“Evidence-based practice in Chile: an imminent challenge”

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Evidence-Based Practice (EBP) : Why it matters?

Hoffmann, T., Bennett, S., & Del Mar, C. (2013. p.4)

Clinical reasoning

Decision making

Client outcomes

Critical thinking

Effectiveness

Bannigan & Moores (2009)
Evidence-Based Occupational Therapy

- **Global achievement of EBP**
  - Bennett & Bennett (2002) **AU**
  - Tomlin & Borgetto (2011) **USA, GER**
  - Mailoo, V.J. (2006) **UK**
  - Whitcombe, SW., Westcott, L. (2006) **UK**
  - Holm (2000) **USA**
  - AOTA (N.D) «Centennial Vision» **USA**
  - CAOT (1999) **CA**
  - Bennett & Townsend (2006) **AU**
  - Buchanan (2011) **ZA**

- **Clinical reasoning and decision making**

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<td>Shell et al., 2014</td>
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<td>Kadar et al., 2014</td>
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<td>Lyons et al., 2011</td>
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- **Knowledge Gap**
  - Coster, (2005), Bannigan, (2011)
Assumptions from International Conference on EBP, 2004
Coster (2005)

What happens in non-English speaking countries?

- English is the “language of science” Spanish language is more prevalent
  - First Spanish language paper on EBP by Aravena (2015)
    (LILACS, 2017)
- Occupational therapy in Latin America is growing rapidly but is not regulated
First research study on EBP in Chile
(Garcia, J., Copley, J., Turpin., Peña, N., 2017)

How are Chilean OTs practicing?
AIM: Determining how OTs in Chile make clinical decisions and build knowledge

Research Questions:
- What sources of information are available to and used by Chilean occupational therapists in paediatric settings to make clinical decisions?
- How do they build their body of knowledge?

Methodology:
- Interpretive description (Thorne, 2008)
- 10 paediatric OTs, stratified geographically, clinically settings, experiences, professional training
- In-depth interviews
Findings

- Limited CPD and postgraduate studies
- Same approaches used by all
- Lack of access to scientific literature - language
- Use of social media and informal networks

- Intuition guiding decision-making
- Lack of OT disciplinary knowledge (occupation) - borrow knowledge from other disciplines

- Reduced child and family centred practice
- Lack of assessment tools/ power of observation.

- No professional regulation
- OT role not understood
- Referral orders mandate OT role
- Lack of resources

Hoffmann, T., Bennett, S., & Del Mar, C. (2013. p.4)
KEY MESSAGES AND NEXT STEPS

✓ Reliability of information that has not undergone quality evaluation.
✓ Need for clinical decision-making framework based on evidence.
✓ Need for promoting culture of research and research knowledge

✓ CREATION OF LOCAL KNOWLEDGE → GLOBALLY RELEVANT

Next steps: PhD study

• Put structure in place for critical thinking – strengthen EBP and reflective practice (Bannigan & Moores, 2009)
• Provide access to broader range of information – build global networks
• OT in developing countries decides cultural relevance of information