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Becoming Evidence Based Practitioners: a study of Final Year Occupational Therapy students from University of Limerick.

Abstract (254 words)

Background: Evidence based practice (EBP) is an essential requirement of occupational therapists in practice today in order to support the efficacy of interventions and fulfil the ethical requirements of providing the best quality of care for patients (Cusick, 2001). There are many barriers to using EBP in clinical settings such as: lack of time, difficulty accessing journals, large caseloads and limited searching and appraisal skills (Bennett et al, 2003, Sweetland & Craik, 2001). Education needs to prepared students to overcome the challenges they will face applying EBP in the clinical setting.

Methods: Qualitative case methodology was employed. One focus group interview was conducted with a convenience sample of 2 final year Occupational Therapy students. Semi structured interview questions were used to explore students’ views and behaviours towards EBP. Transcripts of the interview data were analysed using a thematic approach.

Results: These themes were identified: 1) the Importance of EBP 2) Acquisition of EBP skills and knowledge 3) Barriers to future use of EBP 4) Collaboration to facilitate EBP.

Conclusion: The findings suggest that the students understood the importance of EBP and were eager to use it. They felt well prepared and have acquired EBP skills in academic and clinical settings yet they perceived that there are significant challenges to implementing EBP in the work place. They suggested that fostering more of an ethos of collaboration and teamwork among students and practitioners will support the use of EBP in a more practical sustainable manner. These results may help guide education policies and curricula.
Introduction
Evidence based practice (EBP) is necessary because it ensures quality of care for patients and it keeps practice standards high (Burns & Foley, 2005). EBP within occupational therapy has been studied considerably (Bennet & Bennett, 2000; Curtin, M., & Jaramazovic, E. (2001), However there is a scarcity of studies that use student participants. This article investigates students’ current knowledge, attitudes and behaviours towards EBP in order to enlighten us as to how best to prepare and support future students to use EBP in both academic and clinical settings.

Evidence based medicine is the “conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett et al, 1996, p.7). One of the key elements of the Occupational Therapy Centennial Vision plan (AOTA, 2003) was to promote evidence based decision making in the profession. The practice of EBM means integrating individual clinical expertise with the best available external clinical evidence from systematic research (Sackett et al, 1996). Dollaghan (2007) proposed a modified framework of EBP that is more client centred. It attempts to refocus and better balance empirically controlled research evidence with individual client factors and the reality of what is possible in clinical practice.

It is widely encouraged that professions allied to medicine should use EBP as a way to be more accountable in the interventions they provide (Sackett et al 1996, Bury 1998, Taylor 2000). Decisions on investment of health services need to be based on evidence (Gray, 1997). Treatments must be shown to be effective, safe, cost effective and time efficient. In recent years papers have emerged on the importance of EBP to health care policy (Jackson and Feder 1998; Burns & Foley, 2005), they have discussed the nature of evidence (Rycroft-Malone et al, 2003; Taylor & Savin-Baden, 2001; TickleDegnen, 2000), barriers to use (Metcalfe et al, 2001) and education and integration of EBP concepts (Stube & Jedlicka, 2007; Mc Cluskey & Cusick, 2002: Dawes et al, 2007).

However some opponents dismiss EBP on the grounds of philosophical and practical flaws. Straus & Mc Alistair (2000) argue that there is a lack of quality evidence to suggest that the use of EBP within the health professions is actually efficacious.
Understanding of Evidence

Differences between professional groups in their awareness of what constitutes good evidence exist. Randomised controlled trials, meta-analysis’ and systematic reviews are traditionally highly regarded levels of evidence (Kennedy, 2003). Rycroft-Malone et al (2003) proposed that the nature of evidence is broader than that just derived from research. In their discussion paper they suggest that it should be considered to be “knowledge derived from a variety of sources that has been subjected to testing and that has been found to be credible (Higgs and Jones, 2000)”.

Dollaghan believes that evidence can come from one of 3 sources: 1) external systematic research, 2) internal clinical practice, and 3) preferences of a fully informed patient.

Skills required for EBP:

Students need to be educated and prepared for the process of life-long learning and self-evaluation (Law, 2002). They must develop the ability to critically examine, evaluate and apply knowledge. They must be able to then assess their own findings and “to know their own limitations” (Law, 2002). Schell & Schell (2007) recommends that EBP should be explored in a collaborative manner and that strong communication skills are key to successful team work. Herbert et al (2005) states 5 steps to implementing EBP in everyday clinical practice: This requires the ability to formulate questions, and to search, critically appraise and interpret the evidence. In formulating clinical decisions the information is combined with practice knowledge and patient preferences.

Barriers and Enablers to EBP

Various impediments to using EBP have been identified across the health professions including occupational therapy; these include lack of time, large workloads, limited searching and appraisal skills, difficulty accessing information and perceived lack of evidence to support specific interventions (Bennett et al, 2003, Sweetland & Craik, 2001). It has been found in studies that occupational therapy clinicians (Lyons et al, 2011) and students (Metcalfe et al, 2001) had low confidence in their knowledge and ability to perform research activities such as critical appraisal.

Curtain and Jaramazovic (2001) conducted focus groups among occupational therapists and found that clinicians are more likely to undertake EBP when working in a supportive team where they find it less daunting. Support rated as the most important enabler to practice.
Personal motivation and commitment from management and participation from the whole department as well as other professional groups was seen as influential to using EBP. To influence behavioural changes in practitioners it is vital to know where they stand as final year students so that they can be educated and guided to establish good, manageable practice habits. Mc Cluskey and Cusick (2000) found that behavioural change in regards to EBP requires a long term approach to establish good practice habits of regular patterns of searching, reading and appraisal of current research.

**Education and Preparation for EBP**

Educational methods for teaching EBP have been the focus of some literature. Dizon et al (2012) in a systematic review of EBP teaching in healthcare professionals found that any training significantly influenced knowledge, skills and attitudes, but that it was more difficult to change or measure behaviours. Stern (2005) in his study of occupational therapy students, recommends the use a holistic set of teaching-learning activities that connect theory to practice and integrate pedagogical methods. Students need to learn to respond to the challenges of time constraints, productivity demands and difficulty in accessing and understanding research literature (Mc Cluskey & Cusick, 2002) when in the clinical settings. Schell & Schell (2007) point out that EBP should be taught as a “curricular thread. Tickle-Degnen (2000b) described evidence-based practice content as being woven into a research methods course while Cope (2001) looked at an alternative method of teaching and assessing progress by using a specific EBP focused module.

Stobe and Jedlicka (2007) found in their study of OT students that fieldwork education was the ideal environment for students to learn about EBP. Their learning was enhanced by sharing their knowledge with their supervisors through the process of discussion and reflection. Crabtree et al (2012) suggests that role play exercises may be helpful in preparing students with strategies to overcome barriers to implementing EBP.

Therefore this study sought to answer the question: How well prepared do Final Year Occupational Therapy students feel to become Evidence Based Practitioners? The research objectives of the study were: 1) to explore students’ experiences of acquiring EBP skills in the curriculum (academic setting and during practice education) and 2) to explore students’ perception of their preparedness to become evidence based practitioners and 3) to describe students perceptions of their future use of EBP.
Methodology
This qualitative study is one strand of a larger mixed methods study examining how prepared students perceive they are to become evidenced based practitioners. Qualitative approaches to research seek to study phenomena from the perspectives of the participants in their natural environments (Taylor, 2000). Unlike quantitative research, in which researchers seek to test their own preordained hypotheses, qualitative methods provide occupational therapy researchers with the tools to explore their clients’ beliefs and value systems and the meanings with which they make sense of their lives and experiences (Hammell and Carpenter 2000). The growth of qualitative research within health care may be recognised as an important factor contributing to client-centred practice and theory (Rebeiro 2000). Focus group methodology was used to explore and describe the attitudes, beliefs and perceptions of how prepared students are to use EBP. Focus groups provide deeper understanding of participant’s perceptions and experiences than individual interviews (Morgan & Krueger, 1993; Lindlof & Taylor, 2002). Group interaction generates ideas and draws people out about their experiences (Morgan, 1997).

The paradigm of enquiry that I used is that of critical theory. This paradigm understands that “individuals’ views of themselves and the world are heavily influenced by history and society” (Denzin, 2005, p.304). Ethical approval was received from the University of Limerick Research Ethics Committee.

Participant Selection
Participants were recruited from the final year students enrolled in MSc Occupational Therapy at the University of Limerick using a convenience sampling strategy. The students were concluding their final semester. They had completed all 4 practice education placements (over 1000 hours) and almost all the academic course work. Students who had transferred into their current course from another third level education establishment were excluded from the study.

Procedure
Permission was sought from the Course Director to approach the students as a group at the end of a class. First an information leaflet about the study was distributed then they received an “expression of interest” form should they wish to participate in focus group interviews. Participants who completed forms were contacted to arrange a convenient date for conducting the focus group. 3 participants agreed to attend but only 2 arrived on the day.
Prior to commencement of the focus group the purpose of the study was verbally explained and written, informed consent was gained. Participants were advised that they could withdraw during the interview should they so wish. Confidentiality and anonymity could not be guaranteed due to the group interview format but participants were asked to respect each other’s views and not discuss individual colleagues’ opinions outside the group. Participants were advised that the discussion was to be audio recorded and transcribed. These files were immediately uploaded to a password protected laptop in the principal investigators office. Pseudonyms were used and dates were removed to ensure anonymity. Any identifiable information relating to the participants was deleted from the transcriptions. Focus group questions were developed from the information gathered in the literature review. A pilot plan of questions was used on 2 recently graduated OT’s. This feedback was incorporated into the interview guide. Semi structured interview questions were used to facilitate open responses.

Data Analysis

Interview transcripts were analysed thematically. Member checking was conducted with the participants’ approval (this ensured rigor and trustworthiness (Braun and Clarke, 2006; Carpenter and Suto, 2008). The 2 researchers independently read and coded all transcripts and through discussion agreed on general codes, this process was followed in order to increase the validity of the findings. Common concepts or themes were identified and clustered into sub-themes or categories (Schneider, 2002). The emerging tentative themes were further discussed and refined with the research supervisor throughout the data analysis stage.

Following completion of the focus group, detailed field notes were taken by the researchers and were reflected upon by both researchers to make subjectivity explicit and ensure credibility of the findings (Carpenter and Suto, 2008). Thoughts and reflections were recorded and transcribed after the group to ensure reflexivity and helped to add to the confirmability of the findings.

Findings

Following analysis of the data, 4 broad themes were identified which gave insight into how well prepared OT students felt about becoming Evidenced Based Practitioners (EBP’s). These were 1) the Importance of EBP 2) Acquisition of EBP skills and knowledge 3) Barriers to future use of EBP 4) Collaboration to facilitate EBP. They helped to give a deeper understanding of the participant’s perceived knowledge, attitudes and behaviour towards becoming EB practitioners (EBP’s).
**Importance of EBP**

This theme highlighted the students’ feelings about the impact EBP has on the profession of Occupational Therapy. They talked about what they considered to be quality evidence and their perception of the importance of EBP in Ireland. All the participants embraced the concept of EBP and understood that it supports best practice. They certainly intend on using their EBP skills in the future and are prepared to produce evidence and communicate findings to planned conferences or to become knowledge producers.

“*I would hope to stand up at a conference and say that I used some sort of outcome measure, or assessment, and kind of build the knowledge base*” (P1).

The participants emphasised its importance and that it is valued across healthcare professions. They believed that using EBP is a way of ensuring that practice standards remain level worldwide. It enables information sharing within the profession and maintains high standards across different countries. However they had the perception that EBP is not utilised consistently enough in practice settings in Ireland. Participant 2 felt that it was

“*not sketchy but a bit erratic in Ireland*” (P2),

and that EBP was not given enough precedence on practice sites. They felt that practice settings in Ireland are ill equipped in relation to access to electronic journals.

“*Ireland is behind other countries with access to electronic databases*” (P1).

They reflected that some sites didn’t have access to databases and that the practice educators welcomed the student as they could access research papers and evidence through the University website. They believed that EBP upholds standards and guides patient care. They felt that it contributed to building their confidence as a practitioner as it helped back up clinical decisions.

“*It helps you justify what you are doing, justify your clinical reasoning*” (P2).

They mentioned that policies and legislation advise the use of EBP to develop practice and grow the profession:

“*Clinical governance recommends that we have to do it for the patient*” (P1).
They believed that EBP can offer you guidance and support as a practitioner. They mentioned that it is widely respected across the health professions and it gave them more authority and influence when applying for funding.

“Research helps in relation to getting funding” (P2).

They discussed the definition of EBP and what should be considered quality evidence:

“Whether it’s a systematic review or a one person study it is still beneficial” (P1).

They discussed the importance of using the skill of critiquing and questioning in order to decipher ambiguity in external evidence.

“Sometimes the evidence can be kind of disjointed and unclear”.

They believed it is important to understand the author’s motivation in conducting research in order to uncover any potential bias that may be present.

“You have to be mindful that the researcher’s opinion might be contained within the findings or the discussion”.

They discussed the value of clinical expertise when making decisions and that this must be tapered to be client centred. One participant mentioned the clients’ view of what evidence is and how we as practitioners should respect the clients’ opinion and experience.

“It might not be necessarily something that has been written up or is generalizable but it might just work for that particular person, and that for them is evidence. And as a practitioner you’d be wrong to persuade them from doing it” (P1).

**Acquisition of EBP skills**

This theme describes the process through which students acquired their evidence based knowledge, skills and attitudes and how their language style changed as they progressed through the programme.

They reflected in how they gained EBP skills and behaviours and how their attitudes towards it progressed over time.

“Your behaviour changes over the course of the programme” (P2).

They mentioned that EBP permeates all the modules taught on the programme.
“Just throughout the lecture you would hear it the whole time. You started to become aware that this is a really important thing. So reinforcement, as you mention, it was ongoing: it imbeds it in” (P2).

The language they used in relation to research and evidence changed as their understanding increased. They learned the basic skills of searching databases from the librarian in methods that were both self-directed and problem based, but an informal interactive learning exercise helped monitor their progress and keep them motivated.

“She was teaching us but we had to do it ourselves then” (P1).

They mentioned that EBP was woven through all the modules on the course.

“It was always part of our learning outcomes across different modules”... “It’s really explicitly taught in the first semester and is implicitly there since” (P1).

They mentioned that knowing that research was being conducted actively within the department and seeing the constant reinforced by the academic staff had a positive influence on them

“The fact that there is research going on in the department”, “it’s just kind of interwoven into everything, it’s just always there” (P2).

They talked about applying theory to practice, and using their EBP knowledge and skills in placement settings.

“On placement it was usually an objective- to go away and look up the evidence and incorporate it into your intervention plan” (P2).

One participant described how she and her practice educator worked together in applying EBP to a client.

“I talked to my supervisor a lot about this particular case and how what I had found applied to this client” (P1).

The terminology they used around research changed over time. They started to incorporate terms like “evidence suggests” (P1) into their everyday practice and as they gained experience they felt more comfortable with explaining the results of evidence to clients in
everyday language. They now feel prepared to apply evidence to practice and communicate their findings effectively to clients.

**Collaboration to facilitate EBP**

Participants felt that collaboration has the potential to enhance preparation to become an evidence based practitioner. Students can contribute to practice settings by sharing their access to resources such as databases. Students suggested another way to reinforce links between the University and Practice Education sites is by conducting practical research that would benefit the practice settings.

“Pairing up with services that want research done” (P2).

They suggested the idea of mentoring/peer support among students. They felt it would be helpful to advise their peers on the practicalities of using EBP or of conducting research.

“‘buddy up’ and tell first years about our research” (P2).

**Barriers to Practice**

The participants reported that they feel eager and enthusiastic to practice in an evidence based manner in a clinical setting but that it might not always be feasible.

“There might be higher policies and decisions making that you can’t implement whatever you found in the research” (P1).

They stated that there were many barriers to being EBP; such as: lack of time when working, cost and access to journals.

“So while it’s hugely beneficial it’s kind of an ongoing struggle to practice and fit it in” (P1).

P1 felt that work responsibilities may be prioritised over gathering evidence based knowledge and skills. They voiced their concerns about losing EBP skills by the time they get work, due to lack of access to journals outside of the university setting.
Discussion

This discussion considers the influence that the key themes may have in terms of their educational relevance to clinical educators, students and university-based clinical education teams.

Importance of EBP

The participants embraced the concept of EBP and understood how it supports best practice, and that it helps guide clinical decision making. They were confident in their EBP skills.

It is widely understood that perceived self-efficacy affects achievement behaviour and choice of activities (Schunk, 1984). Students who hold a low sense of efficacy for accomplishing a task may attempt to avoid it, whereas those who feel more efficacious should participate more eagerly. Therefore students who are confident in their skills are more likely to be motivated to use EBP in their future work settings.

They understood that applying EBP has 3 dimensions to it. It is a combination of evidence, clinical expertise and client’s opinion. They mentioned that evidence is not always clear cut but can be ambiguous and complex. It is important that therapists can appraise research competently and evaluate what is reliable evidence. Bennet & Bennett (2000) believe that the main challenge of evidence-based practice lies in considering how the evidence may be applied to practice, taking into account the client’s context. According to Stube & Jedlicka (2007) “the meaning of evidence in our profession (OT) and how we incorporate it into our clinical practice is evolving”. Students need to be prepared to be able to juggle the complexities of practice and making decisions in the face of uncertainty. Chabon and Morris (2011) affirm that professional clinicians have ethical obligations to interpret research in an unbiased way and to inform the client so as to respect their rights to self-decision. They recognised the client centred component which they may have witnessed in practice settings. EBP takes client choice into consideration so it is inherently client centred. This shared decision making aims to engage the patient more fully in self-management in their own health and wellness (Spring, 2007), this philosophy is at the heart of occupational therapy.

The participants believed that EBP is not prioritised enough in practice settings in Ireland. Multiple barriers such as lack of time and resources have been identified (Bennett et al, 2003, Sweetland & Craik, 2001). Some of these factors may be particularly relevant to Ireland with the occurrence of the economic downturn and funding cutbacks in health services, which may
limit clinical settings’ ability to afford subscriptions to journals and access to data. Caseloads have increased and therapists may not have the time to devote to EBP if it is not made a priority by management. Lack of funding may limit choice of resources available for their clients. Health care budgets may be vulnerable to reduced government spending, this causes deterioration in the quality of patient care (Peabody, 1996).

While competent professionals strive to use best evidence based guidelines in the treatment of their patients there are no repercussions for them if they do not use EBP (Spring, 2007). In Ireland, contrasting to other countries where state registration has had an impact on ensuring that practitioners use EBP, there has been no legislation implementing EBP as standard practice. With state registration for occupational therapy occurring this year, this will likely enhance the culture of using EBP in clinical setting (CORU, 2013).

**Acquiring EBP skills**

In general the participants felt that the University curriculum prepared them well to become evidenced based practitioners. Participants reported a strong ethos of evidence that pervaded all modules and was a positive influencing factor in shaping their attitudes towards EBP. Although there was no specific EBP module in the curriculum, it was incorporated into the learning outcomes of all the modules. Schell & Schell (2007) recommend this approach of weaving EBP into all aspects of a course as a “curricular thread”. EBP was role modelled by the academic staff as they taught. Stern (2005) recommends that students learn from their seeing their practice educators implement EBP. This behavioural reinforcement helped imbed the concept of EBP, it impressed on the students that EBP is valuable and achievable. One of the best ways of reinforcing behaviour is to lead by example (Bandura et al, 1977).

The students’ understanding of the basic EBP principles evolved over time as they realised the complexity of applying it in practice. Their knowledge of EBP increased as their academic level progressed. This finding is similar to studies in nursing and medicine for example Browne et al (2010). But they worried that in the future they may lose a lot of their EBP skills if they do not get the opportunity to use them regularly.

Practice educators helped the students apply what they found in the research to inform and guide the OT process. This one- on- one style of education is a wonderful opportunity for students to develop their clinical reasoning skills. This use of role modelling as suggested by Stern (2005) appears to be an effective way of educating the student while ensuring quality of
care for the client. However one could argue that it is time consuming and expensive for health services as it is demanding of practice educators time.

**Language & Terminology**

Participants talked about the positive influence of hearing their supervisor incorporate evidenced based terminology into their everyday practice. The language of EBP is respected by clients and other professionals. Spring (2007) believes that the emergence of common vocabulary about EBP across health disciplines is a key element to effective communication across these professions which will facilitate opportunities in trans-disciplinary collaboration

**Collaboration to enhance EBP**

More collaboration between Universities and practice settings should be fostered and this will contribute to advancing practice (Strong & Cahill, 2011, Warren, 2009). It could be carried out in a way that benefits everyone involved. Lack of time is often cited as a barrier to conducting research on practice education sites (Humphries et al, 2000). Students could fill in that gap and conduct college research projects that are practical, useful and meaningful, in that way students would contribute to developing the profession. Crabtree et al (2007); Warren et al (2009) recommend linking students to practitioners in the community so that they will be exposed to the “real world” barriers to EBP. It might also be a way of introducing EBP skills to local practitioners as well as developing long term partnerships. This would help the students develop the skills of networking in order to get employment or work experience and it would further add to the Universities reputation. Participants reported that encouraging mentoring/ peer support, within the college would be very helpful to both first and second year students. This use of peer role modelling will help further imbed the behaviour of using EBP. According to Bandura (1997) teaching reinforces learning and creates the impetus to continue learning. It would foster good communication skills by encouraging students to question one another and justify their practice to each other may further reinforce their confidence when they try to overcome barriers in the work place. Crabtree et al (2012) advocates the use of role play exercises as a strategy for dealing with barriers to problems they may encounter in practice, this may be useful to incorporate into the curriculum to assist students in preparing for practice.

Schell & Schell (2007) believes that preparation for EBP should include collaboration with colleagues to distribute work and share the results to benefit all involved. This principle could be applied to the education of EBP. Groups of students across disciplines could work together
on similar EBP projects. Working in a collaborative system fosters creativity and knowledge sharing (Bandin, 2012).

**Barriers to Practice & Future Use**

These findings are similar to many studies on qualified therapists where they state barriers to practice such as: lack of time, resources and limited access to evidence (Bennett et al, 2003, Sweetland & Craik, 2001). Studies involving students (Crabtree et al, 2012) found that they lacked strategies to retain and use their EBP skills beyond the class room. While the participants certainly have self-belief in their capabilities, they voiced concern that they may lose their EBP skills in the future, when they qualify due to lack of access to databases outside the university setting. Perhaps the University could take on an extended role in supporting graduates to continue practicing in an evidence based manner when they leave University. This could be in the form of regular Continued Professional Development Courses for Post Graduates of the University or journal clubs as suggested by Crabtree (2012).

With State Professional Registration opening by the end of 2013 (CORU, 2013) EBP will become a requirement as opposed to a recommendation. Management will be obliged to provide resources so that practitioners can implement EBP. They will have to create an environment where EBP is valued and possible. Curtain and Jaramazovic (2001) suggest that therapists are more likely to undertake EBP if they can work in supportive teams. Strong and Cahill (2011) suggest that students can contribute greatly to creating a culture of continuous learning in clinical environments. The academic community could play more of a role in up skilling practice educators so that they can be more committed to using EBP in the work place and become good role models for their students (Stern, 2001; Mc Cluskey, 2005)

**Limitations**

The small size of the sample was a limitation in this study, therefore the findings need to be interpreted with caution. As the researchers were linked to the occupational therapy course there was the possibility that the participants did not feel comfortable giving explicit answers about their learning experience since they had not yet completed the course.

**Future research**

A longitudinal study could be carried out to follow up on the participants in the future to see how their fear regarding losing their EBP skills were a reality.
A focus group of practice educators to discuss their EBP expectations may contribute to designing EBP education that is more clinically integrated. Extending the focus groups across the final year Clinical Therapy Students may contribute valuable information to collaboration and assist with the design of interdisciplinary education.

**Conclusion**

The study aimed to explore how well prepared students feel to become EBP and to discuss their perceptions of how they acquired EBP skills and how they anticipate their future use of EBP.

The participants’ comments echoed some of the common themes that have been articulated in the literature. They acknowledged the importance of EBP and felt confident in their EBP skills, however they acknowledged significant barriers to implementing EBP in the work place and voiced some concern about their future use of EBP outside of the University setting. They felt that the academic aspect to their education was well structured and prepared them for practice. Their knowledge progressed over time as EBP pervaded all the course modules. They felt that role modelling from academic staff in the University had a positive influence on their attitude to EBP.

However they found that learning to apply theory to practice in the clinical setting was challenging. Encouraging mentoring/ peer support among the students could be an effective strategy to reinforce learning and to empower students to practice standing up and justify their proposed interventions with confidence.

Fostering collaboration between the University, practice educators and the students so that EBP education is more clinically integrated may be a useful strategy in the future (Crabtree et al, 2012). Research could be carried out on practice education sites by students, under the instruction of the University. This would benefit all involved and contribute to the practice setting.

Practical application of EBP in the work place requires collaboration and understanding from department managers. (Titler et al, 2006). With State Professional registration of occupational therapy becoming enforced, EBP will be a requirement of all occupational therapists in Ireland. This culture of EBP will have to be supported and developed to ensure the progression of the profession in the future.
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