"On the road of experience : Reflections on a career including research and research implementation"

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Emeritus Professor of Physiotherapy (formerly Head of Centre for Health Research University of Brighton)
Director Council for AHP Research
Editor in Chief Musculoskeletal Science and Practice

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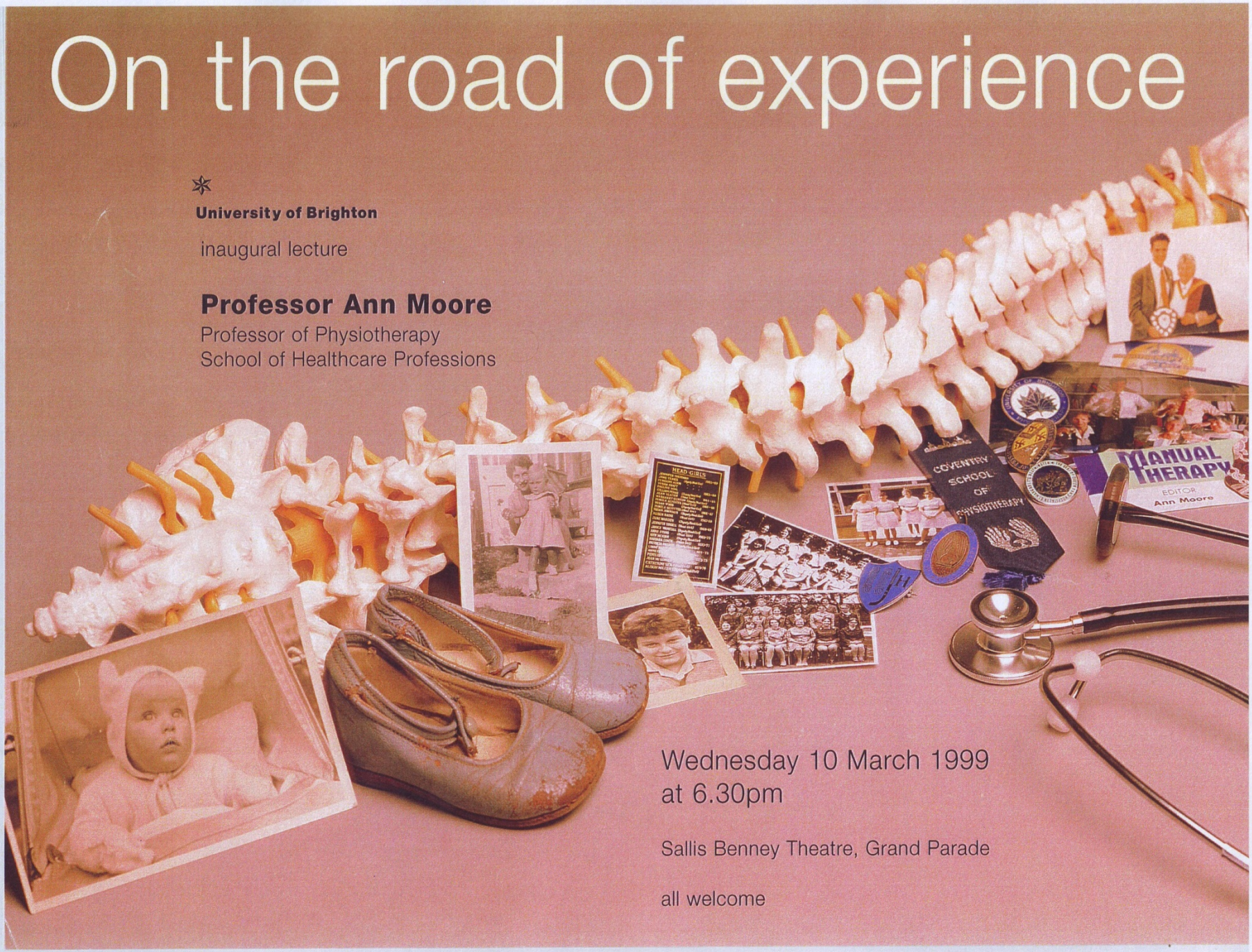
On the road of experience



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inaugural lecture

Professor Ann Moore
Professor of Physiotherapy
School of Healthcare Professions

Wednesday 10 March 1999
at 6.30pm

Sallis Benney Theatre, Grand Parade

all welcome

Career overview

- 1970 - 1973 Trained as a physiotherapist
- 1974 - 1977 Worked as a clinician in NHS
- 1977 - 1978 PG Cert ED and DIP TP
- 1978 - 1979 Specialist Course in Musculoskeletal Therapy- MACP
- 1979 Teaching post in Birmingham
- 1980 Academic Research post at Coventry Polytechnic

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Career overview (cont/d)

- 1981 Registered for PhD
- 1981 – 1990 Full-time teaching
  Part-time PhD studies -1989
  (6th Physiotherapist in UK)
  Private practice (3/5 evenings/week)
- 1991 Took up PL teaching and research post at University of Brighton

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Career overview (cont/d)

- 1994 - 1998 Deputy Head of Department and part-time Head of Research, 2 course leaderships, post-graduate Co-ord.

1998 Awarded Personal Chair in Physiotherapy (12th physiotherapist in UK)

1998 - 2015 Full-time Head of Research (School of Health Professions and School of Health Sciences).

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Career overview (cont/d)

- 2003 - 2012 Chair of National Council for Osteopathic Research (NCOR)
- 2004 - date Chair/Director of National Physiotherapy Research Network (NPRN), AHP Research Network, Council for AHP Research (CAHPR)
- 2007 – 2015 Research lead for the Chartered Society of Physiotherapy.
- 1992- date Editor MT/MTJ now MSK S and P

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cahpr.csp.org.uk

PURPOSE

- • Provide one voice for AHPs on research matters
- • Strengthen research capacity and capability of AHPs
- • Raise the profile of AHP research
- • Increase opportunity for collaborations and partnerships


Table discussion at the Professoriate July 2014

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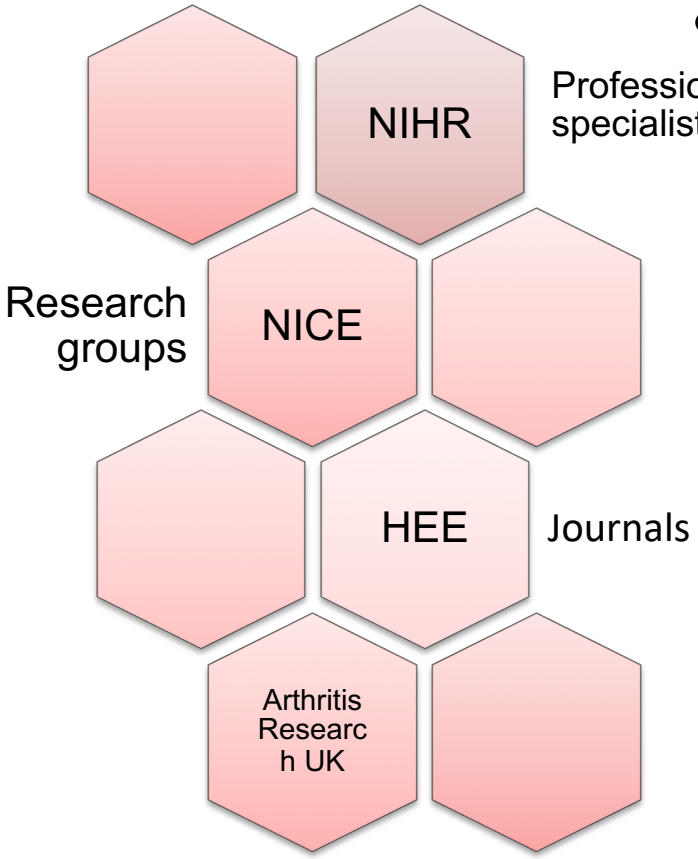
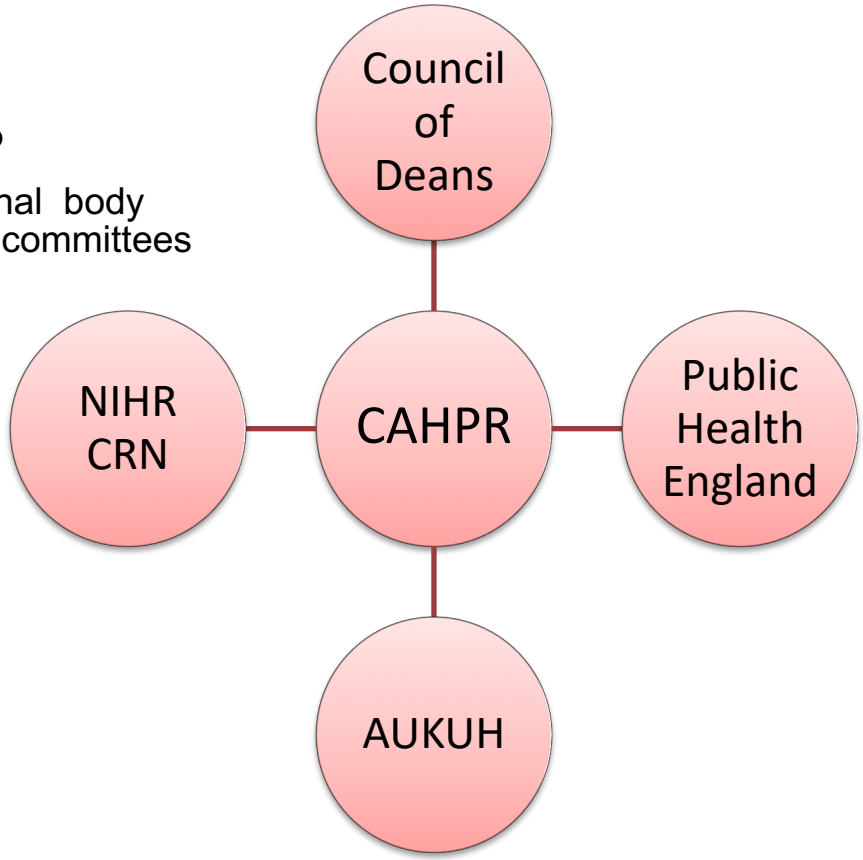
Strategic LINKS



- Professional body specialist committees
- Journals

PARTNERSHIPS



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Awards related to research activities

- 1999 Fellowship – FCSP
- 2003 Fellowship - FMACP
- 2011 International Service Award - World Confederation of Physical Therapy.
- 2011 Honorary degree of Doctor of Science, University of Bedfordshire/British School of Osteopathy.
- 2016 CBE for services to Physiotherapy

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Achievements since 1991

- Grants £2.5 Million
- PhD/Prof D completions 28
- Publications 7 Books
  10 Book chapters
  20 Research reports
  95 Peer-reviewed articles
  14 Occasional papers
  81 Editorials
  130 Keynote addresses
  81 Research presentations

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Other Activities since 1991

- Editorial board advisor IJOM
- Chair WCPT conference committee 4 years
- REF UOA 3 panel member
- Chair of NIHR RFPB South East Coast
- Chair CAC awards panel

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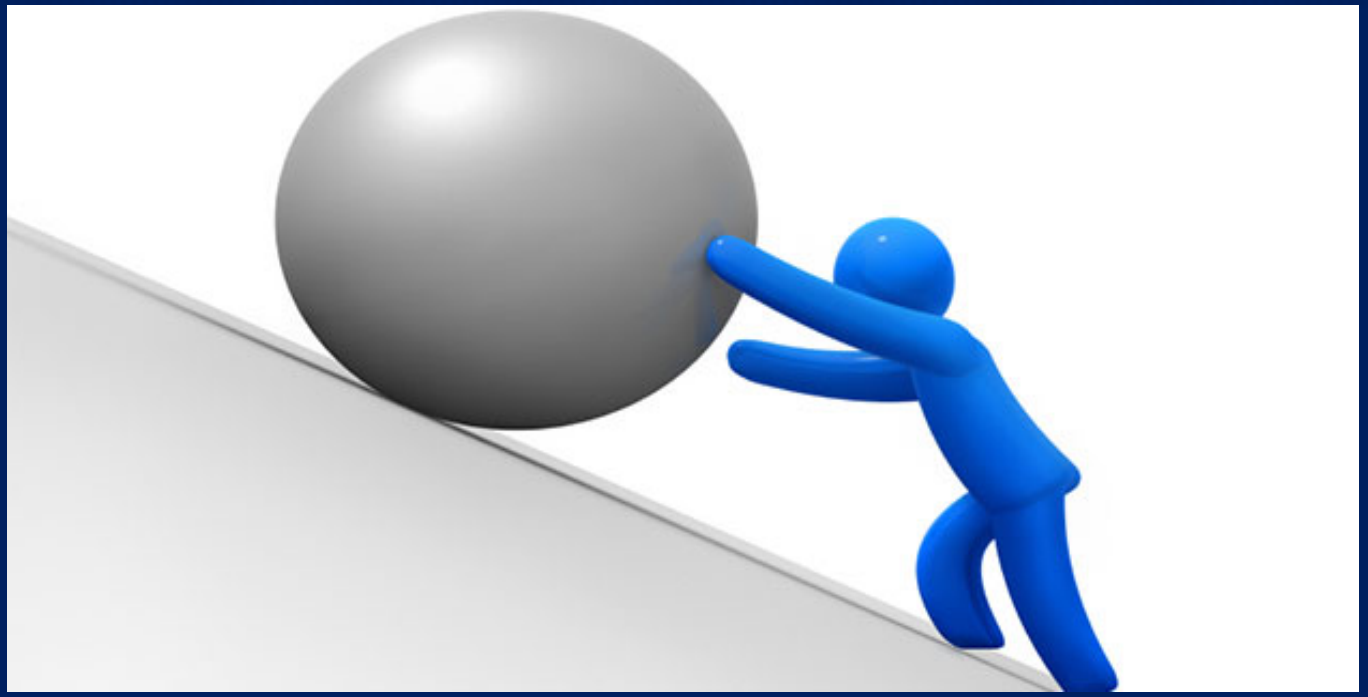
Challenges



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Challenges (Cont/d)

- Time
- Stage of Research developments in Health Professions
- Changing mind-sets to +ve Research thoughts and culture
- A 27!
- Number of University of Brighton campuses
- Balancing research, Income generation, management, academic, professional and advisory roles
- Working through changes
- Funding for projects and staff

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Highlights and enjoyments

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Highlights and enjoyments (cont/d)

- Keeping a focus on my professional speciality throughout.
- Mentoring staff and students from a range of disciplines.
- Collaborating with researchers and clinicians from other disciplines.
- Working with staff in the Research Centre.
- Seeing the growth in research active staff and nos of PhDs
- Working with a range of lovely people from across the UOB at a range of levels.

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Highlights and enjoyments (cont/d)

- Using a variety of methods and methodological approaches, e.g.:
  - lab-based human movement projects
  - Qualitative studies
  - Art and Health
  - Clinical studies eg RCTS, reliability and validity studies

  Networking at International/national conferences
  - Seeing up and coming researchers succeed in their Goals.

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Key messages

- Have a clear goal in mind: 5-10 years.
- Attend events: seminars, research groups and exchange ideas.
- Find a mentor.
- Use time wisely.
- Bring in grants: start small - get big.
- Publish regularly, don’t be put off by rejections.
- Build a local, national and international profile to enhance collaborations.

. Keep Positive You Can Achieve It !!

Challenges and Solutions in Growing Research Capacity and Capability In the Workplace

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"Research is a high-hat word that scares a lot of people – it needn't… It is nothing but a state of mind, a friendly welcoming attitude to change. It is the problem solving mind. It is the composer mind instead of the fiddler mind. It is the 'tomorrow' mind instead of the 'yesterday' mind"

(Kettering, 1961)

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Research and Evidence In Practice - Range of activities.

- Reading, critiquing, sharing and transferring/ implementing evidence into practice.
- Focused evidence reviews.
- Standardised data collection
- Outcome Measurement
- Audits
- Build appropriate research questions focused on and informed by the outcome of these activities

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The Complexities of AHP approaches to Care/treatment

We as AHPs often and consistently apply Multimodal approaches to care/treatment eg Education ,self management, Rx Approaches etc

Doses of each of the included approaches vary as treatment progresses.

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Ask Appropriate research questions based on : Data (SDC/Audits, existing evidence

- Start small and build
- Use appropriate methodological research approaches to answer the question
- Research could include: Systematic /narrative reviews qualitative, quantitative, laboratory based, clinical studies (eg case studies, pilot studies, feasibility studies), RCTs
- Mixed methods.

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The New Researcher's Unknown Territory

!!! ???

Which approaches?

Which outcomes?

Which methods?

Which population?

What evidence is there?

Who to collaborate with?

How to prepare ?

How to disseminate findings?

The Researcher

Unknown Territory

Excitement

Highs & Lows

Greater Awareness

Values

Journey

Attitudes

Intellectual Challenge

Beliefs

Opportunities

Confidence

Profile

Barriers to Research

- Unfamiliar with the research process.
- Unfamiliar with the range of methodological approaches
- Lack of administrative/financial support.
- Lack of equipment and facilities.
- Lack of supportive research expertise.
- Inability to give up revenue producing time.
- Unwillingness to make research a priority.

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Barriers to Research (Cont.)

- Lack of external funding.
- Lack of consistent patient load.
- Lack of philosophical support.
- Unwillingness to give up personal time.
- Lack of research ideas/questions.
- Lack of access to literature.
- Lack of interest.

(Ballin et al.,1980)

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The Biggest Barriers Are:-

Lack of time
And lack of managerial Support.

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Influences on research activity
(Fitch, Edwards, Smith and Moore, 2012)

- Research culture or lack of it.
- Individuals' attributes, e.g. confidence, skills.
- Political agendas - research in competition with other agendas.
- Working environment – organisational maturity

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Developing a Positive Research Culture

- Understand the current barriers.
- Identify the potential benefits of a research culture for patients and staff.
- Ensure that all staff are involved in research to a lesser/greater extent.
- Embed the research culture in all departments where staff make a contribution.

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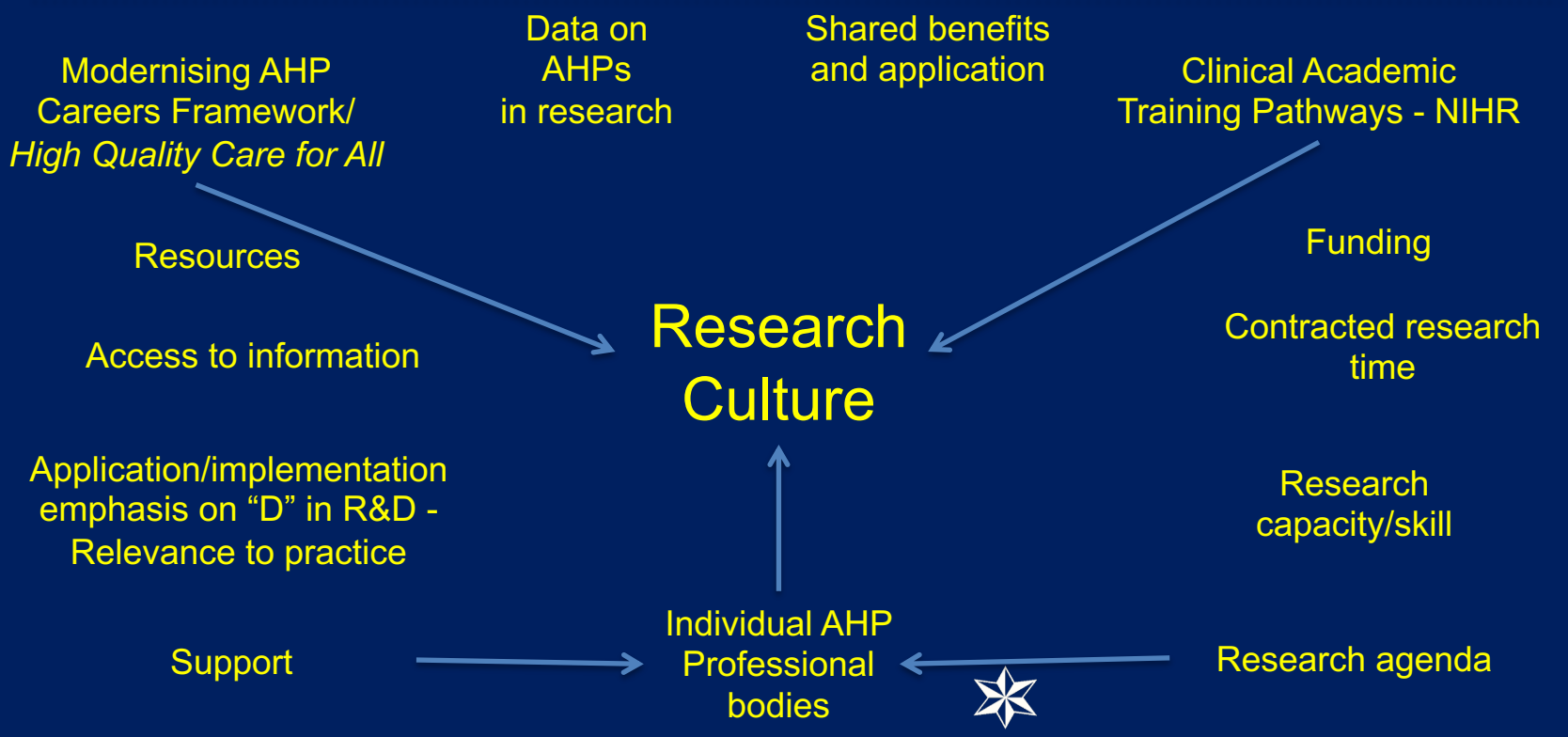
Enablers/ Fostering a Research Culture



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Possible Education and Training in HEIS

- Workshops.Seminars
- Modules (Masters level).
- Masters in Research.
- Masters in Clinical Research

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Education and Training (Cont.)

Clinical Academic Careers NIHR Fellowships,

- Internships
- Pre Doctoral fellowships
- Doctoral Fellowships,
- Clinical Lectureships,
- Senior Clinical Lectureships.

Bridging funding.

See HEE /NIHR ICA website for New Guidance on the above.

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Networking, Support and Collaboration Opportunities

- Internal Uni /InterDisiplinary (with Trusts)
- RDS, CLARC , LCRN
- External, CAHPR local Hub NIHR Advocates, CAHPR and NIHR AHP Research Champions.
- Universities- Research Centres, Research Clusters.
- Local, National, International

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Build a Research Strategy

- Organisational,
- Departmental,
- Professional.

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Create:

- Local Research support groups,
- Innovative think tank,
- Journal clubs,
- Collaborations – interdisciplinary,
- Managerial awareness of the importance of research.
- Appropriate linkages

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Key Messages

- Value and support all those wishing to research.
- Value all types of research.
- Understand that all discussions of research can contribute to practice.
- Work as teams.
- Work with support groups /hubs etc
- Collaborate.

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Collaboration makes sense:

- It spreads the load,
- Increases expertise available,
- Provides support groups,
- Speeds up research,
- Funding more likely,
- Gives vitality and meaning to the research,
- Gives higher quality return.

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Work together
to succeed together

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Resources

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tailoring self-management strategies for MSK problems.

Professor Ann Moore CBE

Emeritus Professor of Physiotherapy, University of Brighton

Director of The Council for AHP Research (CAHPR)

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- Tailored intervention
- Self management strategy to support the tailored intervention.
- Advice re Weight loss, smoking, alcohol and Physical activity .
- Education ,Advice, Discussion,
- Ensure full understanding of both parties.

Making Every Consultation Count

Definitions of Self-management

Some of the definitions of self-management:

1.“The individual engages in activities that protect and promote health, monitors and manages symptoms and signs of illness, manages the impacts of illness on functioning, emotions and interpersonal relationships and adheres to treatment regimens.”

Gruman, J., & Von Korff, M. (1996). Indexed bibliography on Self-management for People with Chronic Disease. Washington, DC: Centre for Advancement in Health.

Definitions of Self-management

2. *"The individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and life style changes inherent in living with a chronic condition… ability to monitor one's condition and to effect the cognitive, behavioural and emotional responses necessary to maintain a satisfactory quality of life."*

Barlow, J. (2001). How to use education as an intervention in osteoarthritis. Best Practice & Research Clinical Rheumatology, 15(4), 545-558.

Definitions of Self-management

3. *"The day-to-day tasks an individual must undertake to control or reduce the impact of disease on physical health status. At-home management tasks and strategies are undertaken with the collaboration and guidance of the individual's physician and other health care providers."*

Clark, N.M., Becker, M.H., Janz, N.K., Lorig, K., Rakowski, W. & Anderson, L. (1991). Self-management of chronic disease by older adults: A review and questions for research. *Journal of Aging and Health,* 3(1),3-27.

Why is self-management important?

For example, in chronic low back pain:

- 80% of primary care patients have “non-specific” back pain[1]
- 90 million working days lost due to time off work with low back pain[2]
- More than £1.6 billion healthcare costs per year[3]

1. Burton ,A.K., Balague, F., Cardon, G., Eriksen, H.R., Henrotion, Y., Lahad, A., Leclerc, A. Muller, G. & van der Beek, A.J. (2006). Chapter 2: European guidelines for prevention in low back pain. *European Spine Journal*, 15(S2), S136- S168.
2. van Tulder, M., Becker, A., Bekkering, T., Breen, A., del Real, M.T.G., Hutchinson, A., Koes, B., Laerum, E. & Malmivaara, A. (2006). Chapter 3: European guidelines for the management of acute nonspecific low back pain in primary care. *European Spine Journal*,15(S2), S169-S191.
3. Maniadakis, A. & Gray, A. (2000). The economic burden of back pain in the UK. *Pain*, 84(1), 95-103.

Benefits of Self-management

Patient-centred approach such as self-management can potentially benefit:

- Patients and their families
- Healthcare professionals
- NHS and other service providers
- Government and policy makers

Benefits of Self-management

Self-management can improve:

- Patient's quality of life
- Patient's knowledge about their condition
- Patient's ability to confidently cope with their condition
- Clinical outcomes and reduce reliance on healthcare services
- Efficient use of the healthcare resources and professional's time
- Reduction in healthcare costs

De Silva. (2011). *Evidence: Helping people help themselves - A review of the evidence considering whether it is worthwhile to support self-management*. London: The Health Foundation.

Challenges of Self-management

- Achieving effective self-management can be challenging
- Patients and healthcare providers often have different understandings of the concept of self-management

- Ourstudy found four different viewpoints on self-management in chronic low back pain:

  Exploration of patients' and healthcare providers' viewpoints on self-management in chronic low back pain: Q-methodology study. RFPB Funded

  McCrum, C.A., McGowan, J.F., Stenner, P., Cross, V., Defever, E., Lloyd, P., Poole, R. & Moore, A.P.

Q-methodology

Gathering information

Development of the Q-set

3
Those who do not try to self-
ible way
nts to back

2
Successful self-management means coping on your own

1
Self-management means managing your pain rather than it managing you.

Q-sort process

Interpretation of the Q-sort

The viewpoints

Viewpoints of Self-management

"Changing myself"

Strong psychological approach, needing a lifestyle / mind-set change

"Changing what I do"

Strong pragmatic approach guided by accurate information and practical advice

Concerns with the stigmatic perceptions and getting their pain acknowledged

"The others must change"

Managing the medical uncertainty with the need for ongoing access to healthcare

"Not sure what to change"

Viewpoints of Self-management

Some statements about self-management:

- *Self-management means managing your pain rather than it managing you.*
- *The motivation for self-management is simple: sink or swim.*
- *Self-management is another word for being abandoned by healthcare.*
- *Sometimes I wonder if self-management is not just a way of cutting NHS costs.*
- *Self-management is as much about changing how you think as it is about changing what you do.*

Future of Self-management

There is a need for:

•Better communication between patients and practitioners

•Increase in the use of educational theory by practitioners

•More information available for patients about their condition and treatment approaches

•Make every consultation count

•More time for communication within each but especially the first consultation

Knowledge Exchange and Implementation

- Local, Regional, National and International Presentations to

AHPS Patients and Public.

Knowledge Exchange workshops

- Publications
- Discussions with Colleagues and Managers
- Incorporate into Pre and Post Registration Curricula
- Notify Professional bodies
- Discussions with Research Advocates , Research Champions, CAHPR hubs.
- Include in personal/professional communications with patients.


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