

Exploring knowledge mobilisation for musculoskeletal physiotherapy



In-depth data summary

This document provides more detail on the data insights that have been uncovered from the co-design workshops, along with some interview data. So that it makes sense to you, we have summarised it per the individual activities that you took part in.

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A shorter summary version of this data is available, if you would like a copy and do not have one then please get in contact.

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Sources of information and Evidence

The aim of this activity was to understand what information sources people use generally and also about specific health conditions and how to manage them. What was clear from this activity is that everyone uses a huge variety of sources. Here are some more detailed insights about the most popular types of evidence and information:

Research and Guidelines

It is widely agreed that Research and guidelines are important and should be used but research in particular is hard to access, understand and use. Therapists do not have ring fenced time in their job role to look for and digest research evidence.

Pro's	Con's
<p>They are considered to be:</p> <ul style="list-style-type: none">• Gold standard• Best evidence• Reliable & Trusted	<ul style="list-style-type: none">• There's lots of it which can be overwhelming• Hidden in databases or behind pay walls• Lack of skills to search and critique• Long and time consuming to read• No protected time to read• Guideline summaries are not explicit.

Social Media

People either love or hate social media, it is easy to access and the information is presented in an easy to digest way. However the legitimacy of the information can be questioned and it can confirm peoples own biases.

Pro's	Con's
<ul style="list-style-type: none">• Quick and easy to access• Short, concise and in a range of formats e.g. digital• Able to filter by interest• 24/7 access• Offers 2 way debate	<ul style="list-style-type: none">• Unregulated, biased and untrustworthy• Can confirm own biases and preferences• Addictive• Should be for leisure and not work• Bias towards younger generation• Can be influenced by big personalities, own self interest and opinions.• Echo chamber (tendency to stick with what's familiar)• Digital exclusion

Websites

Most people use websites to varying degrees, those with a specific focus such as condition specific are most liked and used. However many others are too general to be helpful.

Pro's	Con's
<ul style="list-style-type: none">• Condition specific information• Quick and easy to access• Visual, clear and concise	<ul style="list-style-type: none">• Large amount of options• Quality can be unclear• Information can be too general• Echo chamber• Digital exclusion

Peers

Peer to peer support, and its ability for two way discussion, is highly valued, particularly learning from more senior or experienced specialists.

Pro's	Con's
<ul style="list-style-type: none">• Face to face• Immediate feedback• Practical and relevant• Trustworthy• Interactive	<ul style="list-style-type: none">• Danger of personal preferences, opinions and biases• A hierarchical model/approach• Not available 24/7

Podcasts

People liked the flexibility of podcasts. You can listen to them any time, any place, anywhere. But they can be long and don't allow any right to reply.

Pro's	Con's
<ul style="list-style-type: none">• Varied topics and presenters• Can listen to them anywhere you have access to a device• Relaxing but interesting• Spark food for thought	<ul style="list-style-type: none">• Choice overload• Long/information overload• No two way discussion• Data allowance restrictions• Echo chamber• Digital exclusion

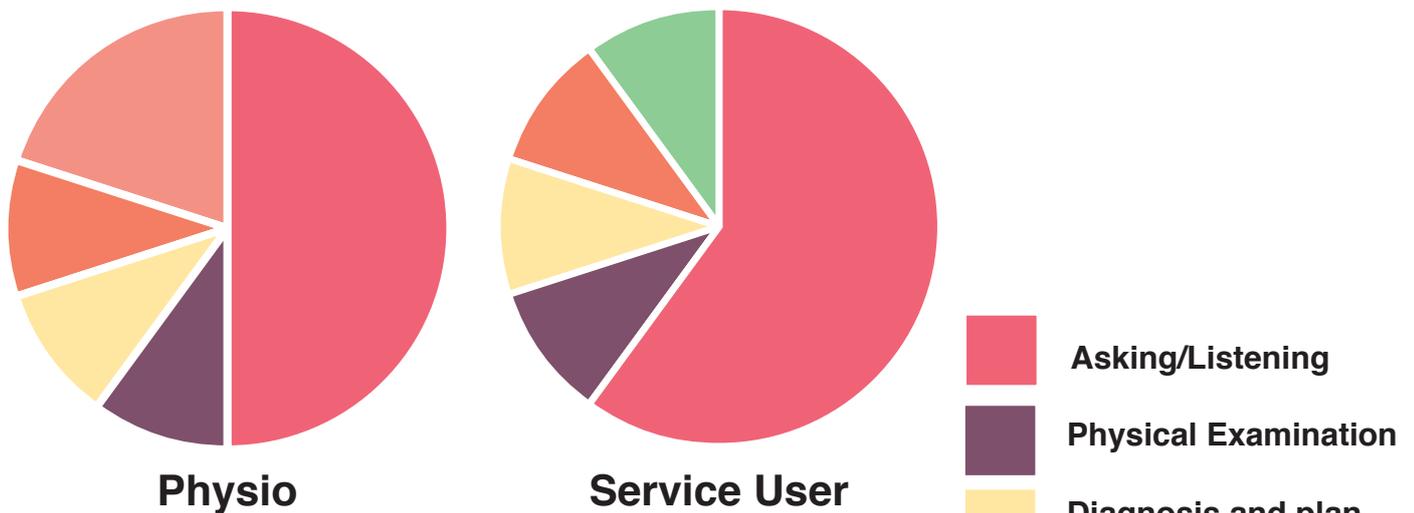
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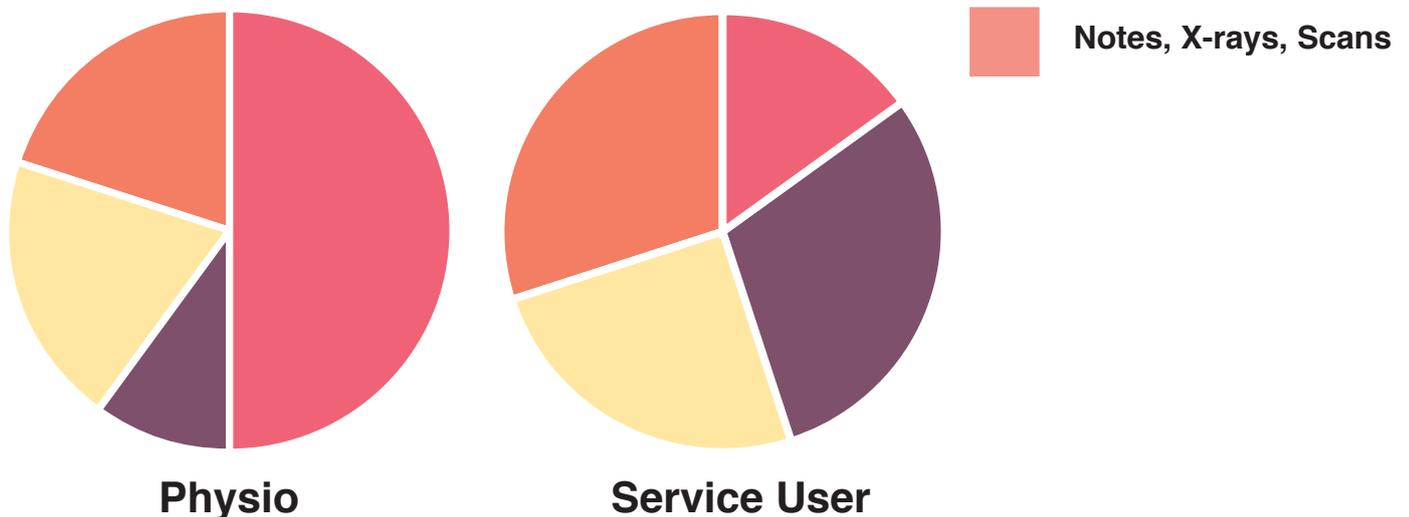
Appointment break down and pie charts

This activity provided data on the breakdown of the therapy appointment through time and activity. From this data we can see the difference between the current and ideal appointments from both the service user and the physiotherapist perspective. It also allows us to see what the differences in these perspectives are. **The next few pages will go into detail about how the wants and needs differ across the various activities. Key insights are shared at the top of the page with further detail in the table below.**

Actual appointment breakdown



Ideal appointment breakdown



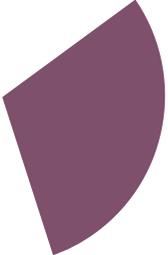
Asking/Listening

The crucial thing to notice about this activity across this data is that service users feel there is far too much time spent talking and would like this to become a much smaller part of the appointment. Interestingly, the physiotherapists feel that the amount of time spent asking questions and listening, is about right and should take around half the appointment.

Actual: Physio	Ideal: Physio	Actual: Service user	Ideal: Service user
 <p>Asking questions: Predominantly physio led. Based on their agenda/'tick list in their head'. But to ensure safe and appropriate decisions are made.</p> <p>Current problem: When and how the problem started. How it behaves.</p> <p>Other health problems: Including medication.</p> <p>Screen: Ask screening questions to rule out anything serious that may warrant further investigations and to make safe decisions.</p> <p>Life factors: How it impacts on life. E.g. Home, work, family, hobbies/ lifestyle</p>	 <p>Introduce: Physio introduces self and what will happen in the session.</p> <p>Listen: To the service users 'story' (patient led). What their main problems are, how they are impacting on their life, their hopes fears and expectations.</p> <p>Clarify: Physio led. To clarify how the problem behaves. To identify possible causes and potential structures at fault. To check for any underlying health problems and current medication that may impact the problem and how it is treated.</p> <p>Screen: Ask screening questions to rule out anything serious that may warrant further investigation/ to make safe decisions.</p>	 <p>Too much talking and repetition The physio spends too much time asking questions about the problem, general health and medication. They should have this information already.</p>	 <p>Introduce: Physio introduces themselves and explains what it is going to happen.</p> <p>Listen: Physio listens to service user explain their current problem and how it is effecting them.</p>

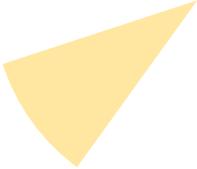
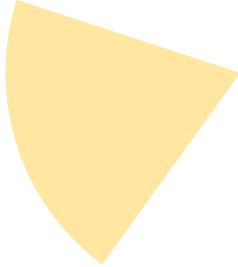
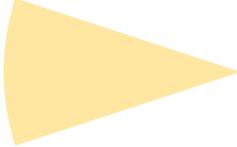
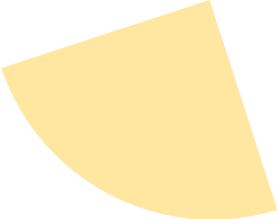
Physical Examination

The largest difference to note from this data set is that service users would prefer that more time is spent actually looking at and physically examining the problem area compared to the physios.

Actual: Physio	Ideal: Physio	Actual: Service user	Ideal: Service user
 <p>Looking, feeling, and testing the problem area.</p>	 <p>Looking, feeling, and testing the problem area.</p> <p><i>'I get much more information from asking and listening to the patient than actually hands on examining'</i></p>	 <p>Not enough 'doing': Not enough time was spent actually looking at and examining the problem area.</p>	 <p>Looking, feeling, and testing the problem area.</p>

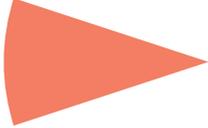
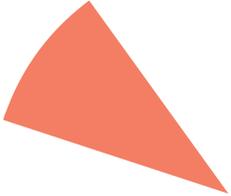
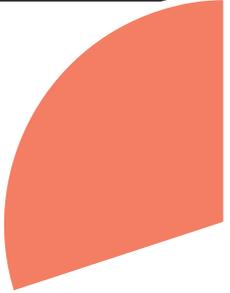
Diagnosis and Plan

Both Service users and physiotherapists would like to be able to spend more time during the appointment discussing diagnosis and a physio plan.

Actual: Physio	Ideal: Physio	Actual: Service user	Ideal: Service user
 <p>Explain: What may be causing the problem and what to do.</p> <p>Specific treatment plan and goal setting often missed due to time pressures</p>	 <p>Explain: What is and isn't wrong. Dispel any myths/misconceptions.</p> <p>Treatment plan: Develop and agree together a treatment plan.</p> <p>Goal setting: Set realistic, achievable goals together.</p>	 <p>Inadequate explanation: Not enough time spent explaining what is wrong, what the potential treatment options are or agreeing a treatment plan.</p>	 <p>Explain: Clearly what is and isn't wrong.</p> <p>Treatment options: Clearly described.</p> <p>Treatment plan: Agree together based on the options given.</p> <p>Goal setting: Agree on realistic, achievable goals for each individual.</p> <p>Contingency plan: Explain what will happen if no improvement.</p>

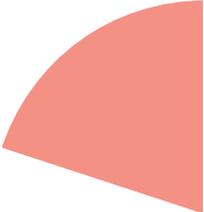
Treatment

Both service users and physiotherapists agree that more time should be spent giving treatment. The main difference is what treatment means to each group. Service users would like to have had some 'hands on' treatment rather than exercises alone.

Actual: Physio	Ideal: Physio	Actual: Service user	Ideal: Service user
 <p>Mainly a combination of evidence informed advice and exercise. Often little time to demonstrate and practice.</p>	 <p>A combination of evidence informed advice and exercise and sometimes 'hands on'. This would include time to demonstrate and time to practice, showing techniques such as exercise to the point of fatigue.</p>	 <p>Generally not enough 'hands on' treatment. Inadequate time to practice exercise to feel confident how to do them. Exercise sheets, if given are often low quality.</p>	 <p>'Hands on' treatment as well as exercises with more time to practice exercises to feel confident to do them.</p>

Waiting/ Notes X-rays and scans

What is crucial about this data is that service users are often not informed about why they are waiting. During this time physios are usually writing up notes and looking at important medical information. There is no allocated time for this to be done outside of the allocated appointment time.

Actual: Physio	Ideal: Physio	Actual: Service user	Ideal: Service user
 <ul style="list-style-type: none"> • Accessing medical notes and investigations • Accessing research and guidelines • Writing up notes and letters • Making/agreeing next appointment <p>No time is allocated for any of the above. Physios have to do this at the start and end of appointments. This means appointments often over run.</p>	<p>Allocated time for all of the below before or after appointments so not to encroach on the actual patient appointment time.</p> <ul style="list-style-type: none"> • Accessing medical notes and investigations • Accessing research and guidelines • Writing up notes and letters • Making/agreeing next appointment • Time for reflection 	 <p>Waiting: Often left waiting beyond start of appointment time for no obvious reason.</p>	<p>No waiting. Appointment to start on time. Net appointment time agreed in session.</p>

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Appointment timeline

**‘all the information gathered is important to build a picture.’
(PTCo14)**

This activity built on the pie charts to try to understand what should happen and when. Where the pie chart activity was focused on the appointment time itself, the timeline activity looked to build a picture about evidence gathering, sharing and use around the appointment.

This data has been compiled into a timeline visual, showed on the next page. What it shows us is that the main differences between the information and evidence needs of the service users and physios are before and after the actual appointment itself. The data also highlighted how the majority of research and guidelines are used from memory by the physios as they have little time to access this during the appointment itself.

This timeline shows a summary of the evidence and information that both groups need and when, over the course of an appointment, they would like to have this evidence and information.

SERVICE USERS	<p>Require pre-appointment information. This should include:</p> <ul style="list-style-type: none"> • How long they will be waiting for an appointment • What the format will be • How long it will be • Who it will be with • What will happen at the appointment • What to wear 	<p>Clear two-way communication that includes:</p> <ul style="list-style-type: none"> • What is and isn't wrong • What can and can't help • What the treatment options are • Agree a treatment plan and goal 	<ul style="list-style-type: none"> • Have a point of contact if they have questions or queries in between • Have access to high quality info/ advice/ exercises in preferred format. • Have quick progress checks between appointments to provide encouragement and motivation • A reminder system for exercises and next appointments
	Before	During	After
PHYSIOS	<ul style="list-style-type: none"> • Quick and easy access to research/ guidelines/ protocols • All the medical information that they need • To understand patients expectations • Time to look through this all before patient arrives 	<ul style="list-style-type: none"> • Ability to incorporate evidence into a conversation format that the patient will understand and engage with • Provide clear advice/ information and exercises in the preferred format 	<ul style="list-style-type: none"> • Time to write notes and reflect • Quick and easy access to research guidelines and protocols • Quick and easy access to colleagues.

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The association between evidence and the therapeutic relationship

**‘it’s not just the information it’s the way that it’s given’
(PwECo10)**

Throughout this co-design process it has become evident that there is an association between knowledge mobilisation, that is the evidence and information use, and the therapeutic relationship. Whilst there is a need for evidence to be obtained, understood and shared, there are multiple factors that impact how this information is acted upon by the service user. It is clear that the therapeutic relationship is really important in this. In this final section we will go into some detail about what the various elements that make up this therapeutic relationship are and how they maximise the potential for evidence and information to be utilised in practice.



Time

Time is something that can have a big impact on the therapeutic relationship. From a service user perspective here are some 'time' examples which, if not carefully managed can have a negative impact on the therapeutic relationship:

- Time spent waiting to get an appointment
- Time getting to the appointment
- The time spent waiting to be seen once at the appointment
- How long the actual session is
- The time between appointments
- The amount of time spent listening to and acknowledging what a person has to say

Communication

The data has shown a difference between a want or need for explicit vs implicit communication of research evidence. This means some people want research evidence explicitly explained to them, it can also help physios justify their choice of treatment, whereas others trust implicitly that the physios are using it.

To ensure that a positive therapeutic relation is built through communication, the data has shown that service users need:

- Clear two way communication so they know what to expect, what is wrong, what the plan is and why and what to do. i.e. uncertainty dealt with
- Information and advice is given that feels individualised. This removes the feeling of being 'just a number'
- To be prepared for negotiation between patient and physio.
- Continuity of physio and appointments, that is- seeing the same physio each time, without long gaps between appointments

Trust and confidence

In order that service users feel able to act upon the treatment plan and evidence they are given, there needs to be a relationship of trust and confidence between service user and physio. The data shows that this trust and confidence is important in the following ways:

From the service user perspective:

- In the physio and what they say/do/suggest (senior v junior)
- In themselves, that they feel equipped and capable of carrying out advice/exercises.

From the physio perspectives:

- In their capabilities and skills to treat the condition and person in front of them.

From both perspectives:

- In the evidence itself, i.e. where does it come from? Is it understandable? Does it make sense? Does it fit with their beliefs? Do they have the skills to do what it says?

Environment

The data suggests that the environment people receive physio in also has an impact on the therapeutic relationship, for example there were preferences between a hospital vs a community setting and a space that is shabby vs modern and well equipped.