Evidence-Based Practice Position Statement
Position Statement

Summary and Purpose of this Position Statement

Evidence-based practice (EBP) is a key element of best practice in occupational therapy. Occupational Therapy Australia expects that occupational therapists will integrate information from their clinical experience, research evidence, knowledge about client values and circumstances, and the practice context as part of their clinical reasoning when making practice decisions (Hoffmann, Bennett, Del Mar 2017; Sackett, Straus, Richardson, Rosenberg & Haynes, 2000). EBP is a responsibility of the profession and individual occupational therapists. This document provides a rationale and the context for EBP, and makes recommendations for occupational therapy practitioners, educators, and employers to strengthen the use of EBP in Australia.

Evidence Based Practice

Traditionally the ‘evidence’ in evidence-based practice refers to the use of best available research (both quantitative and qualitative research) that provides the highest quality evidence for practice (Hoffmann, Bennett & Del Mar, 2017). However decision making in practice may at times need to rely on additional evidence such as consumer and expert opinion, and practice-based evidence (Copley & Allen, 2009).

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 (World Federation of Occupational Therapists (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 as set by the Occupational Therapy Board of Australia (2012). Entry level qualifications in occupational therapy are, at a minimum, an undergraduate bachelor’s degree (or equivalent) or entry level master’s degree. Some occupational therapists also have postgraduate qualifications at masters or doctoral level.

Occupational therapists provide services across the life span in many clinical areas, including primary care with people who have chronic diseases, rehabilitation and mental health settings, with people who have intellectual or physical disability. Types of services provided by an occupational therapist may include, but are not limited to, specialised assessment, environmental modifications (home, school and work), intervention or therapy such as hand therapy, driver rehabilitation and home visits, as well as health promotion and community development activities. Occupational therapists typically use a biopsychosocial framework to address occupational performance and enable participation in life situations.
Rationale for Evidence Based Practice

EBP is an accepted professional requirement in healthcare (Sackett et al, 2000). Evidence-based occupational therapists use clinical reasoning to integrate information from four sources: their clinical experience, research evidence, client values and circumstances, and the practice context (Hoffmann et al 2017). By integrating the best available research evidence with information from clinical experience, client values and circumstances, and knowledge of the practice context, the reasoning behind therapists’ clinical decisions becomes more transparent, reinforcing professional accountability. EBP also promotes a habit of inquiry and reflection by and between clinicians, life-long learning, and may contribute to better use of finite health resources.

Occupational therapists are expected to adhere to the principles of EBP to maintain registration in Australia, because clients expect and deserve services informed by the best available evidence, and because funding agencies increasingly require evidence for approval and continuation of services.

The Australian Health and Policy Context

EBP is enshrined in the Occupational Therapy Board of Australia’s (OTBA) 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, contemporary knowledge and skills to provide safe and effective health care informed by evidence-based practice.

Use of Published Research in Practice

It is the responsibility of individual occupational therapists to determine the best available research evidence and critically evaluate the calibre of that evidence. The strength of evidence for, and effectiveness of any given occupational therapy intervention (or approach) depends on many factors related to the original research. Critical appraisal of quantitative and qualitative research studies is an essential component of EBP, which can be facilitated by the use of published appraisal checklists and scales. Occupational therapists need to critically evaluate study methods where conflicting evidence of effectiveness exists, and the applicability of evidence where cohorts or diagnostic groups are heterogenous.

The quality of available research evidence impacts on the profession’s standing in the health and general community. Therefore, it is the responsibility of the profession and Occupational Therapy Australia to generate new research and to apply research in practice and education.

The absence of published research investigating the effect of an occupational therapy intervention does not necessarily mean that the intervention is ineffective or inappropriate. When there is no research evidence or minimal research showing the effectiveness of an intervention, more careful clinical reasoning is required. Regular reviews and outcome measurement also become even more important, to ensure that the intervention is meeting the client goals. However where there is evidence that an intervention is ineffective, that intervention, therapy or approach should not be used by a registered occupational therapist.

Occupational therapists have a range of professional practice questions that extend beyond intervention effectiveness (Bennett & Bennett, 2000). Questions may focus on the accuracy of an assessment, prognosis (i.e. the likely outcome for a client, either with or without intervention), clients’ experiences and concerns about a particular situation, the prevalence of, or risk factors for a condition. Occupational therapists should also consider cost effectiveness, 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, and use limited health resources responsibly.

**EBP and Continuing Professional Development**

The best available evidence should also be used as the default position for all continuing professional development activities provided by Occupational Therapy Australia and other occupational therapy education providers in Australia. In accordance with recommendations of the OTBA, professional development activities should be aligned with contemporary EBP activities.

**The Role of Occupational Therapy Clients and Client Values**

Evidence-based occupational therapy practice demands that client goals and values, as well as the occupational therapist's knowledge, be used in decision-making and requires collaboration between therapist, 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 for goal setting and treatment planning. Also important are the client's subjective evaluation of their abilities, capacities, personal and environmental resources and limitations, desired outcomes, criteria for success, acceptability of and preferences for specific plans (Egan, Dubouloz, von Zweck & Vallerand 1998; Fearing, Law & Clark, 1997).

The occupational therapist uses this information to assist clients to name and prioritise occupational performance issues. Occupational therapy interventions are most effective when responsive to the client's specific problems, strengths, personality, sociocultural context, and preferences.

A central goal of EBP is to maximise client choice when presented with alternative interventions, considering the benefits and opportunity costs of each option, outcomes, and preferred methods for evaluating outcomes.

**Significance of this Position Statement to Society**

This statement is intended for use by anyone who wants to know how and why occupational therapists use research evidence. Interested stakeholders include occupational therapy students, clinicians, managers, educators and researchers, registration board members, as well as clients, employers, administrators, funders and other health, social service or education professionals.
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-based occupational therapy. Clients and funders should benefit from occupational therapy services which are informed and underpinned by the best available evidence.

While all stakeholders should assume an active role in advocating for EBP, occupational therapists must take full responsibility for staying up to date with research evidence and working collaboratively with clients to make decisions about their healthcare.

For occupational therapy practitioners

Occupational Therapy Australia expects that occupational therapists will:

- Offer EBP, integrating the best available research evidence with clinical expertise, a client’s preference, and the practice context.
- Use clinical reasoning to integrate these sources of information, and to make decisions with and about clients.
- Set measurable occupational goals and measure outcomes with all clients, to ensure that clients receive feedback on the effectiveness of therapy. Where appropriate, standardised outcome measures should be used.
- Reflect in and on practice, and where necessary seek clarification or further information and/or guidance.

For employers of occupational therapists

- Employers of occupational therapists have a role in facilitating EBP through policies and resourcing. Employer roles may include supporting occupational therapists who need to develop skills in EBP, access to evidence-based CPD, policies which facilitate EBP (Novak and McIntyre, 2010), providing resources such as time in work hours for EBP, and access to databases with online research about occupational therapy interventions (Bennett, McCluskey, Hoffman & Tooth, 2011).

For educators and researchers

- Occupational therapy education programs prepare future occupational therapists for evidence-based occupational therapy practice. This responsibility includes teaching and assessing students’ knowledge and skills in EBP, for example database searching and critical appraisal.
- EBP is dynamic and evolving, therefore the EBP curricula requires regular review to reflect these changes.

For Occupational Therapy Australia

- Professional associations should provide evidenced-based continuing professional development (CPD) opportunities, and ensure that CPD opportunities are appropriately evidenced based.
- Professional associations have an important role to play in assisting occupational therapists to practice in an evidence-based way. Activities of Occupational Therapy Australia which support the development of these skills include facilitating awareness and access to resources (e.g. databases), and offering evidence-based skill development (e.g. understanding and developing systematic reviews, reflective practice).
- Finally, Occupational Therapy Australia has a role to play in advocating for EBP, so that users of occupational therapy services expect EBP, and the reputation of the profession is maintained. It is mandatory for occupational therapists to commit time and effort to locating, applying and implementing the available evidence base, including regularly reviewing and adapting practice in light of new research.
References/Bibliography


**Glossary of Terms**

**Evidence-based practice**: ‘involves using clinical reasoning to integrate information from four sources: clinical expertise, research evidence, the patient’s values and circumstances, and the practice context.’ (Hoffmann et al 2017, p.4).

**Qualitative research**: is a systematic, subjective approach used to describe life experiences and give them meaning. When seeking to understand people’s experiences and perspective in more detail, it is qualitative research which forms the basis of the best evidence described in the definition of evidence-based practice above.

**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-based practice above.

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