of the therapists who have been practicing for numerous years may not have been as well educated on EBP. The design and outcomes of this project have the potential to be beneficial in clinical settings, as therapists of all educational levels would benefit from learning about EBP in small working groups during lunch time focused education sessions.

Although this project was completed in a skilled nursing facility, it could be replicated for other settings, professional conferences, or presentations in academic settings. The design, resources, and results may be utilized for larger populations to continue the use of evidence in intervention sessions with various therapy professionals. The multi-faceted presentation style, including didactic content, small group practice sessions of finding and critiquing literature, as well as gathering and sharing evidence in binders for future reference, serves as a sample of how the sessions were individualized to participants based upon allowing for individualized PIO questions to guide searching and utilization of literature found for particular patient populations. The specific content of educational sessions and focus can be adapted for other settings to include EBP information pitched at the appropriate knowledge level of the participants determined by use of the EBPPQ.

CONCLUSION

Six educational small group sessions for rehabilitation therapists trended an increase in confidence in incorporating evidence in intervention sessions. Participants were educated on and completed the five main steps of EBP: start with the patient, frame the clinical question, find the evidence, assess the evidence, and integrate the evidence. This progression of learning was valued by participants and assisted in increasing therapist confidence in utilizing evidence in interventions. The project design can be replicated for various settings including educational conferences or academic presentations. Future research would be useful to determine longevity of change in utilization of evidence in intervention sessions following educational sessions.

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