Evidence-based physiotherapy and clinical guidelines: attitudes, knowledge and implementation among clinical educators

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ABSTRACT: Introduction – Evidence-based physiotherapy (EBP) is now well established in the teaching curricula, leading to expectations that students will have opportunities to implement EBP steps during internships. However, the position of clinical educators towards EBP can act against this educational process. **Aims** – Our aims were to describe for the first time EBP domains in clinical Portuguese educators and to quantify associations between individual exposures with EBP-related outcomes. **Methods** – A cross-sectional mail survey to clinical educators from the physiotherapy course of CESPU was conducted. Two mailings were sent to 289 contacts (separately and three weeks apart). Sociodemographic and postgraduate information was collected as exposure variables and a questionnaire on EBP domains was created. **Results** – There was a positive attitude towards EBP (all five questions ≥87%). Although 25% of the sample received no training in EBP, almost all of the participants reported knowing how to 'ask', 'search' and 'critically appraise'. Only 60% of educators used clinical guidelines and less than half could integrate their recommendations into practice. Complementary training between 16h-30h/per year was positively associated with different aspects of EBP (all documented at $p \leq 0.009$), with decreasing trends in the strength of the associations after those intermediate values. **Discussion** – Although the picture of EBP domains among clinical educators seemed quite regular in comparison with other samples, only 60% of them declared using clinical guidelines in their practice (vs. 86%). **Conclusions** – Clinical educators in physiotherapy seem to have a positive attitude towards EBP with high levels of previous training in the area. However, the use of Clinical Guidelines and how to integrate their recommendation into practice both need to be promoted. The target range for complementary training seems to be between 16-30h/per year. Out of this scenario, there appears to exist an excessive focus on the component of 'clinical expertise' of EBP.

Keywords: Education; Evidence-based practice; Knowledge translation; Practice guideline.

Fisioterapia baseada em evidência e *guidelines* clínicas: atitudes, conhecimentos e implementação em educadores clínicos

RESUMO: Introdução – A prática baseada em evidência (PBE) encontra-se bem estabelecida na formação dos estudantes de fisioterapia e, por isso, é esperado que eles venham a ter oportunidade de a aplicar durante os estágios clínicos. No entanto, o posicionamento dos educadores clínicos relativamente à PBE pode impedir este processo educacional. **Objetivos** – Descrever pela primeira vez domínios da PBE em educadores clínicos Portugueses e quantificar as associações entre as suas características individuais e a PBE. **Métodos** – Um levantamento de dados transversal através de email foi realizado em educadores clínicos do curso de fisioterapia da CESPU. Dois *emails* foram enviados a 289 contactos (separados temporalmente em três semanas). Informação socio-demográfica e pós-graduada foi recolhida como variáveis de exposição. Foi criado um questionário relativo aos diferentes domínios da PBE. **Resultados** – Observou-se uma atitude

positiva quanto à PBE (cinco questões avaliadas ≥87%). Apesar de 25% dos clínicos não terem recebido formação em PBE, quase todos reportaram saber "questionar", "procurar" e "avaliar criticamente". Apenas 60% reportaram usar *guidelines* clínicas. Treino complementar entre 16h-30h/ano esteve associado de forma positiva com diferentes aspetos da PBE (p≤0,009), com tendências decrescentes na força da associação após esses valores intermédios. **Discussão** – As estimativas de PBE encontradas em educadores clínicos parecem similares às previamente reportadas, mas apenas 60% dos educadores declarou usar *guidelines* clínicas na sua prática (comparativamente a 86%). **Conclusões** – Educadores clínicos em fisioterapia parecem possuir uma atitude positiva relativamente à PBE e demonstram níveis elevados de treino nesta área. No entanto, o uso de *guidelines* clínicas no contexto clínico da fisioterapia necessita ser promovido. O nível ideal de treino complementar parece encontrar-se entre as 16-30h/ano, pois à medida que essas horas aumentam uma maior atenção à componente de *expertise* clínica da PBE parece ocorrer.

Palavras-chave: Educação; Guideline prática; Prática baseada em evidência; Translação de conhecimento.

Introduction

The concept of evidence-based practice emerged in the field of medicine[1] and was defined as the integration of the best available external research evidence with individual clinical expertise and patient preferences. This paradigm quickly expanded to different areas of health, with the physiotherapy profession also adapting the concept – evidence--based physiotherapy (EBP)[2]. As a result, physiotherapists are expected to demonstrate a core group of essential competencies, including asking structured clinical questions, acquiring relevant evidence, and critical appraisal of the literature (steps 1, 2, and 3; respectively). Moreover, to judge whether a different intervention should be implemented into practice (step 4) and, finally, evaluate the efficiency of all five steps of EBP (step 5)[3]. However, more than 20 years after the beginning of EBP, huge levels of variations are still observed in its implementation across countries[4-5]. For instance, the proportion of physiotherapists who have received previous training on EBP varies quite openly (from 21% to 82%) and many EBP barriers continue to be systematically reported[4]. Despite several challenges, EBP has been slowly accepted by the community of physiotherapists[6] with congruent results of a generally positive attitude towards EBP observed[7-9]. As a result of the prior shift, EBP teaching has become a standard in physiotherapy curricula[10-11]. Some typical examples are the critical appraisal of studies, simulated research projects, or poster presentations by students[12]. Current final-year students are expected to be well prepared to apply EBP in clinical practice and particularly during clinical internships.[5] However, the positioning of clinical educators towards EBP remains unknown and can perhaps act against all the evolutionary EBP-related processes of students, in addition to a probable generational gap between students and clinical educators with respect to the role of EBP in the clinical setting[7-9].

The objectives of this work were two-fold. The primary objective was to describe the domains of EBP (opinions/attitudes, knowledge/competencies, and behaviours – such as reading articles and using health databases) among physiotherapy clinical educators in Portugal for the first time. Similarly, we also aimed to characterize the use of and attitudes toward clinical guidelines in the same group of participants. The secondary objective was to quantify the associations of sociodemographic and postgraduate information with the previous EBP domains and clinical guidelines use among clinical physiotherapy educators in Portugal.

Methods

A cross-sectional survey of clinical educators in physiotherapy from the CESPU School (Escola Superior de Saúde do Vale do Sousa) was performed. The School is based in Gandra – Paredes (northern Portugal). The specific criteria to qualify as a clinical physiotherapy educator at this school is to be a licensed physiotherapist with a minimum of three years of clinical practice.

In mid-December 2019 the first questionnaire was mailed to 289 contacts and a reminder to participate in the study was sent three weeks later (6th of January 2020). Recruitment was closed on 12 January 2020. Fifty-seven clinical educators were included, corresponding to a participation proportion of 20%. The Ethical Board of the University Institute of Health Sciences approved the study (40/CE-IUCS/2019). All participants gave electronic informed consent to participate.

Exposure variables: Sociodemographic data and Postgraduate information

To select the exposure variables included in the present questionnaire we used the reference forms in the topic[7-9]. Age, gender, time since graduation, and hours of complementary training were collected.

Outcome variables: EBP domains, use of and attitudes towards Clinical Guidelines

There are two key EBP questionnaires in the literature: the 'original' one[8] and an adapted version including an extended section assessing the positioning of physiotherapists regarding clinical guidelines[13]. Other questionnaires are equally available but are more limited to EBP domains[7,14-16]. None of these prior questionnaires specifically target clinical educa-

tors. Additionally, at the time of the present questionnaire selection, there was no questionnaire to assess EBP domains in the European Portuguese language.

To create a specific questionnaire, we looked for information among recent systematic reviews on the topic[4-5,17]. Most of the chosen questions were, as a result, also included in the major EBP questionnaires[7-9]. Two authors worked separately on the translations of the questions into European Portuguese, and together to create a final version of each item. After that, an expert panel of 12 professors from the physiotherapy course at CESPU (working in different practice areas and with variable levels of clinical and educational proficiency), commented on the questionnaire, providing a good number of useful insights. Additionally, 10 clinical educators (mean age of 39 years; seven women), working mainly with musculoskeletal conditions, answered the questionnaire through face-to-face evaluations where doubts or general comments on the questionnaire were asked to be given. No relevant comments were provided by participants. However, the whole set of items was reviewed in accordance with the professors' feedback. An explanatory preliminary analysis of the data was also conducted. The final questionnaire can be found in Annex 1. Three EBP domains were considered: Opinions/Attitudes (items 1 to 5), Knowledge/Competencies (items 6 to 9), and Behaviours (items 10 to 13). Additionally, seven items regarding the use of and attitudes towards clinical guidelines were directly translated from the most current analysis of clinical guidelines[9]. All 20 statements from the questionnaire had a 5-point Likert scale, going progressively from 'strongly disagree' to 'strongly agree'.

Statistical analysis

For EBP outcomes, we performed a previously standardized procedure[7-9,18] in which the 5-option Likert scale was transformed into a dichotomous variable, resulting in one of two possible answers: disagree/agree.

Mainly percentages were used to describe the data. Although most of the previous literature failed in adjusting their results, based on evidence[7-9], we consider two confounders *a priori*: gender and time since graduation. We started by computing an adjusted logistic binomial regression model for each one of the exposure variables (sociodemographic and postgraduate information) for each EBP outcome (questionnaire' items). If the significance of coefficients arose ($p<0.05$), the results were depicted.

Results

The included sample of clinical educators in physiotherapy (n=57) had a mean age of 38.4 years (standard deviation [SD]: 8.13; range: 25-56) and they showed a mean of 16.4; SD: 7.73; and range: 4-34 for years since graduation. Most of the sample were female (68.4%; Table 1).

Table 2 shows descriptive data for the questionnaire on EBP domains and clinical guideline use. A generally positive attitude of clinical educators concerning EBP was observed,

Table 1. Descriptive data of clinical educators (n=57)

	n	%
Sociodemographic characteristics		
Age, mean (SD)	38.4	(8.13)
Gender – Female	39	68.4
Time since graduation, mean (SD)	16.4	(7.73)
Postgraduate information		
Complementary training – h/year		
0-15	14	24.6
16-30	16	28.1
31-120	16	28.1
>120	11	19.3

Table 2. Percentage (%) of each answer given for items of the questionnaire on EBP-domains (clinical educators, n=57)

		Agree*
Opinions and attitudes		
1	Believe EBP is necessary or important	96.5
2	Believe that scientific literature is important to practice	98.2
3	Believe that EBP improves quality of care	91.2
4	Believe that evidence aids decision-making	87.7
5	Show interest in gaining more EBP knowledge	94.7
Knowledge and competencies		
6	Received information on EBP	75.4
7	Can formulate a clinical question	93.0
8	Can perform a database search	94.7
9	Can critically appraise a study	87.7
Behaviours		
10	Have support from work to use EBP	49.1
11	Read articles weekly	52.6
12	Searched on health databases (MEDLINE, PubMed, PEDro, etc.)	71.9
13	Use professional literature and research findings in the process of clinical decision making	71.9
Clinical guidelines		
14	I'm aware that guidelines exist	87.7
15	Know where to find guidelines	73.7
16	Guidelines are important in facilitating practice	82.5
17	I use clinical guidelines in my work	59.6
18	I know to integrate patient preferences with guidelines	49.1
19	Guidelines are important in providing best treatment	78.9
20	Guidelines are important in providing equal treatments	52.6

Notes: EBP = Evidence-based physiotherapy.
* Percentage of the sample that has agreed with each one of the twenty statements.

with all five questions obtaining agreement values higher or equal to 87.7%. Although 25% of the sample had received no previous information on EBP, the clear majority reported knowing how to 'ask', 'search' and 'critical appraise a study'. When comparing the latter estimates to the 3rd domain (behaviours) lower percentages were found, but 72% of clinical educators still reported using databases and implementing research findings on patients. Despite the generally positive attitude towards clinical guidelines (around 80% of participants finding them useful for physiotherapy practice), the prevalence of application was small, with only 60% of educators using clinical guidelines. Additionally, less than half of the sample reported being able to integrate patient preferences with report guidelines (less than 12% and 22% than in the behavioural domain; respectively).

Unadjusted and adjusted estimates of the associations between exposure variables and EBP outcomes are presented in Table 3. Complementary training (hours/year) of clinical educators was the exposure most strongly associated with EBP domains and Clinical Guidelines, totalling five questions. For example, compared to participants that performed 0-15 h/year of complementary training, those performing 16-30 h/year have 11.38 times higher odds of using clinical guidelines in work (independently of gender and time since graduation). Additionally, the strength of the positive associations decreased as the number of hours increased. For instance, using research findings in clinical practice: those in the 16-30 h group have an odds ratio of 20.62 (p=0.010) followed by 6.20 in the 31-120 h group (p=0.034) and then 3.14 for the last group (p=0.203).

Table 3. Exposure variables (sociodemographic and postgraduate information) associated with EBP-domains or with the use of and attitudes towards clinical guidelines (n=57)

		OR	95% CI		P	OR†	95% CI		P
			LL	UL			LL	UL	
Complementary training - h/year (all categories compared to 0-15h)									
I11	16-30	**25.67**	**4.34**	**241.51**	**0.001**	**25.41**	**4.26**	**240.9**	**0.001**
	31-120	3.67	0.78	21.09	0.114	3.83	0.81	22.48	0.105
	>120	3.06	0.56	19.63	0.209	3.12	0.54	21.12	0.214
I12	16-30	**7.00**	**1.30**	**56.18**	**0.036**	**7.74**	**1.35**	**66.34**	**0.033**
	31-120	2.20	0.51	10.30	0.299	2.18	0.47	10.8	0.324
	>120	4.50	0.79	37.15	0.112	3.52	0.57	30.09	0.196
I13	16-30	**20.00**	**2.82**	**415.32**	**0.010**	**20.62**	**2.81**	**437.64**	**0.010**
	31-120	**5.78**	**1.21**	**34.53**	**0.036**	**6.20**	**1.25**	**38.91**	**0.034**
	>120	3.56	0.69	22.14	0.143	3.14	0.57	20.78	0.203
I17	16-30	**10.83**	**2.18**	**70.71**	**0.006**	**11.38**	**2.22**	**77.45**	**0.006**
	31-120	4.17	0.94	21.4	0.069	4.22	0.93	22.33	0.072
	>120	4.38	0.85	26.44	0.087	3.71	0.69	22.99	0.136
I18	16-30	**5.50**	**1.22**	**29.42**	**0.033**	**6.22**	**1.33**	**35.14**	**0.027**
	31-120	2.50	0.57	12.39	0.237	2.52	0.56	12.81	0.240
	>120	2.08	0.40	11.69	0.386	2.36	0.43	14.21	0.330

Notes: EBP = Evidence-based physiotherapy; I = Item; OR = Odds ratio; 95% CI = Confidence interval; LL = Lower limit; UP = Upper imit.
† Adjusted for gender and time since graduation. Values in boldface indicate statistical significance.
I11 = Read articles weekly; I12 = Use databases sometimes in a typical week; I13 = Use professional literature and research findings in the process of clinical decision making; I15 = Know where to find guidelines; I17 = Use clinical guidelines in work; I18 = I know to integrate patient preferences with guidelines.
Interpretative example: Those clinical educators in the group 16-30 hours/year of complementary training, showed an odds of reading articles weekly 25.67 times higher than those in the group 0-15 h/y.
For meaning of other items of the questionnaire, please see Table 2.

Discussion

Clinical educators in physiotherapy have demonstrated a positive attitude towards EBP, with high levels of previous formal training in the area (75% estimated). Although other EBP domains seem quite regular in comparison with the literature, only 60% of the sample used clinical guidelines in their practice: against 47% in 2014, 70% (in 2012/2007), and 86% in 2008[5,9,19]. Clear differences in EBP according to the complementary time of training of clinical educators was noted.

Generally, a positive attitude of clinical physiotherapy educators concerning EBP was observed, with all five questions of the Opinions/Attitudes domain obtaining values higher than those summarized in the literature[4], especially regarding the belief that scientific literature is important in practice (98.2%).

The general use of clinical guidelines by physiotherapists has been an enriching topic of research in recent years. To our knowledge, the highest proportion of physiotherapists reporting as using clinical guidelines was 86%.[19] This prior value corresponds to a 2008 study of a random sample of 2,160 physiotherapists from the Swedish Association of Registered Physiotherapists. Two other Australian studies point to prevalence estimates of around 70%[5], and more recently, only 47% of primary care physiotherapists in Sweden reported using clinical guidelines (2014)[9]. However, in all of these previous studies the prevalence of clinical supervisors was unknown, which makes comparisons with the present 60% finding difficult.

Complementary training (hours/years) of clinical educators was consistently associated with different questions of the considered questionnaire (both EBP domains and clinical guideline use). It was observed that after a relative intermediate range, the strength of the positive association decreases with increasing hours. This prior finding was surprising given the known positive association between a degree of higher education and EBP[7-9]. Therefore, it seems possible that clinical educators with high levels of training hours are more focused on the component of 'clinical expertise' of EBP, and perhaps gradually underestimate the value of a practice being based on evidence.

To our knowledge, this is the first study of its kind in Portugal in the assessment of clinical physiotherapy educators' positions concerning EBP. We showed that complementary hours of training need to be considered in future studies since it was closely associated with EBP and clinical guideline use. The main limitation of this work is probably the lack of a validation process in that the questionnaire was not submitted to a psychometric evaluation and those intrinsic characteristics remain uncertain. Despite this, a pre-test was conducted in order to increase the likelihood of understanding the questionnaire's items. Most of the questions were already validated in content, but other important psychometric characteristics, such as domains based on a factorial analysis or the questionnaire' reproducibility were not considered. Additionally, sample bias could be a problem, since a low proportion of participation was observed, but this is quite usual in this area of study when using web surveys[8,18,20].

Clinical educators in physiotherapy seem to have a positive attitude towards EBP and clinical guideline use, with high levels of previous formal training in the area. However, the use of clinical guidelines ('gold standard' of levels of evidence) and how to integrate recommendations into patients, both need specific training. Performing 16-30 h a year of complementary training seems to be the intermediate range of values to target in terms of EBP.

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Questionário sobre os domínios da fisioterapia baseada na evidência (FBE), a utilização de *guidelines* clínicas e a atitude em relação às mesmas

O preenchimento do questionário demora cerca de 10 minutos. Por favor responda a todas as questões e selecione a resposta que melhor traduz a sua realidade ou que melhor o representa; sendo que para os efeitos desta investigação nenhuma resposta é considerada como "errada".

A informação fornecida é absolutamente confidencial, sendo a sua colaboração de extrema importância.

PARTE 1 – CARACTERIZAÇÃO DOS FISIOTERAPEUTAS

I – Informação sociodemográfica:

1. Qual o seu género:

☐ Masculino
☐ Feminino

2. Qual a sua idade: _____

3. Em que ano terminou a sua formação base em Fisioterapia? _____

II – Investimento pessoal na atividade profissional de Fisioterapeuta:

4. Após o início da sua atividade profissional, realizou alguma formação que complementa a sua principal área de atuação?

☐ Sim
☐ Não

4.1. Se respondeu sim, assinale o número de horas de formação frequentada no último ano:

☐ Nenhuma a 15 horas
☐ Entre 16h – 30h
☐ Entre 31h – 60h
☐ Entre 61h – 90h
☐ Entre 91h – 120h
☐ > 120h

PARTE 2 – FISIOTERAPIA BASEADA NA EVIDÊNCIA

A Prática Baseada na Evidência refere-se à integração das melhores evidências clínicas externas disponíveis de pesquisas sistemáticas com a experiência clínica individual e as preferências do utente.

Nesta parte do questionário vamos fazer algumas questões sobre a sua atitude, a sua utilização, benefícios percebidos e limitações acerca da Prática Baseada na Evidência. Para cada uma das afirmações, por favor indique com um X a resposta com a qual mais se identifica.

	Discordo muito	Discordo	Nem discordo, nem concordo	Concordo	Concordo muito
Opiniões e atitudes					
1. A aplicação da Prática Baseada na Evidência é necessária na Fisioterapia.					
2. A evidência científica é uma componente importante para a prática clínica.					
3. A Prática Baseada na Evidência melhora a qualidade dos cuidados clínicos fornecidos.					
4. A literatura científica e os resultados das investigações são úteis na minha prática clínica diária.					
5. Estou interessado em melhorar as competências necessárias de forma a aplicar uma Prática Baseada na Evidência.					

Conhecimentos e competências					
6. Recebi formação na área da Prática Baseada na Evidência.					
7. Sou capaz de formular uma questão clínica num formato que me permita realizar uma pesquisa de literatura.					
8. Tenho competências para pesquisar em bases de dados eletrónicas.					
9. Tenho competências para analisar criticamente literatura científica.					
Comportamentos					
10. Tenho um ambiente laboral que promove a utilização da Prática Baseada na Evidência.					
11. Semanalmente leio literatura relacionada com a minha prática clínica.					
12. Utilizo bases de dados eletrónicas (MEDLINE, PubMed, PEDro, etc.) para procurar literatura científica relevante para a minha prática clínica.					
13. Utilizo os resultados das investigações científicas no processo de tomada de decisão clínica.					

PARTE 3 – ATITUDES E UTILIZAÇÃO DE GUIDELINES BASEADAS EM EVIDÊNCIA DURANTE A PRÁTICA CLÍNICA

As guidelines são "recomendações sistematicamente desenvolvidas com o objetivo de facilitar as tomadas de decisões para os cuidadores e os pacientes relativamente a aplicação de um tratamento adequado numa situação específica". Neste questionário, o termo "guidelines" está relacionado com a existência de evidências de guidelines para a prática clínica em Fisioterapia.

Para cada uma das afirmações, por favor indique com um X a resposta com a qual mais se identifica.

	Discordo muito	**Discordo**	**Nem discordo, nem concordo**	**Concordo**	**Concordo muito**
1. Sei que existem *Guidelines* Baseadas em Evidência para a minha área de atuação clínica.					
2. Sei como e onde posso encontrar *Guidelines* Baseadas em Evidência para a minha área de atuação clínica utilizando a Internet.					
3. Considero importante a utilização das *Guidelines* Baseadas em Evidência na minha área de atuação clínica.					
4. Utilizo *Guidelines* Baseadas em Evidência durante a minha prática clínica.					
5. Consigo integrar as preferências dos meus utentes com a informação fornecida pelas *Guidelines* Baseadas em Evidência.					
6. *Guidelines* Baseadas em Evidência são importantes para que o utente possa receber o melhor tratamento possível.					
7. *Guidelines* Baseadas em Evidência são importantes para que os utentes recebam tratamentos similares entre si.					

Todos os seguintes dados são de preenchimento opcional, sendo que apenas os deve preencher caso concorde em ser contactado(a) futuramente dentro do contexto deste estudo.

Nome: _____

Número de telemóvel: _____

E-mail: _____

Muito obrigado pela sua colaboração!