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An innovative Peer Assessment approach to enhance guideline adherence

Submission date
24/02/2013

Recruitment status
No longer recruiting

Registration date
26/04/2013

Overall study status
Completed

Last Edited
10/07/2015

Condition category
Musculoskeletal Diseases

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Clinical guidelines are designed to facilitate evidence based practise in health care. Research has demonstrated that guidelines do not easily find their way to clinical practice. Systematic reviews studying the effectiveness of educational strategies however, showed little to moderate effects on the improvement of evidence-based practice. We introduced Peer Assessment (PA) as a new educational strategy for the implementation of the Dutch guideline on upper extremity disorders in physical therapy. Peer Assessment is the process whereby professionals evaluate or are being evaluated by their peers and provide each other face-to-face feedback and scores. The aim of this study is to compare the effectiveness of peer assessment (PA) with the regular implementation strategy case discussion (CD).

Who can participate?
Physical therapists in the Netherlands, organised in Communities of Practice (CoPs) are invited to participate. The need to register for the post graduate training program on upper extremity complaints, offered by the Dutch Association of Physical therapy. CoPs in the Netherlands are composed of 5 - 15 professionals that share the same interests or the same clinical setting. All CoPs that show interest for the program are eligible for inclusion.

What does the study involve?
Both PA and CD- programs consist of four meetings of three hours. The program content of the PA-program and the CD-program is identical; the educational format is different. Participants work on written cases that fully cover the patient profiles described in the guidelines. The main difference between the two interventions is, that in the PA-approach, the tasks are highly structured and supervised by a coach. Participants individually perform in the role of PT, simulated patient and assessor. The PA-approach is focussed on performance rather than discussion. In the CD-approach tasks are loosely structured with ample space for in-depth elaboration and discussion and participants roles are not defined. Guideline adherence will be measured by an online test at baseline and at 8 months follow up. We also will assess the extent to which participants are aware of their guideline adherence (awareness) and their reflective practice and commitment to behavioural change.

What are the possible benefits and risks of participating?
Participation is awarded with 20 credit points for the Dutch Quality Register of Physical Therapy. Participants may additionally benefit of feedback on their knowledge and skills at post-tests. There are no risks related to participation in this trial.

Where is the study run from?
The study will be conducted by Radboud University Medical Centre, at the Scientific Institute for Quality of Health Care, Nijmegen, the Netherlands.

When is the study starting and how long is it expected to run for?
The trial began recruiting participants from November 2011 until January 2012. The study started in February 2012 and ended in October 2012.

Who is funding the study?
Royal Dutch Society for Physical Therapy (KNGF)

Who is the main contact?
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
Reference number 8203 Royal Dutch Society for Physical Therapy

Study information

Scientific Title
A cluster randomized controlled trial comparing two educational strategies that aim for enhanced guideline adherence in physical therapy with Peer Assessment as the intervention and Case Discussion as the control condition

Study objectives
We assume that Peer Assessment will more positively affect guideline adherence compared with Case Discussion. Moreover we hypothesise that Peer Assessment will prompt 'reflective practice' and that increased reflective practice will raise 'levels of awareness' will be associated with increased guideline adherence.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Regional Committee on Medical Research Ethics, Involving Human Subjects (CMO), Arnhem - Nijmegen, The Netherlands, stated in writing that ethical approval was not necessary.
CMO Registration number: 2013/036, Date: 14/01/2013

Study design
Clustered randomised controlled trial

Primary study design
Interventional

Secondary study design
Cluster randomised trial

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Upper Extremity Complaints of the muscular-skeletal system related to stressful postures and movements in work, sports and daily life

Interventions
Peer Assessment as intervention and Case Discussion as control.

Interventions
Before the start of the program, both PA-group and CD-group receive a link to the KNGF guidelines. Subsequently all participants receive a program guide tailored to the intervention, with detailed information about learning objectives, learning content, training schedule, didactic format and procedure. The program for both groups consists of four sessions of 3 hours and will be launched in February 2012. Participants work on written cases that fully cover the patient

profiles described in the guidelines. The main difference between the two interventions is, that in the PA-approach, the tasks are highly structured and supervised by a coach. Participants individually perform in the role of Physical Therapist, simulated patient and assessor. The PA-approach is focussed on performance rather than discussion. In the CD-approach tasks are loosely structured with ample space for in-depth elaboration and discussion. Participant roles are not defined. In PA and CD participants work on identical cases concerning problem content, but for PA these cases are adjusted to allow for performance of participants in different roles. In PA written cases are not known in advance, but are presented by an external coach on the spot.

Participants are provided with rules for giving and receiving constructive feedback and for creating a safe learning environment. In the role of PT, participants analyse the case by reasoning aloud and demonstrate (hands-on) diagnostic and treatment skills. Peer performance is assessed by using a global scoring sheet containing global criteria that will be scored on a 5-point Likert scale (1 = much improvement needed to 5 = no improvement needed). Accordingly qualitative oral improvement feedback is given. The four external coaches are trained in the peer assessment procedure and only provide feedback when all peer feedback is collected and additional feedback is needed. Coaches will be provided with a coach manual.

For CD-groups, written cases will be included in the program guide together with questions to guide the discussion process to allow for proper preparation and in-depth discussion.

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
Guideline Adherence will be assessed at baseline and after 6-7 months when both groups have finalized their meetings.

Pre-test and post-test is an online questionnaire based on four clinical vignettes. Each vignette is accompanied by 12 quality indicators for diagnosis and treatment of shoulder complaints. Each indicator contains a set of test-items in the format of statements that can be scored on a 3-point scale: D = disagree, U = disagree nor agree, A = agree. Post-intervention mean total scores on the four vignettes of both PA and CD group will be included as outcome variable, and baseline scores will be included as covariate. Multilevel analyses will be performed to account for baseline differences and for clustering within CoPs. The same procedure will be performed for the secondary outcome measures.

Secondary outcome measures
1. Awareness
Awareness is measured by comparing the assessed improvement measured by clinical vignettes with self-reported improvement. The relationship between the 'perceived improvement' and 'assessed improvement' is conceived as a measure of 'awareness'.
2. Reflective Practice
At pre-test and post-test participants complete the validated questionnaire 'Self Reflection and Insight Scale'. Pre- and post-test differences are conceived as a measure of 'improved reflective practice'.
3. Goals attainment
At pre-test participants were asked to formulate three learning goals in order of personal

importance according to the concept of 'Commitments to Change'. At post-test they will be asked to indicate the extent to which their goals are achieved on a 3-point scale from 1 = not achieved, 2 = partially achieved, to 3 = achieved. Mean scores will be calculated and conceived as a measure for 'goal attainment'.
4. Perceived learning value
At post-test participants will be asked to indicate the learning value of the key elements of the program on a 5-point Likert scale from 1 = little instructive to 5 = very instructive. Mean scores will be calculated and conceived as a measure for 'perceived learning value'.

Overall study start date
01/11/2011

Completion date
01/10/2012

Eligibility

Key inclusion criteria
1. All Communities of Practice that are registered by the Royal Dutch Society for Physical Therapy (KNGF) and that show interest for the implementation program, are eligible for inclusion in the trial (PA-group or the CD-group).
2. We include all Physical Therapists that are organised in Communities of Practice. Individual Physical Therapists are excluded from the trial.

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
20 - 22 Communities of Practice because the group sizes of CoPs vary widely, we target on 80 Physical Therapists in the Intervention Group and 80 Control Group.

Key exclusion criteria
Physical Therapists that do not participate in a Community of Practice are excluded from the trial

Date of first enrolment
01/11/2011

Date of final enrolment
01/01/2012

Locations

Countries of recruitment
Netherlands

Study participating centre
Scientific Institute for Quality of Healthcare (IQ healthcare)
Nijmegen
Netherlands
6500 HB

Sponsor information

Organisation
Royal Dutch Society for Physical Therapy (Netherlands)

Sponsor details
Stadsring 159b
3817 BA Amersfoort
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3800AE

Sponsor type
Research organisation

Website
http://www.fysionet.nl

ROR
https://ror.org/04946nn35

Funder(s)

Funder type
Research organisation

Funder Name
Royal Dutch Society for Physical Therapy (Netherlands)

Funder Name
Radboud University Nijmegen Medical Centre (Netherlands) - Scientific Institute for Quality of Healthcare

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/04/2015		Yes	No