

How do clinicians use implementation tools to apply breast cancer screening guidelines to practice?

Summary

This study found that clinicians used iTools to implement practice changes, specifically related to the Task Force's BCS guidelines. iTools developed for clinicians were used to understand and consolidate guideline recommendations before using tools with patients to promote decision making. Mediating factors that impacted iTool use confirmed previous research and it was found that iTools use decreased over time as information was internalized.

Implications

The reported findings of iTool use suggests clinicians may need to consolidate their understanding and application of the guideline recommendations in their clinician practice before using iTools with patients. Further confirmation and clarification of this finding may impact future iTool development. Also, the relationship between iTool use and reported practice change is intriguing and requires further investigation with a larger sample and objective measures of practice change.

Reference: Armson H, Roder S, Elmslie T, et al. How do clinicians use implementation tools to apply breast cancer screening guidelines to practice? *Implementation Science*. 2018;13:79.

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Available from: <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0765-2>

What is the current situation?

- Very little research has examined the use of implementation tools (iTools) in clinical practice.
- iTools may enhance uptake of guidelines; however, little evidence exists on their use by primary care clinicians.

What is the objective?

- The objective of this research study was to explore (a) which iTools primary care clinicians use and how often, (b) how satisfied clinicians were with tools used, (c) perceived usefulness of tools, (d) whether tool use was associated with reported practice changes, and (e) mediators (barriers and enablers) for reported practice change(s) related to breast cancer screening (BCS).

How was the study conducted?

- A convergent mixed methods approach looked at the use of iTools, which had been created to support use of the Canadian Task Force on Preventive Health Care's BCS guidelines.
- Quantitative data were collected from a questionnaire and survey.
- Qualitative data were collected from open-ended survey questions, practice reflection tools, and one-on-one interviews.
- 70 primary care clinicians participated in the study.

What did the study find?

- (a) 77% of participants reported using at least one of seven tools for implementing BCS guidelines
 - 92% used tools targeted for clinicians and 62% also used tools targeted for patients.
 - 23% of participants did not use tools due to disagreements with the BCS guideline, patients' expectations, and/or experiences with diagnosis of breast cancer.
- (b) 70% of survey participants rated tool use as mostly or completely satisfactory. Interview participants perceived tools as informative, with clear and concise information that helped facilitate discussions with patients.
- (c) Survey participants agreed and strongly agreed that iTools are useful in making practice change 70% of the time. Interview participants reported that tools are useful for answering questions about screening & educating patients.
- (d) 70% of survey participants reported making one or more practice changes related to BCS because of using an iTool.
- (e) Mediators for practice changes related to BCS were accessibility, application, number of tools, time constraints, and patient literacy.