



Original article

Development of a data collection tool to profile osteopathic practice: Use of a nominal group technique to enhance clinician involvement



C.A. Fawkes*, C.M.J. Leach, S. Mathias, A.P. Moore

Clinical Research Centre, University of Brighton, Aldro Building, 49, Darley Road, Eastbourne, East Sussex BN20 7UR, United Kingdom

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ABSTRACT

Introduction: Little is known about the profile of osteopathic care in the United Kingdom (UK). To address this, a standardised data collection (SDC) tool was developed to record patient-based data within private practice.

Methods: The development of the SDC tool took place within a national network of research groups (hubs) created by the National Council for Osteopathic Research (NCOR); nominal groups were created from the hub network. A Nominal Group Technique (NGT) was used to promote maximum involvement by clinicians and increase ownership of the process: this approach encouraged generation of ideas around specific topics. Following several rounds of iteration, a draft tool was created, followed by a three stage testing process to identify omissions, unnecessary jargon, ambiguities, and any regional differences.

Results: The tool developed for a national use by UK osteopaths consisted of 65 items. These were divided into specific sections for patient or clinician completion. The section for patient completion collected data concerning demographic and symptom data. Clinicians provided data concerning treatment provided, advice to promote self-management and avoidance of symptom recurrence, outcome information, service data concerned with waiting times, the number of treatments delivered, and the necessity for referral.

Conclusion: The tool development process produced a data collection tool aimed to collect snapshot data across the osteopathic profession. The national pilot of the tool will identify changes required, and any barriers to its use by busy professionals.

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1. Introduction

There are currently over 4000 osteopaths providing care in the United Kingdom (UK), mainly based within private practices (Fawkes et al., 2010). The profession has been regulated by statute since 1998 with the establishment of the General Osteopathic Council. In 2003, the National Council for Osteopathic Research (NCOR) was constituted to develop a profession-wide research culture, linking research to practice, and ultimately to improve patient care (<http://www.ncor.org.uk/who-we-are/vision-statments/>). NCOR recognised a need for information about the profile of osteopathic care, patients consulting for treatment, the quality of care provided in order to understand the profile of patients seeking osteopathic care, the nature of osteopathic practice, the quality of care delivered, and be able to provide quantitative information about osteopathic practice.

Access to osteopathic care in the UK occurs mainly in private practice but is delivered also in some hospital outpatient departments, NHS general practices, and clinics attached to osteopathic educational institutions (OEs) (Gurry et al., 2004; Chown et al., 2008; Gurden et al., 2012). Osteopathy forms part of the provision of musculoskeletal services in the UK (Savigny et al., 2009; Department of Health, 2006) and features in some national clinical guidelines for low back pain (Savigny et al., 2009). However, information about osteopathic practice in the UK has been limited (Burton, 1981; Pringle and Tyreman, 1993; Hinkley and Drysdale, 1995; General Osteopathic Council, 2001; McIlwraith, 2003); there had been little prospective and serious investigation of the range of patient presentations treated by osteopaths, or the total aspects of management involved. To address this NCOR wanted to develop an SDC tool which would be suitable for use over a longer period of time than in previous studies, and would allow snapshot studies to be undertaken periodically to assess changes in the population of patients consulting osteopaths. Such baseline information is required to guide standards for clinical audit, to effectively plan research projects, and be able to develop a robust

* Corresponding author. Tel.: +44 0207 882 6131.

E-mail address: c.fawkes@qmul.ac.uk (C.A. Fawkes).

research strategy. The potential benefits of a profession-wide dataset include also standardising and improving documentation, and reducing note-taking errors through focussed attention on practice (Craigin and Levi, 2005).

The value of standardised data collection in osteopathy was recognised as early as 1975 by American osteopaths Kelso and Townsend (Kelso & Townsend, 1973). The process began in earnest in 1995 when Seffinger et al., 1995 collected data on the musculo-skeletal findings of structural examinations, and areas of somatic dysfunction; development continued with Friedman et al., 1996. This early work allowed US osteopaths to demonstrate their scope of practice (Friedman et al., 1996). A standardised medical record was subsequently created by Sleszynski et al. (1999) (known as the subjective, objective, assessment, plan (SOAP) form) for recording examinations and treatments for outpatients (Nelson and Glonek, 1999). This evolved further in 2004 with the inclusion of additional information on gait, spinal curvature, leg length, and clinical methods used (AMAHCF, 1997; Andersson et al., 1999; Lipton et al., 2002; Sleszynski et al., 2004, 2005).

Involving UK osteopaths in this type of data collection was seen by NCOR as challenging because research awareness across the profession was low. In order to promote the necessary cultural shift, NCOR drew on evidence emphasising the value of interactive, small group activities that promote knowledge translation (Cabana et al., 1999; Birk et al., 2005; Davis and Davis, 2010). Multi-faceted interventions including components of audit and feedback are at least partially effective in implementing research into practice (Boaz et al., 2011); high intensity audit and feedback have a modest effect on improving professional practice, especially when baseline compliance is low (Foy et al., 2005; Jamtvedt et al., 2006; O'Brien et al., 2007; Ivers et al., 2012); and audit activity that is clinician-directed and includes specialty outreach programmes as well as the preceding elements, is most effective at improving quality and safety of healthcare (Scott, 2009). NCOR initiated this project to develop a standardised data collection tool (SDC tool) to facilitate profiling of osteopathic practice, including the evaluation of quality and safety. This paper reports on the development of the tool, and a separate paper (Fawkes et al., 2014) will report on the profile of care provided using analysed data from a national survey using the tool.

2. Method

The tool development process was initiated with a literature search to identify previous work undertaken nationally and internationally by osteopaths, and within other healthcare professions (Moore, 1996; Griffiths and Hutchings, 1999; Moloney and Maggs, 1999; Moore et al., 2006; Saranto and Kinnunen, 2009). The model for the tool development was based on that used previously created by Moore et al. (1996) within the physiotherapy profession. SDC tools had been developed and used for data collection in both patients with neuromuscular symptoms, and with cervical pain and dysfunction (Moore, 1996; Moore et al., 2006, 2012). To maintain some consistency of approach with the model used by Moore et al. (1996), the methodology chosen for the development of the SDC tool for osteopathy was a nominal group technique (NGT). The Nominal Group Technique is an established, qualitative research tool that allows small groups of individuals to develop a prioritised list of responses or concepts to a specific question during a facilitated meeting (Gallagher et al., 1993; Crenshaw et al., 2011). The groups of people involved are known to have insight, a particular interest, or both, into the area of focus. The structured format of the meeting promotes the active participation of all group members (Gallagher et al., 1993; Colón-Emeric et al., 2012). The technique was developed, applied and tested in the United States in the late 1960 by Van de Ven and Delbecq, and has been used subsequently

in a range of educational and healthcare settings (Delbecq and Van der Ven, 1971; Van den Ven and Delbecq, 1972; Fardy and Jeffs, 1994; Moore and Klingborg, 2007).

The nominal groups (NGs) of practising osteopaths were used throughout the iterative process of tool development which took place during 2007 and 2009. This included:

- Stage (1) – tool development process
- Stage (2) – piloting of the tool by nominal group participants for 2 weeks;
- Stage (3) – piloting of the tool by nominal groups participants for 4 weeks;
- Stage (4) – piloting of the tool by volunteers outside the nominal groups for 4 weeks;
- Stage (5) – a large scale national pilot of osteopathic private practices over a three month period.

2.1. Participants and recruitment

NCOR created nine regional research hubs across the UK during late 2005 and these were in existence at the time of the study. These hubs were created in Perth, Glasgow, Leeds, Bristol, Cardiff, Oxford, London, Haywards Heath, and Plymouth; they had an educational and developmental role, were led by the NCOR Research Officer, met several times per year, and were open to all osteopaths. All hub participants were invited to take part in the Nominal Groups (NG) to develop the SDC tool. The nominal groups were based within these hubs and NG participants ranged in number between 8 and 12 consistently; inevitably there were times when not all NG members could attend at the same time, but in total 106 osteopaths participated in the tool development stage. Nominal group participants consisted of a broad cross-section of the profession including osteopaths who had been awarded research degrees (MSc and PhD), some who had received research training as part of their BSc programme of study, and those who were interested but had received no research training due to the historical nature of their osteopathic qualification. A small number of NG participants (6) worked in the osteopathic educational institutions, and were involved individually in different NGs. Most nominal group (NG) participants practised osteopathy solely; some used additional therapeutic approaches including physiotherapy, acupuncture, and naturopathy, while a small number practised medicine in addition to osteopathy.

A large amount of preliminary work was involved in introducing and describing the SDC tool development to the profession. This included giving presentations at a number of regional conferences throughout the UK, speaking to regional osteopathic societies, and delivering talks to the newly-formed hubs. In order to oversee the whole project, a Steering Group was formed comprised of representatives of the General Osteopathic Council (GOsC), the profession's regulator, the British Osteopathic Association (BOA), and osteopaths selected for their experience of data collection in private practice, the NHS, and OEIs.

2.1.1. Development of the tool – (Stage 1)

Discussions in the nominal groups were initiated by identifying clinical questions the participants felt were priorities for practice, and by examining SDC tools used by other professions (Moore, 1999a, 1999b). Preliminary questions and data items to be collected were identified. Discussions in each NG were focussed on items for inclusion in the tool that would be valuable to a range of different stakeholders including clinicians, current and prospective patients, and insurers, and individuals interested in commissioning services. Examples of these items included outcome information (including treatment reactions), whether treatment being

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