

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

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



Kate Beckett

NIHR Knowledge Mobilisation Research Fellow

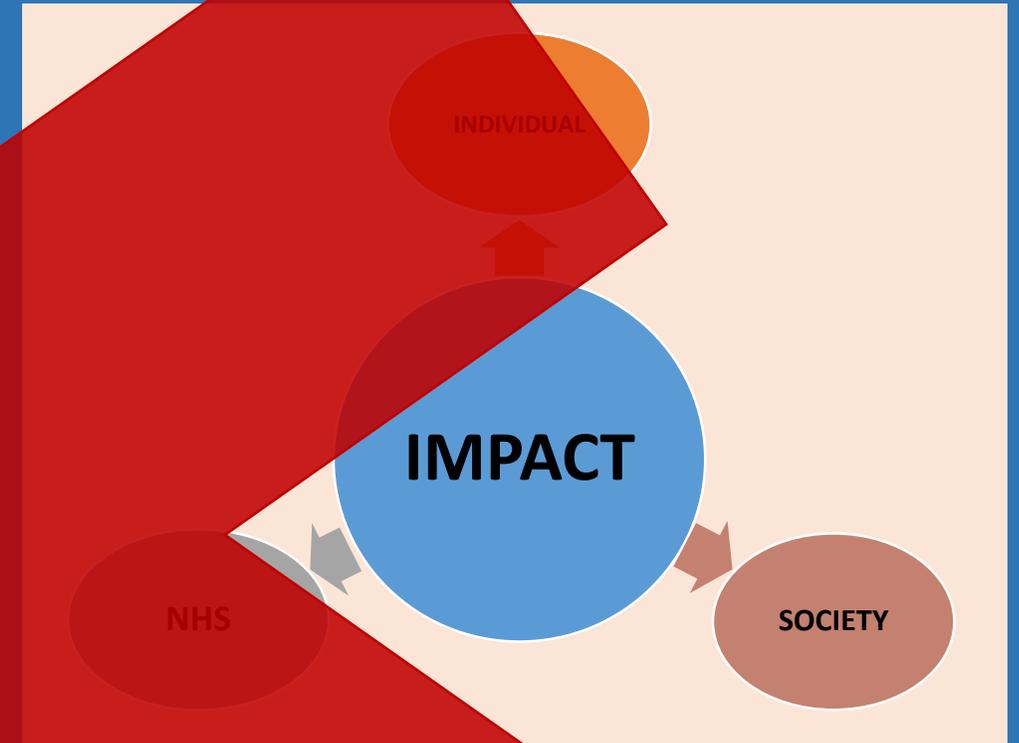
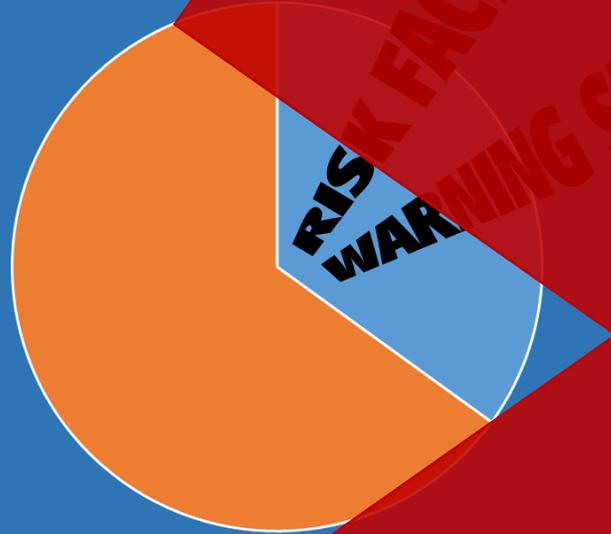
Broken bodies troubled minds: the psychological impact of unintended injury



30-40%

- Depression
- PTSD
- Anxiety disorders
- Substance use disorders

What else research tells us about the psychological impact of injury



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

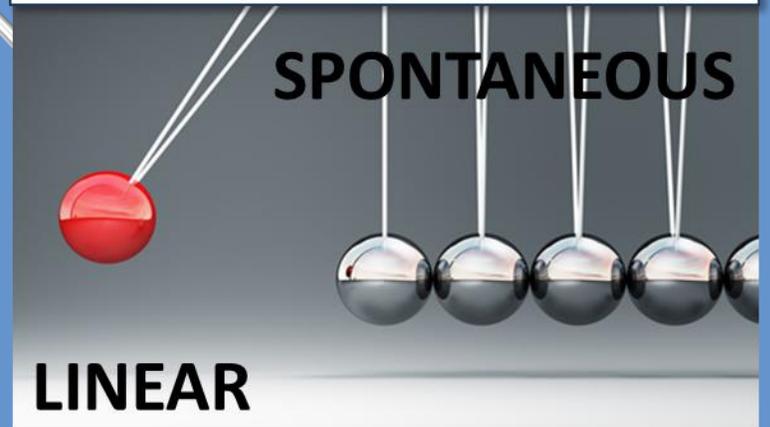
The nature of knowledge



The knowledge required for effective practice



Uptake of research evidence



The
'kn

The ev
exte
con

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

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

Scientific evidence obtained using reductionist research methods as the basis for human healthcare?

Unforeseen consequences

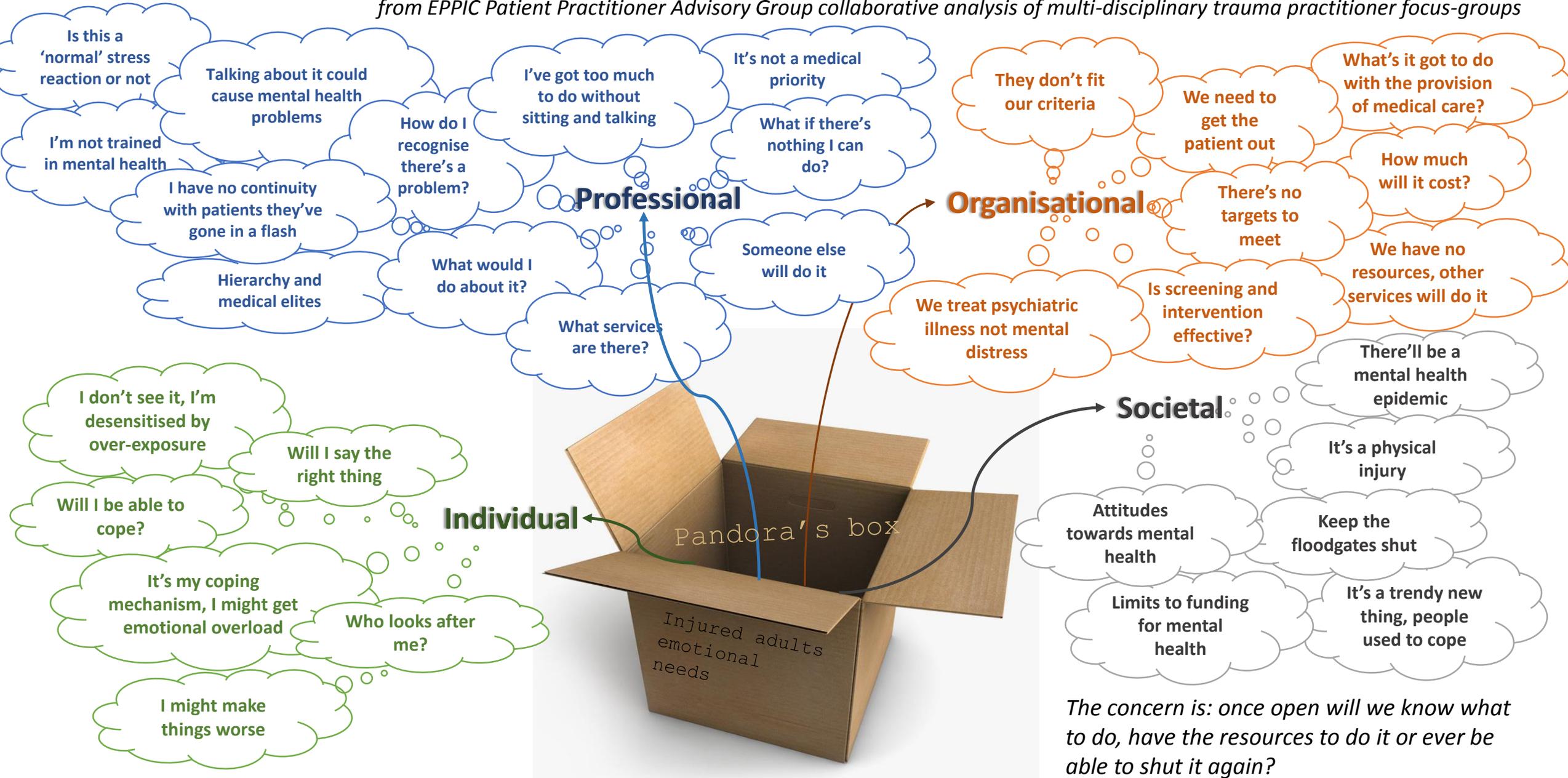


The overwhelming influence of context

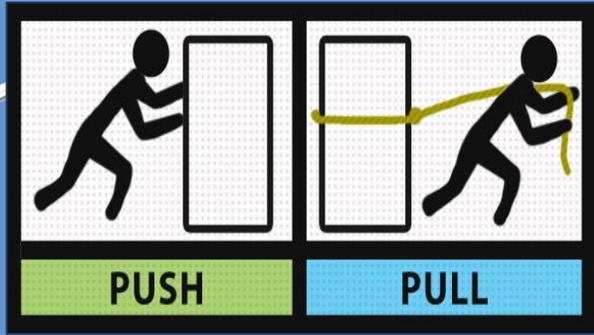


Factors inhibiting NHS practitioners and services from opening 'Pandora's box' containing injured patients emotional needs

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'



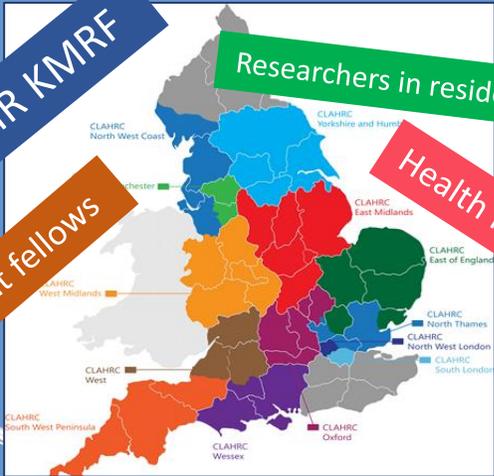
These are all necessary and important but possibly not enough?



Patient & Public Involvement



NIHR KMRF
Clinical management fellows



Health Improvement Teams (HITS)

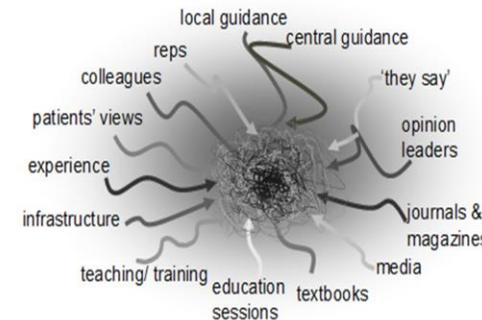
Funding for organisations and appointments explicitly aimed at KM

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'**

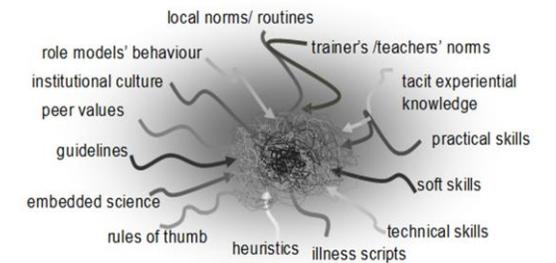
Practitioners mindlines:

- 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



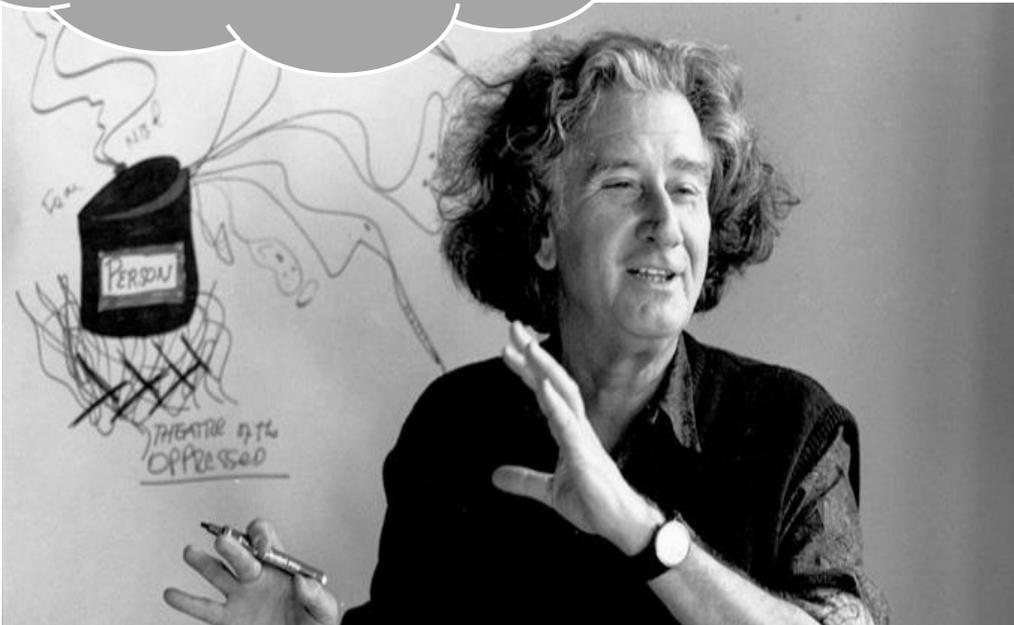
John Gabbay & Andree Le May: 2011

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.



Could Augusto Boal's Forum Theatre method work?



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



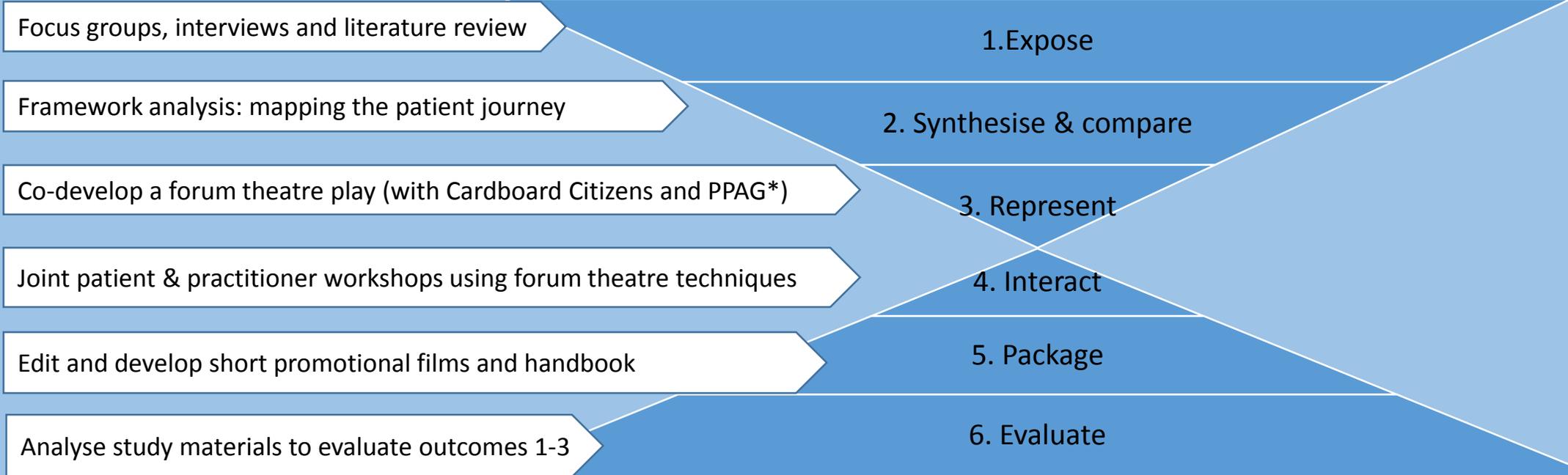
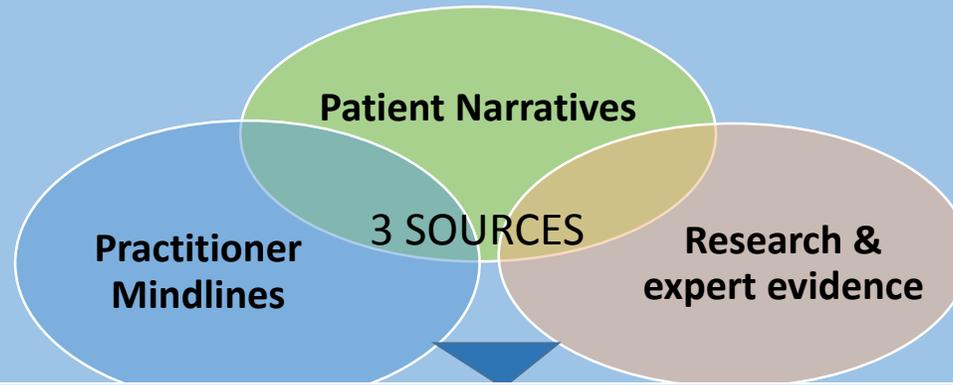
<https://www.youtube.com/watch?v=e0keo-CJPPU>

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



*PPAG = Practitioner Patient Advisory Group

Does the notion of clinical mindlines resonate for you - or help?

Do other stakeholders (e.g. patients) have their equivalent of mindlines? If so, how do different stakeholder mindlines interact?

Over to You

How can we purposively influence the content of practitioner mindlines?

How, in the busy NHS context can we ensure practitioners have opportunities to share knowledge and modify their mindlines?

How can we ensure mindlines sustain good rather than poor practice?

Taking mindlines into account, how do we ensure consistent effective practice?



Indicative reading:

- Bryant R, O'Donnell M, Creamer M, McFarlane M, Clark R, Silove D. ***The psychiatric sequelae to traumatic injury*** The American Journal of Psychiatry 2010; 167: 312-20.
- O'Donnell M, Varker T, Holmes A, Ellen S, Wade D, Creamer M, Silove D, McFarlane A, Bryant R, Forbes D. ***Disability after injury: The cumulative burden of physical and mental health***. J Clin Psychiatry 2013; 74(2):137-43.
- O'Donnell M, Bryant R, Creamer M, Carty J. ***Mental health following traumatic injury: Toward a health system model of early psychological intervention***. Clin Psych Rev. 2008; 28: 387-406
- Haagsma J, Polinder S, Toet H, Panneman M, Havelaar A, Bonsel G, van Beeck E. ***Beyond the neglect of psychological consequences: Post-traumatic stress disorder increases the non-fatal burden of injury by more than 50%***. Inj Prev. 2011 02; 17(1):21-6.
- Roberts N, Kitchiner N, Kenardy J, Bisson J. ***Early psychological interventions to treat acute traumatic stress symptoms***. Cochrane Database Syst Rev 2010; 17(3):CD007944.
- Brewin CR. ***Systematic review of screening instruments for adults at risk of PTSD***. J Trauma Stress 2005; 18(1):53-62.
- McCabe OL, Everly G, Brown L, Wendelboe A, Abd Hamid N, Tallchief V, Links J. ***Psychological first aid: A consensus-derived, empirically supported, competency-based training model***. Am J Public Health 2014; 104(4):621-628.
- O'Donnell M, Lau W, Tipping S, Holmes A, Ellen S, Judson R, Varker T, Elliot P, Bryant R, Creamer M, et al. ***Stepped early psychological intervention for posttraumatic stress disorder, other anxiety disorders, and depression following serious injury***. J Trauma Stress 2012; 25(2):125-33.
- Zatzick D, Jurkovich G, Rivara F, Russo J, Wagner A, Wang J, Dunn C, Lord S, Petrie M, O'Connor S. ***A randomized stepped care intervention trial targeting posttraumatic stress disorder for surgically hospitalized injury survivors***. Ann Surg 2013; 257(3):390-399.
- Wiseman T, Foster K, Curtis K. ***Mental health following traumatic physical injury: An integrative literature review***. Injury 2013; 44(11):1383-1390.

- Kendrick D, O'Brien C, Christie N, Coupland C, Quinn C, Avis M, Barker M, Barnes J, Coffey F, Joseph S, et al. ***The impact of injuries study: multicentre study assessing physical, psychological, social and occupational functioning post injury--a protocol***. BMC Public Health 2011; 11: 963.
- Kellezi B, Baines D, Coupland C, Beckett K, Barnes J, Slaney 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>
- Kellezi B, Coupland C, Morriss R, Beckett K, Joseph S, Barnes J, Christie N, Slaney J, Kendrick D (2016) ***The impact of psychological factors on recovery from injury: multicentre cohort study*** (in press)

- 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.
- Gabbay J, Le-May A. ***Practice-based evidence for healthcare: Clinical mindlines***. Abingdon, Oxon, UK: Routledge; 2011.
- 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

This is a summary of independent research funded by the National Institute for Health Research (NIHR)'s Knowledge Mobilisation Research Fellowship Programme. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

