

Foundation Training: Why is TRIP important?

AH TRIP stands for allied health translating research into practice. AH TRIP is an innovative initiative providing education, tools and resources to assist allied health practitioners find, understand and critique evidence and then translate high quality evidence into everyday practice using a theoretical approach to implementation.

Evidenced based practice (or EBP) is not a new term, it is something that we all do every day. EBP integrates three components individual clinical expertise, patient values and preferences along with the best available research evidence to make decisions about the health care of individuals.

Traditionally randomised controlled trials or reviews of these- such as systematic reviews or meta-analysis or research used to inform clinical guidelines are considered the gold standard of research evidence although, other evidence could include observational, epidemiological and qualitative research in combination with clinical expertise and patient values and preferences can be used. In the absence of evidence, a new research question is generated that requires further exploration.

Despite these EBP principles underpinning all of our roles there is consistent evidence that the health system sometimes fails to translate research findings into clinical practice in a timely way. This picture is known as the research valley of death [1].

Did you know it can take 17 years for scientific evidence or research to translate into practice? [2] That means if we discover something new now in 2019 on the left with our researchers or scientists it could be 2036 before that new knowledge will be used in routine practice in a meaningful way for patients

A study found that only 60% of care delivered in Australian hospitals was based on evidence or clinical guidelines with large variation in care practices for similar conditions [3]. In fact, about 20-25% of care provided is either not needed or may be potentially harmful [4].

There are clinicians working in many areas that are trying to translate research into practice within their routine workloads – but this can be difficult. For example, a doctor would need to read 20 articles a day all year round just to keep up to date with each study published let alone critique and understand the level of evidence [5]. The limitations don't end there we then have to think about implementing high quality evidence to improve quality of care and health outcomes provided by the health system.

Have you ever tried to change something as part of your role? has the change occurred exactly as planned? Was the change successful? Did the change sustain and continue when you left that area?

I can assure you an ‘implementation miracle’ rarely occurs instead copious amounts of time and effort are allocated to planning, implementing and hopefully evaluating these changes.

This is where the science of implementation comes into play

Implementation science is the study of how you make the change happen OR as defined by Eccles et. al ‘*The scientific study of methods to promote the systematic uptake of research findings and other EPBs into routine practice and hence to improve the quality and effectiveness of health services.[6]*’

This recognises that strong evidence alone is not sufficient to change practice. Especially when the change consists of multiple components and/or several groups

Using a theoretical approach to implementation based on strong evidence can help to guide you and tailor implementation in your setting, better equipping you to bring about evidenced based practice change. This translation of evidence or research into practice can also be known as knowledge translation, research impact or knowledge mobilisation and underpins the AH TRIP initiative.

AH TRIP aims to give allied health practitioners education, tools and resources to take AH TRIP approach to translating evidence into practice in less than 17years!

References:

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