**Health Systems Rehabilitation Community**

**Best Practice Template**

**Date:** 5/1/2013

**Title:** Facilitating Clinicians’ Involvement in Research and Quality Improvement – The Research Development Program (RDP)

**Organization:** Johns Hopkins Hospital

**Briefly explain why this “Best Practice” was developed:**

Clinical therapists are drawn to an academic medical center with an interest in being involved in research. The Johns Hopkins Hospital Department of Physical Medicine and Rehabilitation (JHHPM&R) developed a systematic curriculum for multidisciplinary clinical staff to promote evidence-based practice and to facilitate their participation in research or quality improvement initiatives.

Practicing clinicians do not have significant amounts of protected time to lead large research projects; however, they want to understand how to contribute to research. While therapist involvement in research often occurs in centers affiliated with allied health programs, there is a gap in resources for unaffiliated hospitals. We describe herein the development and implementation of a multidisciplinary, therapist-centered research curriculum in a research-intense university hospital unaffiliated with an allied health postgraduate university program.

**Description:**

The RDP curriculum was attended by occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), and rehabilitation technician staff members. Attendees represented therapy staff and leadership in the practice setting service lines of acute care, outpatient, mental health, and acute rehabilitation. The curriculum included, (1) 5 continuing education unit approved classes free of charge with dinner provided, over a period of 3 months; (2) a resource toolkit; (3) open office hours for project development; and (4) a capstone clinical showcase for poster presentation of completed projects (Table 1).

**Describe the steps to implementation:**

1. Develop and distribute an attitudes and beliefs survey to staff.
2. Develop a methodologically-driven, practically-oriented “tasting menu” of classes representing the key components of appraising, designing, executing, and presenting research, given the very real constraints of time for clinicians.
3. Classes attended on a voluntary basis at the end of the work day, making access easy.
4. Most lecturers were rehabilitation clinician-scientists, and represented by many disciplines, including PT, OT, physician (psychiatry, critical care), rehabilitation psychology, and information science.
5. Collect feedback forms from each of the 5 classes, conducted participant focus groups after the RDP curriculum, and developed a project activity list.
6. Classes and toolkit were posted to Intranet.
7. Key leadership to hold office hours to provide clinicians with project management support, assistance with removing barriers, and resources (i.e., statistics).
8. Create an internal capstone event (ie, “Clinical Showcase”) for poster presentations to support peer-to-peer knowledge transfer, promotion to the external health system community, and employee engagement.


How long has it been in use within your organization?

The Johns Hopkins Hospital Research Development Program was initiated in the fall of 2011.

Describe the benefit it has brought to your organization:

Overall the research development program has been a major driver in promoting a culture of quality improvement and evidence-based practice. Specifically, in the 2011-2012 class, 12 therapists attended the open office hours, which directly impacted 7 projects, including 4 APTA abstract submissions, development of an evidence based protocol of care for patients post-lung transplant, and investigation of therapy practice in the ICU. More than 40 posters were presented at the second annual Johns Hopkins Hospital Clinical Showcase.

Of all staff, 31% of clinical therapists voluntarily attended at least 1 session. Based on preliminary data, staff perceived the curriculum positively.

Future Directions:

Future directions include exploration of innovative technology to perpetuate knowledge sharing and project support and exploration of how best to target repeat offerings to efficiently address learners’ interests on an ongoing basis.

Are you willing to share this with others, and is there a cost associated?

Yes.

Any additional information or resources:

Table 1. Research Development Program Pilot

<table>
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<tr>
<th>Class</th>
<th>Content (Lecturer background)</th>
<th>Time (#attendees)</th>
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| 1     | -Introduction to curriculum and toolkit (PT; PT, PhD)  
       | -Success stories of departmental research (PT, OT, SLP)  
       | -Presenting your work (poster/presentation) (Psychology)  | 3.5 hours (35) |
| 2     | -Using your library resource to access evidence and appraise research for your clinical practice (Information science) | 2.5 hours (34) |
| 3     | -Applying evidence to practice (PT) | 4 hours (29) |
| 4     | -Guidelines for transparent reporting and navigating Institutional Review Board (MD-Physiatrist | 1.5 hours (24) |
| 5     | -Quality improvement and knowledge translation: a case study from the Medical intensive care unit (MD, PhD (intensivist)); PT, PhD  
       | -Critically appraising literature (PT, PhD)  
       | -Overview of ongoing research initiatives  | 3 hours (25) |

(2) Toolkit: Resource Binder of RDP Content  
Speaker handouts and suggested readings for further depth of exploration on a given research topic
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