EPPIC

Enhancing Post-Injury Psychological Intervention & Care

Pen CLAHRC Seminar: 26th March, 2-3pm

Title: *Staging evidence: the implications of clinical mindlines for knowledge mobilisation*

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NHS
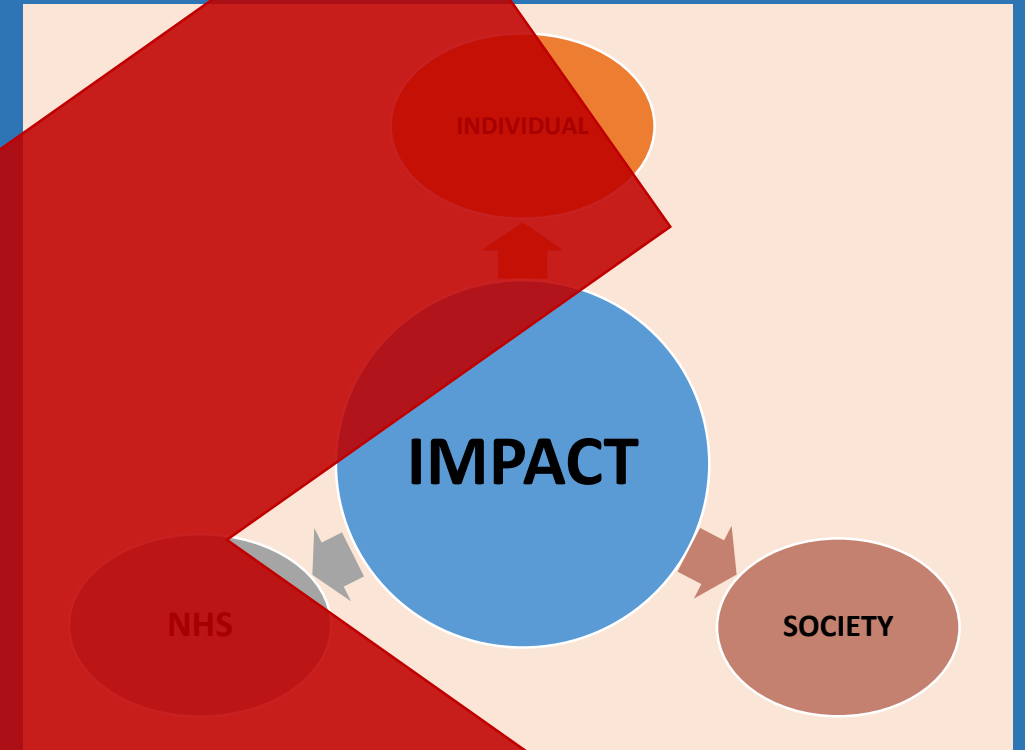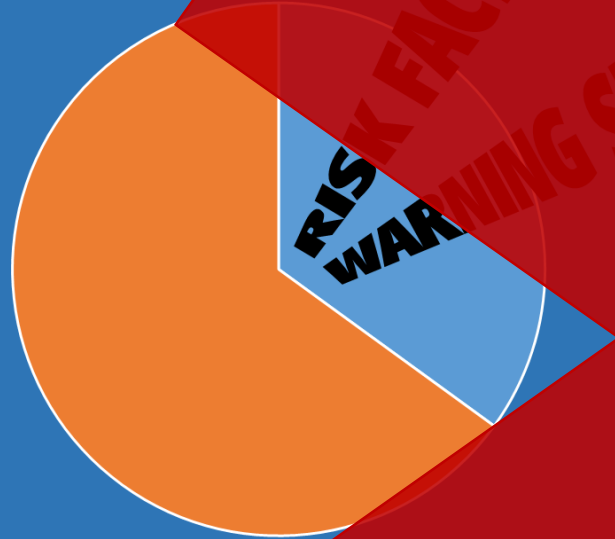University Hospitals Bristol
NHS Foundation Trust

Broken bodies troubled minds: the psychological impact of unintended injury

30-40%

- Depression

- PTSD

- Anxiety disorders

- Substance use disorders

What else research tells us about the psychological impact of injury

RISK FACTORS
WARNING SIGNS

IMPACT

INDIVIDUAL

NHS

SOCIETY

The most effective means to mitigate the psychological impact of injury are:
- screening for symptoms
- psychological first aid: promoting a sense of safety, calm and hope, connectedness, self and community-efficacy
- avoiding or mitigating known psychological stressors with the care experience
- monitoring and knowledge of warning signs
- early intervention and targeted support
- stepped collaborative care initiated in acute services has the best potential population effect

The nature of knowledge

kNOWledge

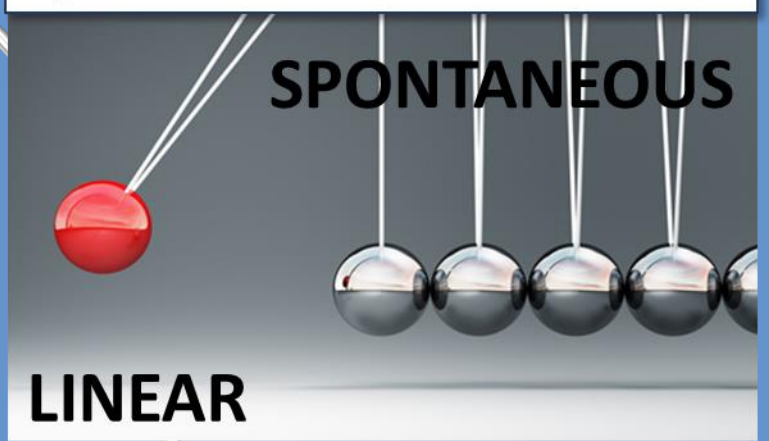The knowledge required for effective practice

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Despite £[...] annual expenditure on health research, it takes on [...] 17 years for evidence to impact on practice

Uptake of research evidence

SPONTANEOUS

LINEAR

Unforeseen consequences

Poses a number of dilemmas, and can lead to unforeseen consequences

The overwhelming influence of context

context

Scientific evidence obtained using reductionist research methods as the basis for human healthcare?
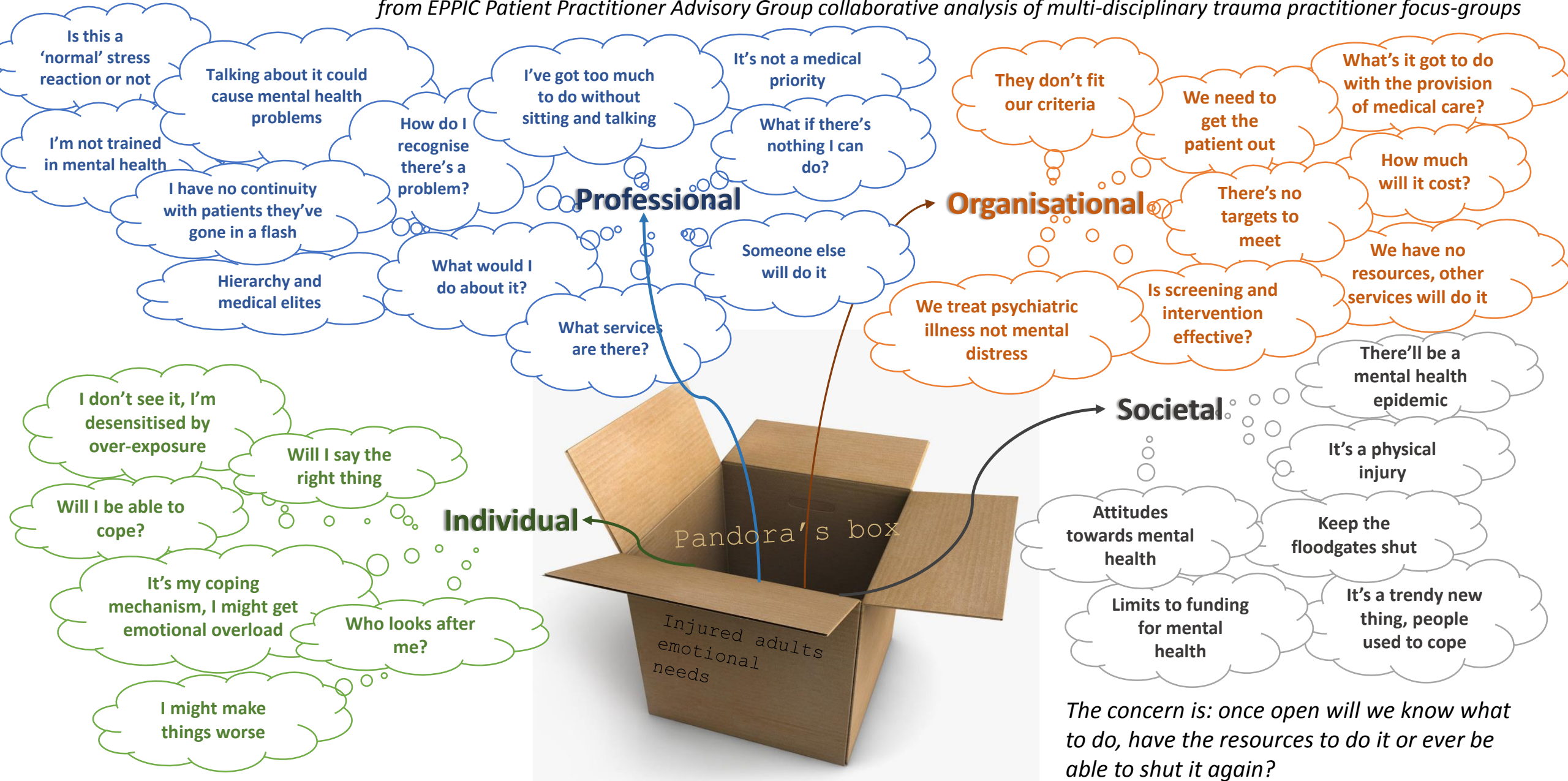
Factors inhibiting NHS practitioners and services from opening 'Pandora's box' containing injured patients emotional needs

from EPPIC Patient Practitioner Advisory Group collaborative analysis of multi-disciplinary trauma practitioner focus-groups

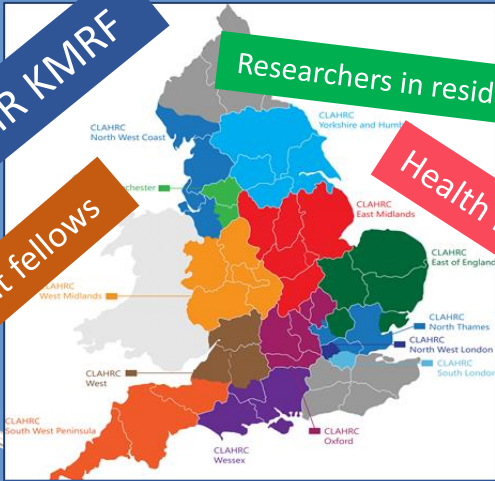Strategies used to address these dilemmas and close the 'Implementation gap'

PUSH   PULL

COACHING   TEACHING   KNOWLEDGE
TRAINING
SKILLS
EXPERIENCE   LEARN   DEVELOPMENT
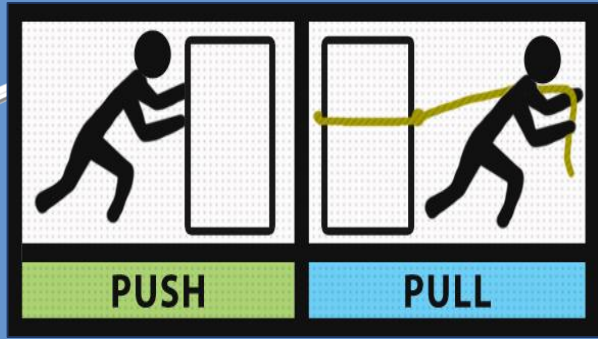
These are all necessary and important but possibly not enough?

Patient & Public Involvement

CO-PRODUCTION

NIHR KMRF

Researchers in residence

Clinical management fellows

Health Improvement Teams (HITS)

Funding for organisations and appointments explicitly aimed at KM

In their ethnographic research John Gabbay & Andree Le May: 2004 & 2011 found that practitioners' decisions and actions are governed by their **individual** or **collective 'clinical mindlines'**
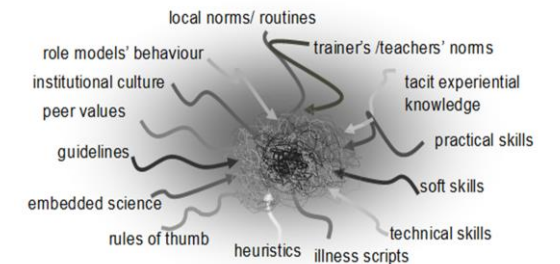
Practitioners mindlines:
- go beyond explicit guidelines
- combine evidence from multiple different sources
- provide rich internalised evidence for real world practice
- are developed, refined and modified through social processes within practitioner **'Communities of Practice' (CoP).**
- equip practitioners with the **'contextual adroitness'** to manage healthcare's multiple complex competing demands
- Evidence needs to be transformed into **'knowledge-in-practice-in-context'** or usable practical information before use
- **Mindlines** (and **CoP's**) can sustain poor practice and rigid boundaries between different settings.

Practitioner mindlines sources
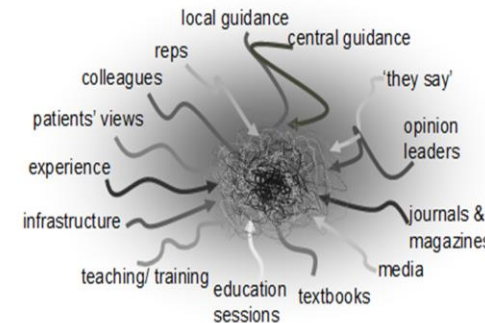
Practitioner mindlines content


John Gabbay & Andree Le May: 2011

The question remains: how can we purposively influence practitioner mindlines so they can in turn improve practice?

Gabbay and le May's work suggests: effective practice requires rich varied reliable evidence and opportunities to learn using social means.

Maybe the challenge in improving practice is to provide these things?

Could Augusto Boal's Forum Theatre method work?

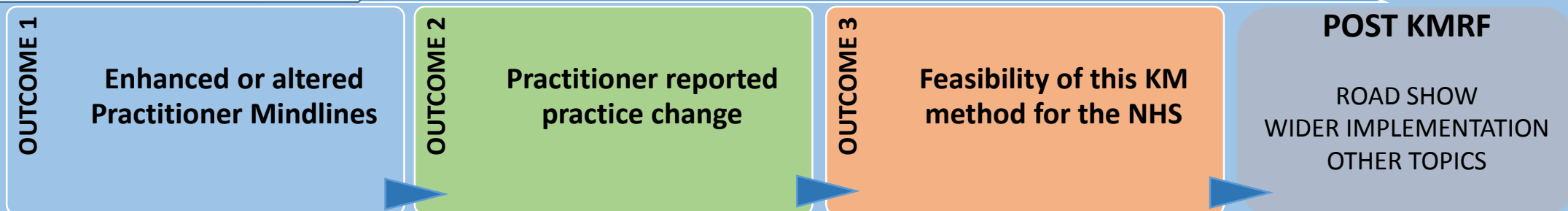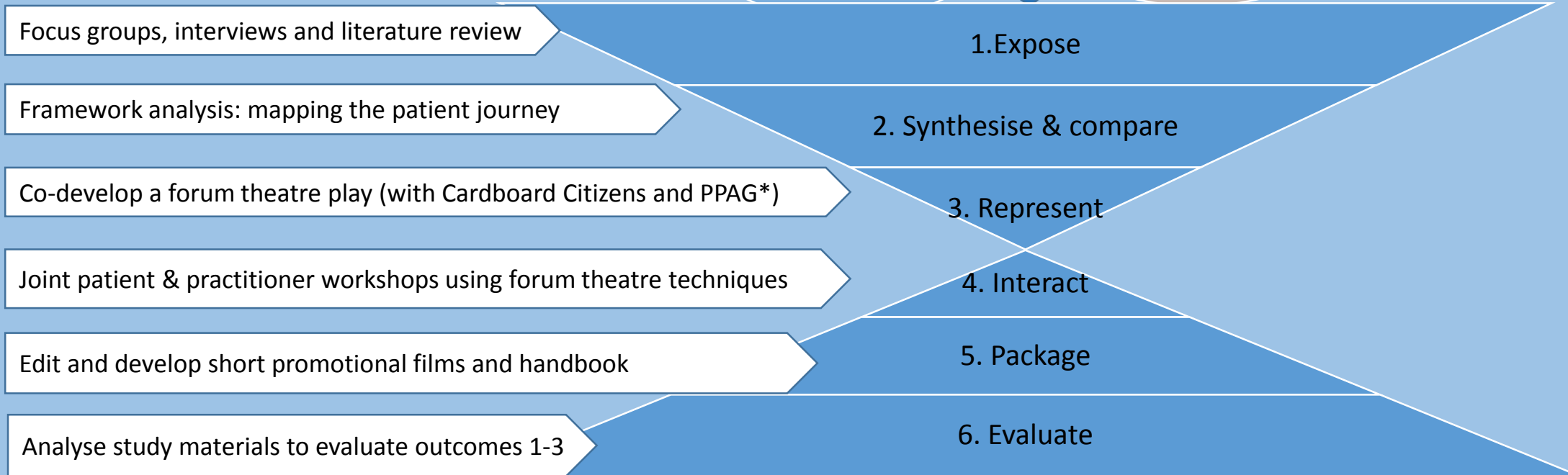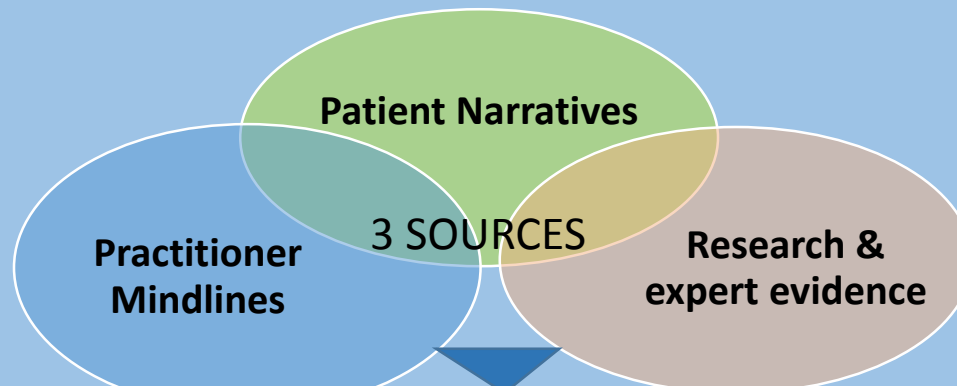

https://www.youtube.com/watch?v=e0keo-CJPPU
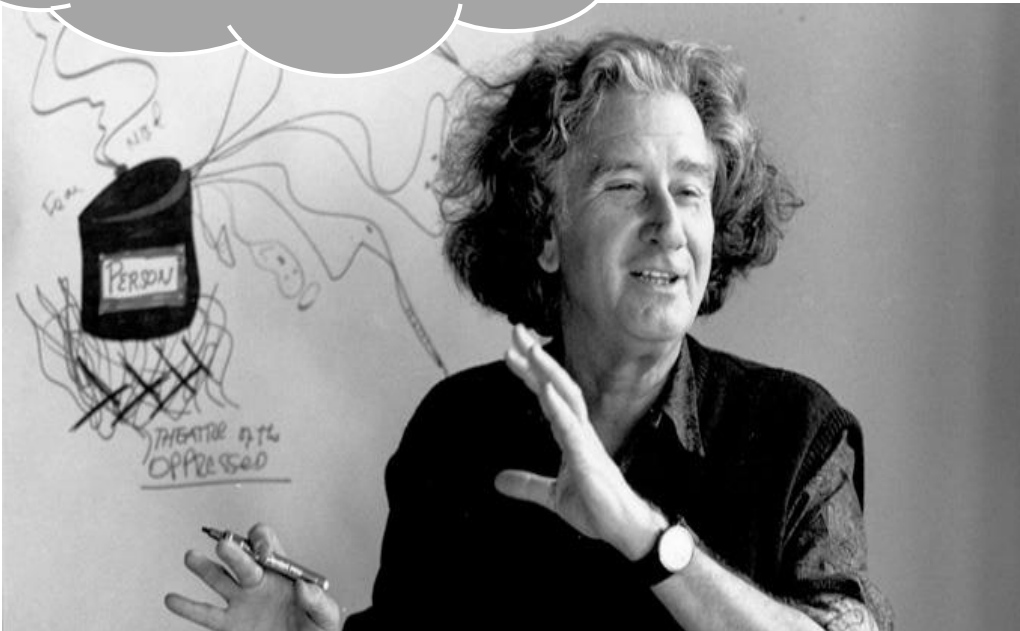
Advantages of Forum Theatre:

- represents diverse perspectives on difficult social issues in a participatory performance
- creates a social milieu in which to debate and safely test out new ideas
- engages people and helps them creatively apply their own and others' knowledge to solve difficult problems in real life.
- melds theoretical research evidence with emotional, practical and organisational realities
- is fluid, not fixed in time and place
- speaks to the rational and emotional self, resonates with the audiences' experience
- could be fun and challenging and lead to practice change?
- theoretical fit - provides a vehicle for enhancing practitioner mindlines?

METHOD:

How 'Enhancing Post-injury Psychological Intervention & Care (EPPIC)' mobilises knowledge to improve post-injury psychological care

Patient Narratives

Practitioner Mindlines

3 SOURCES

Research & expert evidence

Focus groups, interviews and literature review	1. Expose
Framework analysis: mapping the patient journey	2. Synthesise & compare
Co-develop a forum theatre play (with Cardboard Citizens and PPAG*)	3. Represent
Joint patient & practitioner workshops using forum theatre techniques	4. Interact
Edit and develop short promotional films and handbook	5. Package
Analyse study materials to evaluate outcomes 1-3	6. Evaluate

OUTCOME 1 — Enhanced or altered Practitioner Mindlines

OUTCOME 2 — Practitioner reported practice change

OUTCOME 3 — Feasibility of this KM method for the NHS

POST KMRF

ROAD SHOW
WIDER IMPLEMENTATION
OTHER TOPICS

*PPAG = Practitioner Patient Advisory Group

Indicative reading:

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- Kellezi B, Baines D, Coupland C, Beckett K, Barnes J, Sleney J, Christie N, Kendrick D. *The impact of injuries on health service resource use and costs in primary and secondary care in the English NHS.* Journal of Public Health 2015 https://www.ncbi.nlm.nih.gov/pubmed/26611819
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- Greenhalgh T, Wieringa S. *Is it time to drop the 'knowledge translation' metaphor? A critical literature review*. J R Soc Med 2011; 104(12):501-509.
- Rycroft-Malone J, Seers K, Titchen A, Harvey G, Kitson A, McCormack B. *What counts as evidence in evidence based practice?* J Adv Nurs 2004; 47(1):81-90.
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- Gabbay J, Le-May A. *Evidence based guidelines or collectively constructed "mindlines?" ethnographic study of knowledge management in primary care*. BMJ 2004; 329(7473):1013.
- Wieringa S, Greenhalgh T. *10 years of mindlines: A systematic review and commentary*. Implement Sci 2015; 10: 45.
- Rossiter K, Kontos P, Colantonio A, Gray J, Keightley M. *Staging data: Theatre as a tool for analysis and knowledge transfer in health research*. Social Science and Medicine 2008; 66(1):130-46

NHS

National Institute for Health Research