

Clinical Guidelines, Mindlines and Knowledge-in-Practice-in-Context

Andrée le May
John Gabbay

#IMPSCI
COMMUNITY
OF PRACTICE

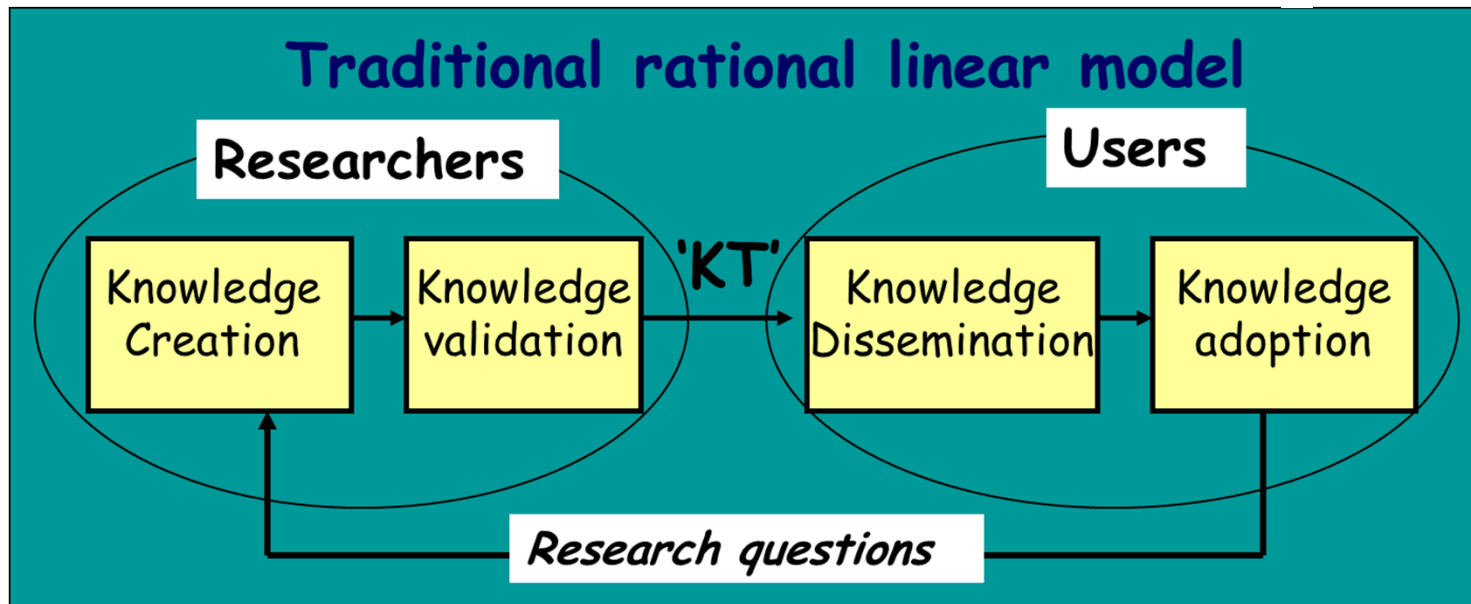
Webinar 21 February 2018

Introduction



The big shared dilemma...

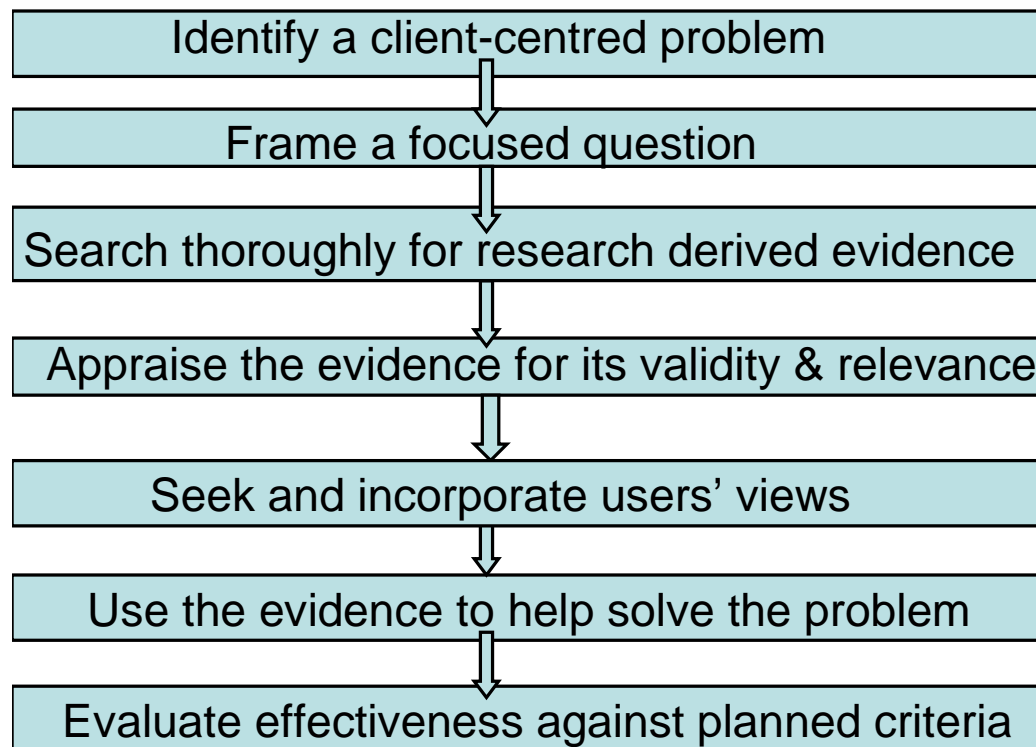
Unsatisfactory implementation theory



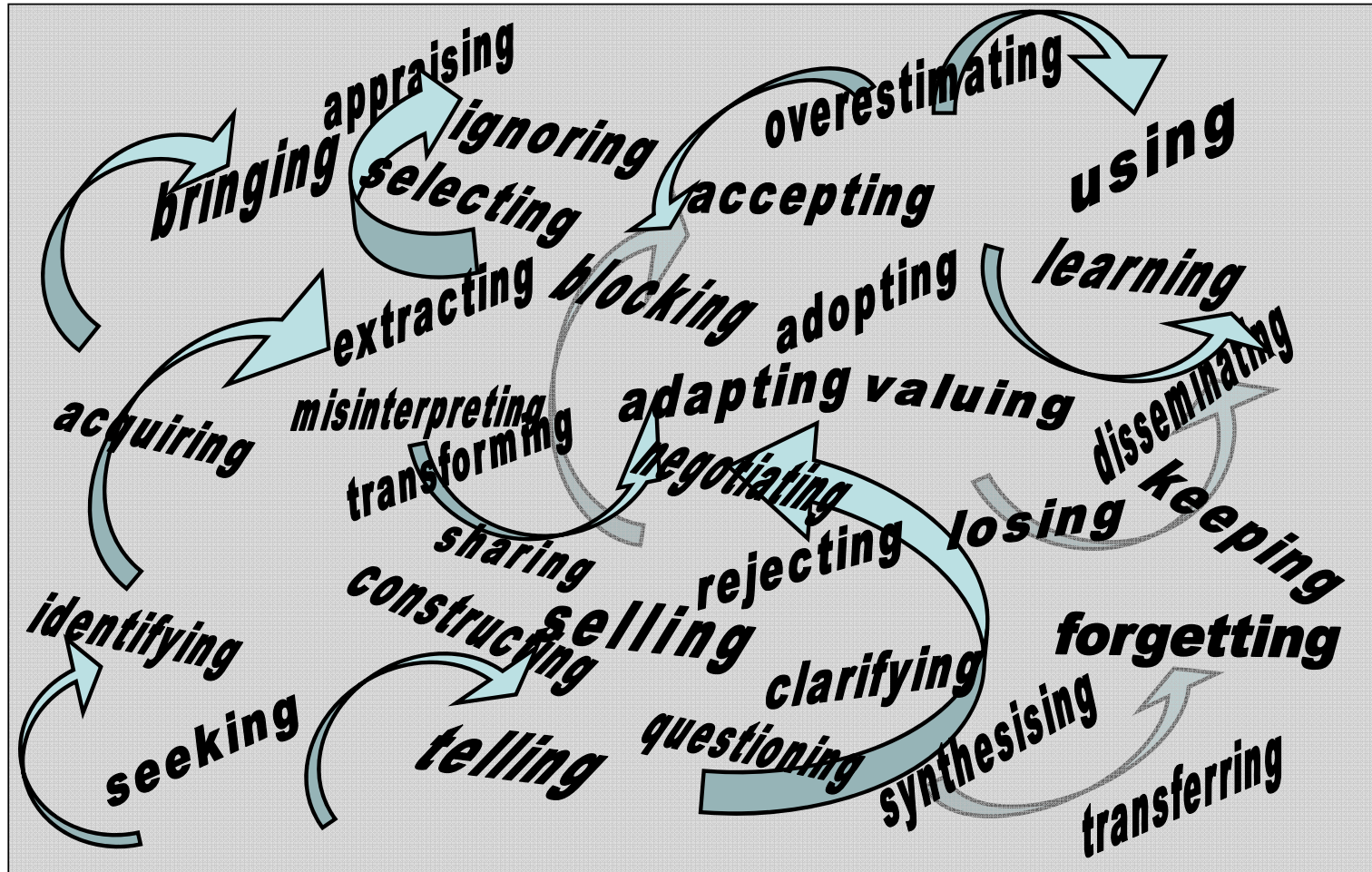
--- The problems with this traditional model ---
Too - simple, rational, linear,
uni-directional, individualised, unproblematised,
a-social, a-contextual
Otherwise, it's OK...

Communities of Practice: *Services for Older People and Outpatients*

What we were expected to achieve



What actually happened



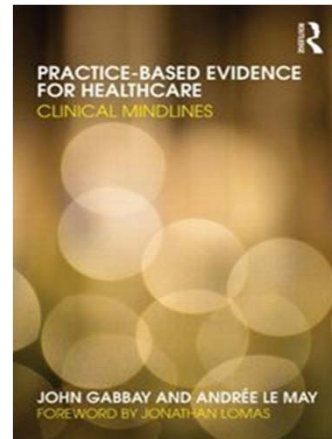
“Lawndale”

Ethnography of primary care that set out (in 2001) to explore the way primary care practitioners actually use knowledge in day-to-day practice.

8 years in a first-rate rural primary care practice (“Lawndale”)

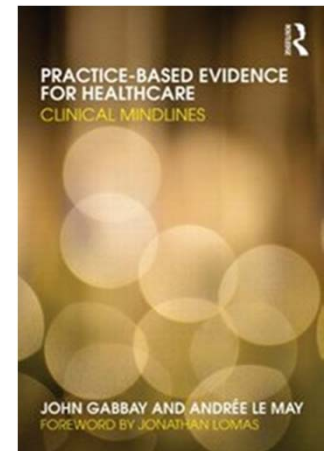
Three further short ethnographies in settings of:

- urban university primary care (UK)
- inpatient hospital medicine (USA)
- medical student teaching



Ethnographic findings

- Not just clinical but **multiple simultaneous roles**

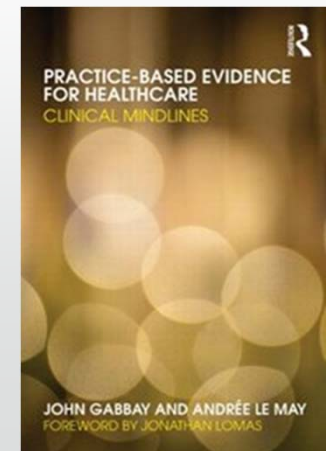
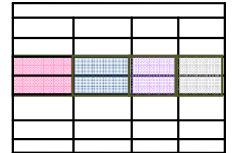


Multiple roles of GPs, e.g:

clinical domain	managerial domain	public health domain	professional domain
diagnosing	managing resources, personnel and logistics	disease prevention	keeping up to date
prescribing	monitoring and improving quality	screening	reviewing practice
investigating	developing the IT system	health promotion	teaching and training
advising and explaining	complying with contractual and legal requirements	health education	nurturing collegial networks
referring	handling the Primary Care Trust	disease surveillance	promoting general practice (e.g. 'union' work)
advocating	training practice staff	knowing the local district	sustaining credibility

Ethnographic findings

- Not just clinical but **multiple simultaneous roles**
- Not guidelines but **mindlines**

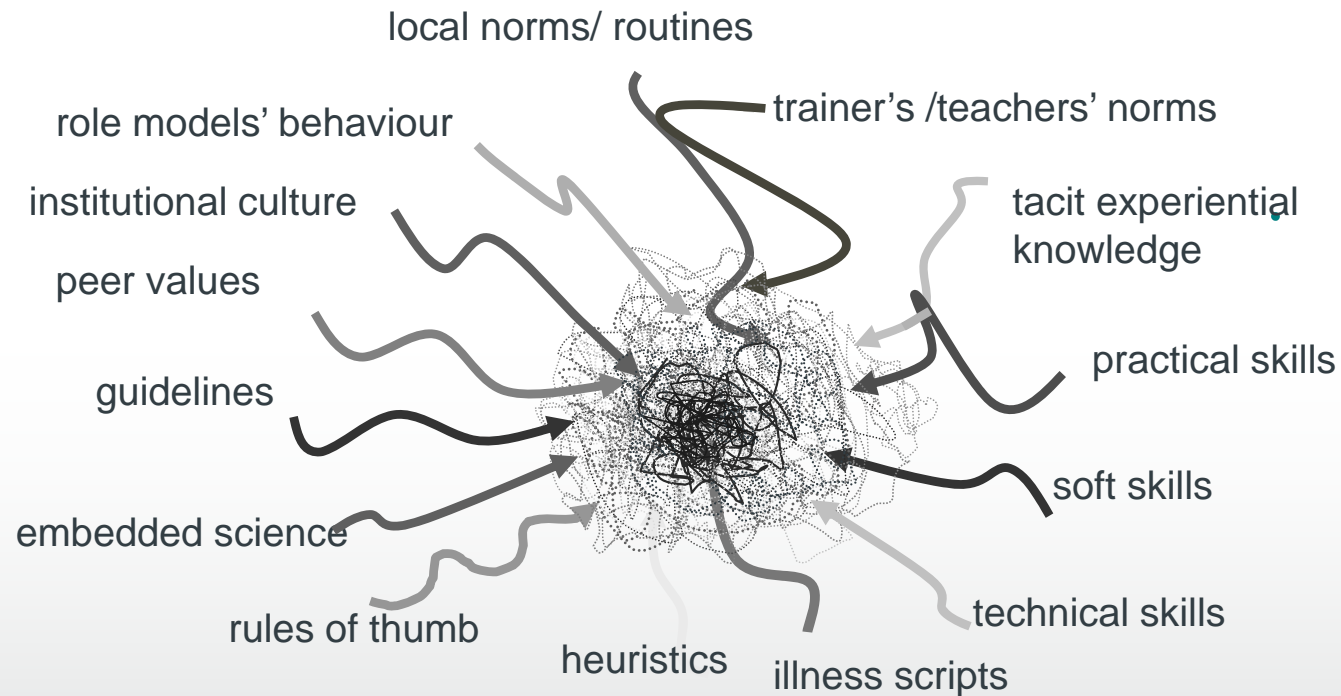




Mindlines

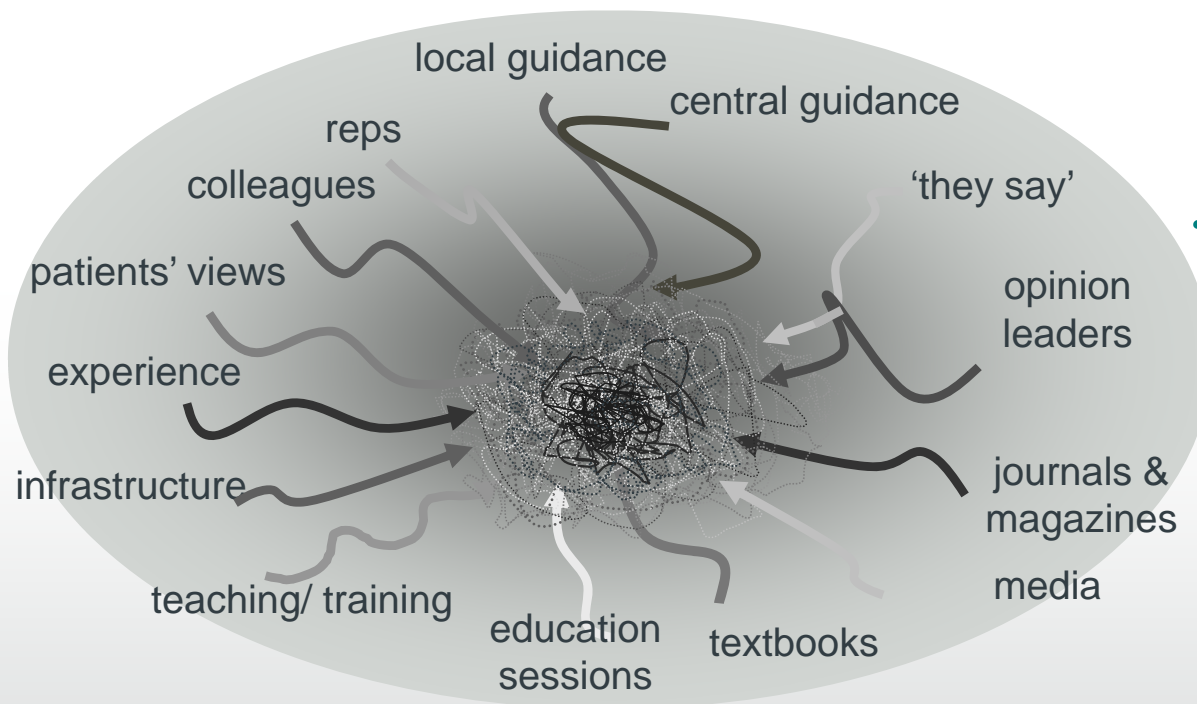
- Internalised collectively reinforced, partly tacit, guidelines-in-the-head that clinicians use to guide their practice
- One person's mental embodiment of their **knowledge-in-practice-in-context (K-i-P-i-C)**
- Flexible, malleable, practical, contextual

What's in a mindline?



Gabbay & le May, *BMJ* 2004;329:1013
Gabbay & le May, *Practice-based Evidence* 2011

Mindlines: sources of “evidence”



Gabbay & le May, *BMJ* 2004;329:1013
Gabbay & le May, *Practice-based Evidence* 2011



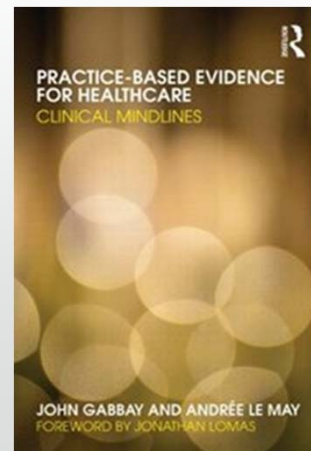
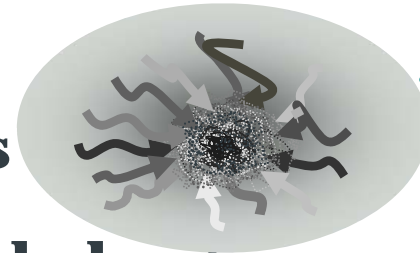
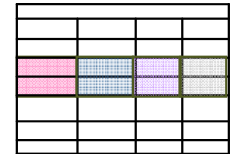
■
National/local policy
Own experience
Opinion leaders
Reflection
Peers
Experts
Journals
Reps - drug/ devices
Textbooks
Audit /complaint reviews
Benchmarks
Education (study days, teaching / mentoring)
Professional meetings
National / local guidelines
Conferences / workshops
Integrated care plans/ pathways
Websites
Stories and case studies
Newsletters/ cascades
Systematic reviews
Local protocols

The transformation of many sources & types of evidence

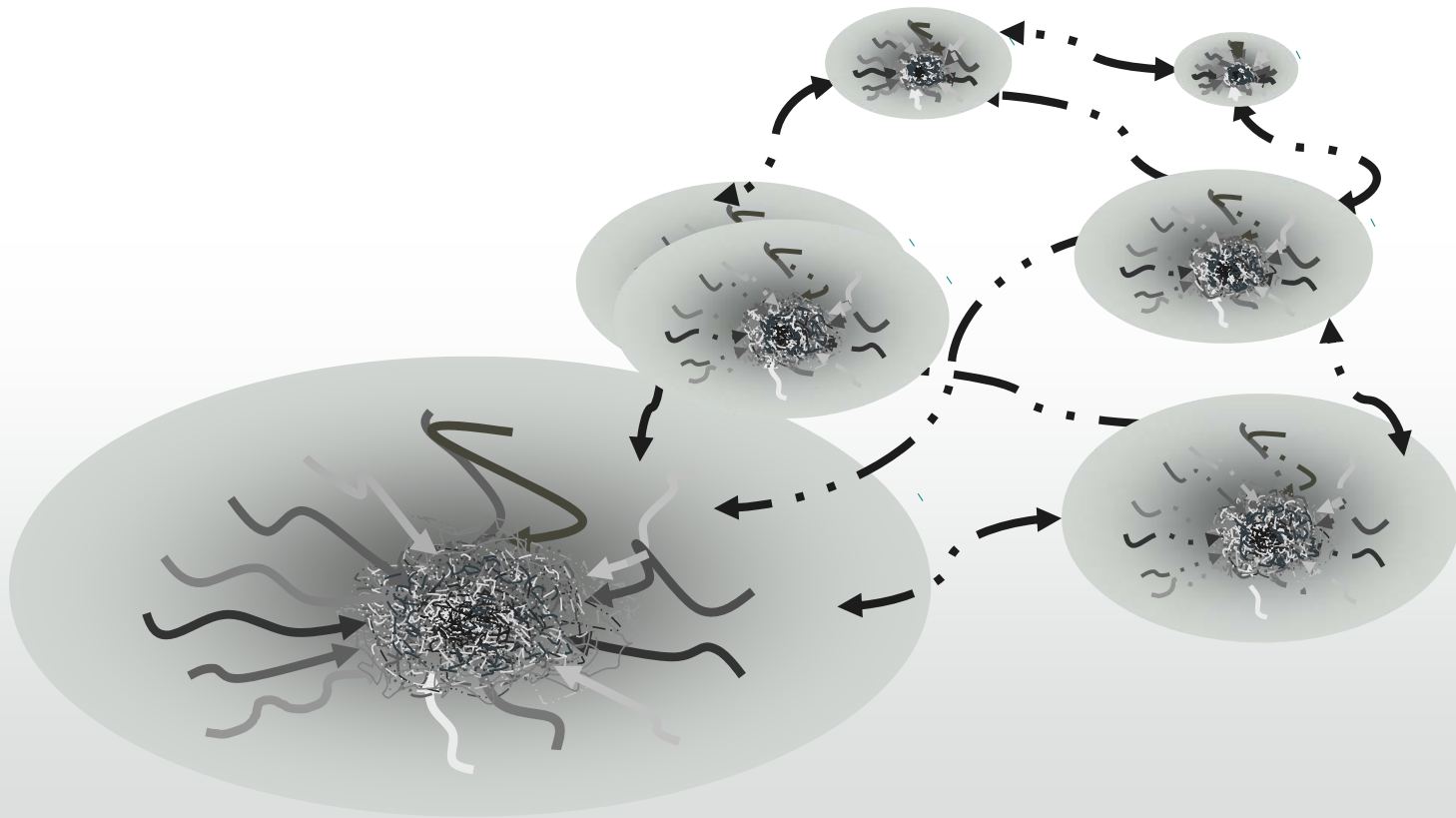


Ethnographic findings

- Not just clinical but **multiple simultaneous roles**
- Not guidelines but **mindlines**
- Not only knowledge but **knowledge-in-practice-in-context**
- Not only expertise; **contextual adroitness** too
- Not just individual but **collective mindlines**



Collective mindlines

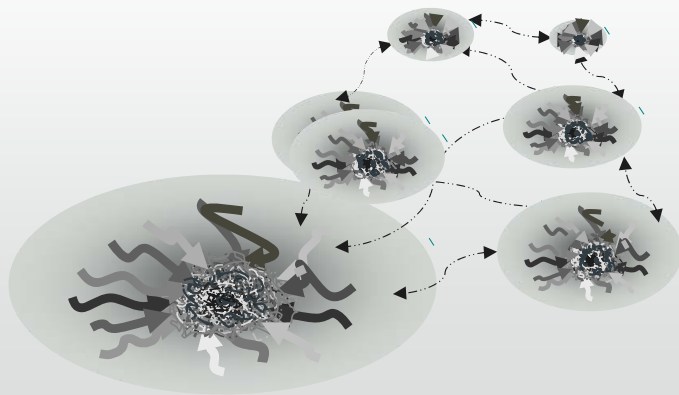


Communities of Practice

"... groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their understanding and knowledge of this area by interacting on an ongoing basis. ...

These people don't necessarily work together ... day-to-day ... but they get together because they find value in their interactions. As they spend time together, they typically share information, insight, and advice. They solve problems. They help each other."

Wenger, McDermott and Snyder (2001: 4/5)

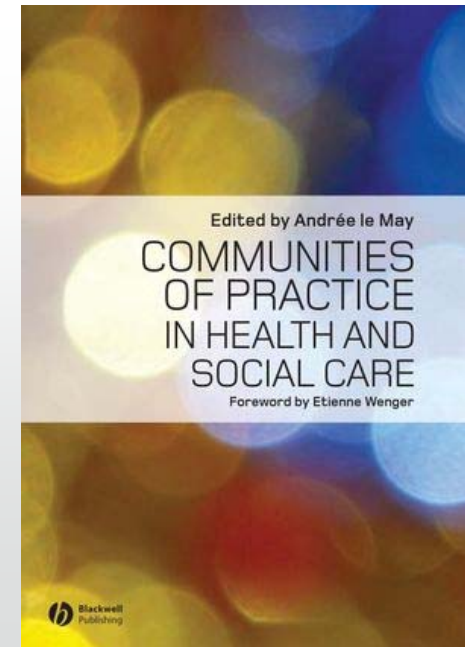
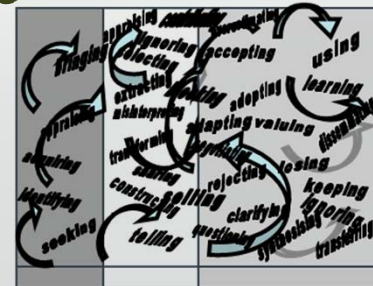


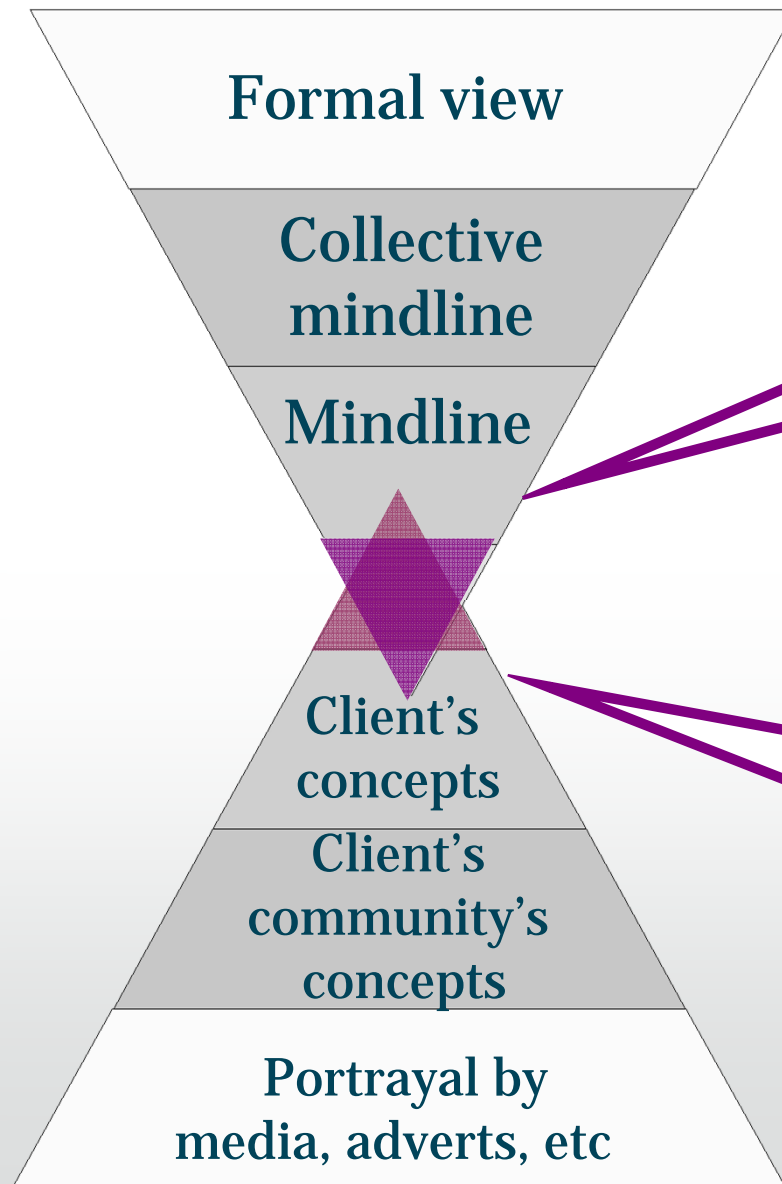
Respectful dialogue

Examples of Communities of Practice (from our ethnography)

- GPs' coffee room
- Practice meetings
- Subgroups (e.g. treatment room; diabetes group)
- Local networks e.g. dining club
- Regional and national networks

All continually introducing, transforming and integrating (or rejecting) new knowledge

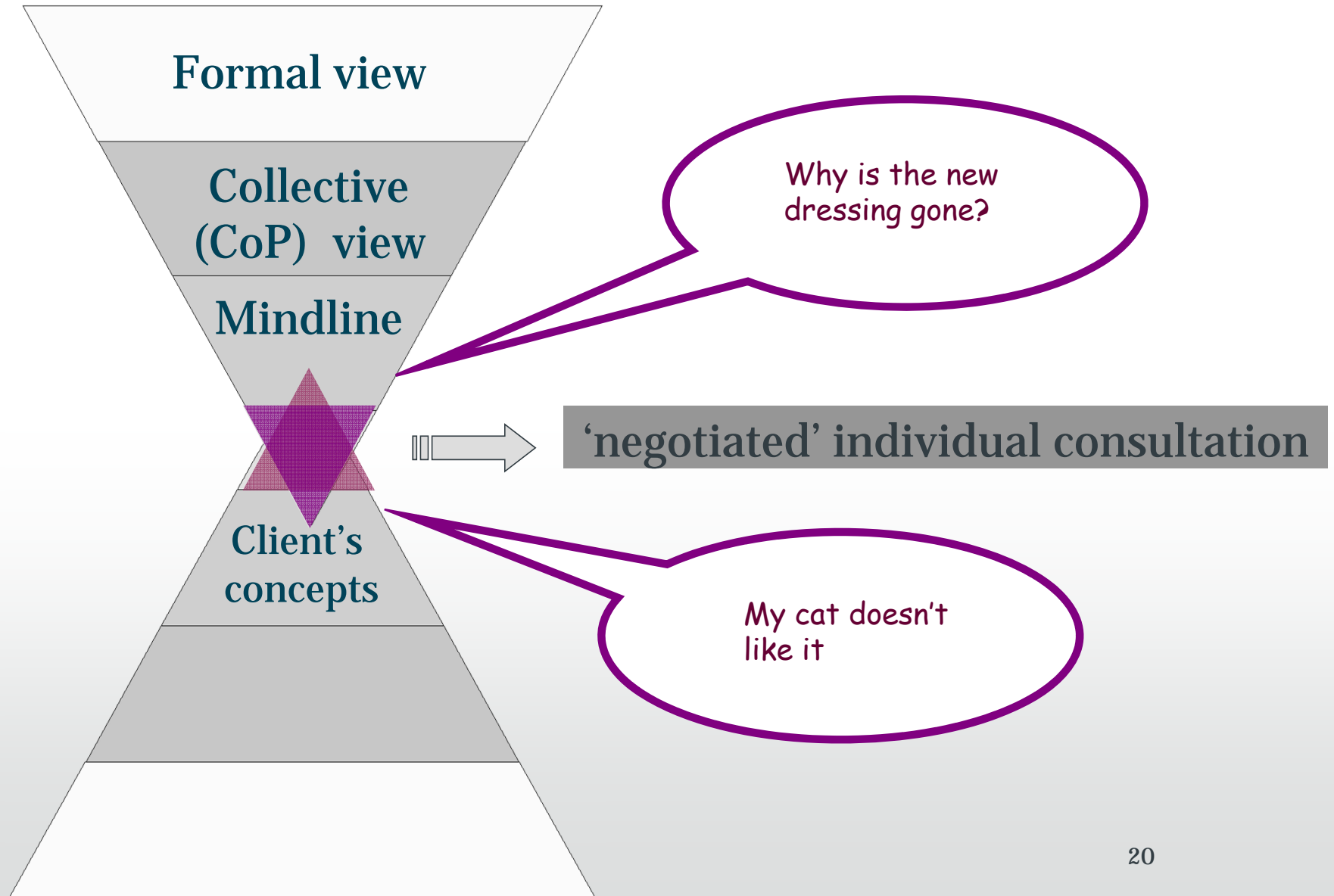




We'd like to use this evidence-based dressing

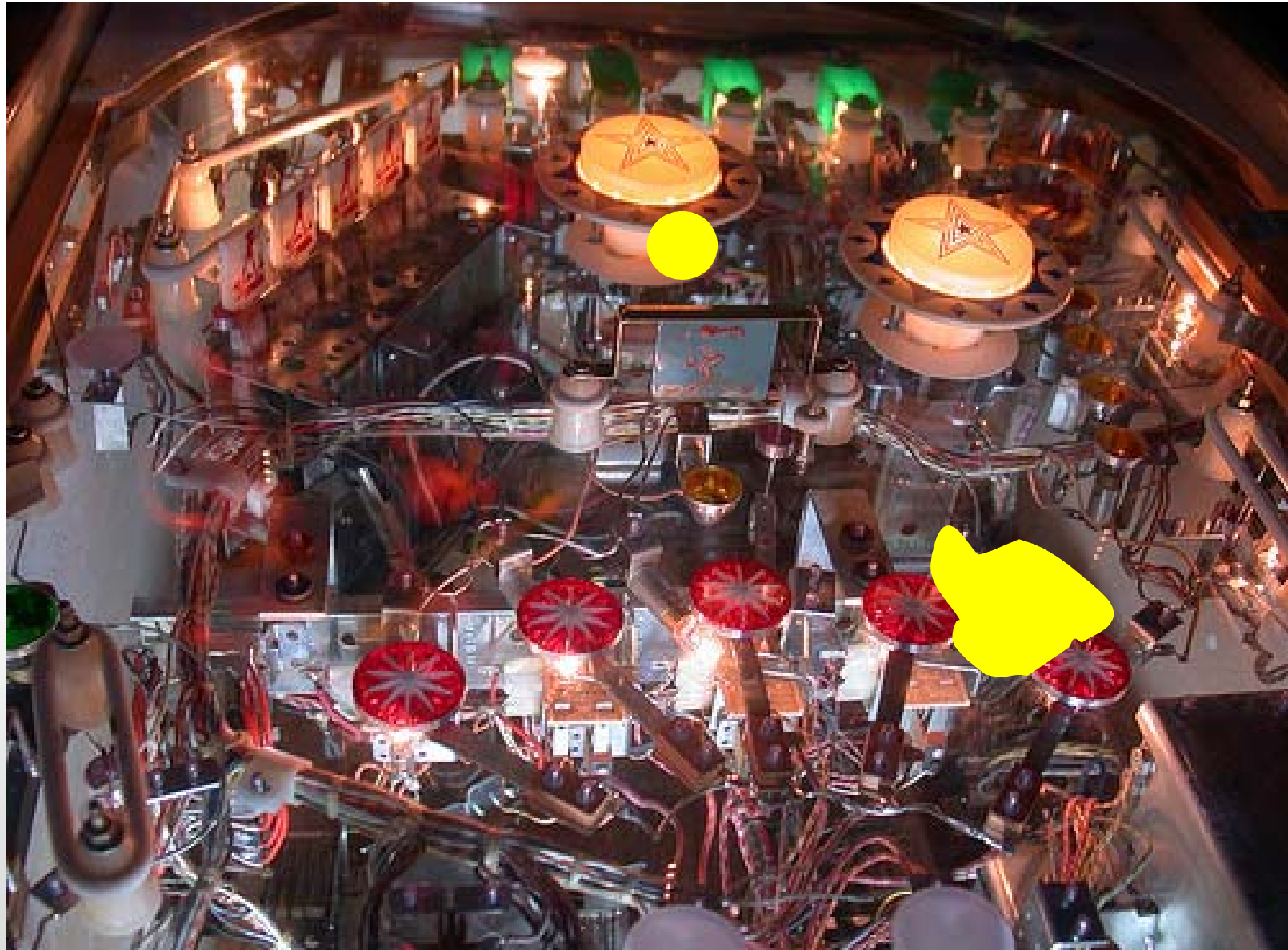


I've heard about this treatment. It sounds great... I'd like it!!

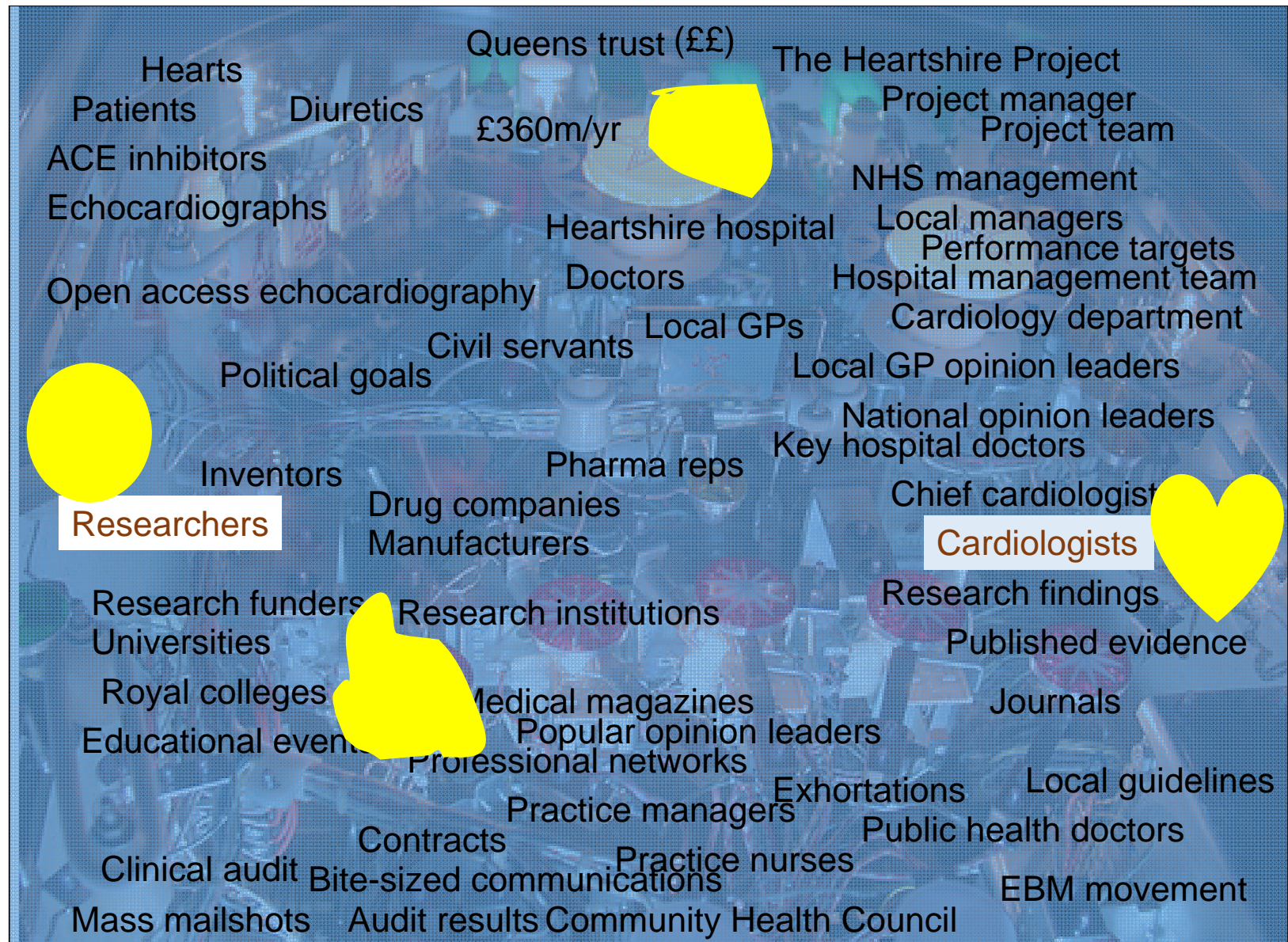


**The Guideline
Implementation
Game**









Gabbay
& le May
2011,
based on
Dopson
et al
2001



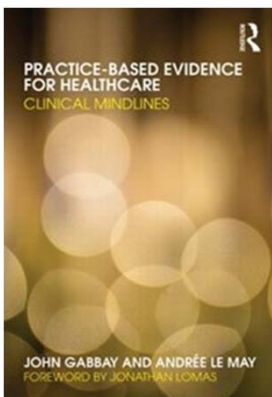
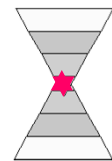
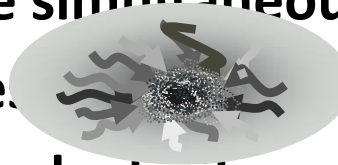
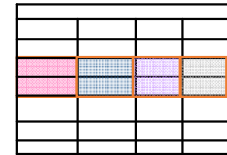
Researchers

Cardiologists

Gabbay
& le May
2011,
based on
Dopson
et al
2001

Summary of ethnographic findings

- Not just clinical but **multiple simultaneous roles**
- Not guidelines but **mindline**
- Not only expertise; **contextual adroitness** too
- Not only knowledge but **knowledge-in-practice-in-context**
- Not just individual but **collective mindlines**
- Not unrefined knowledge but **negotiated knowledge (s)**
- Not knowledge transfer but **knowledge transformation (s)**



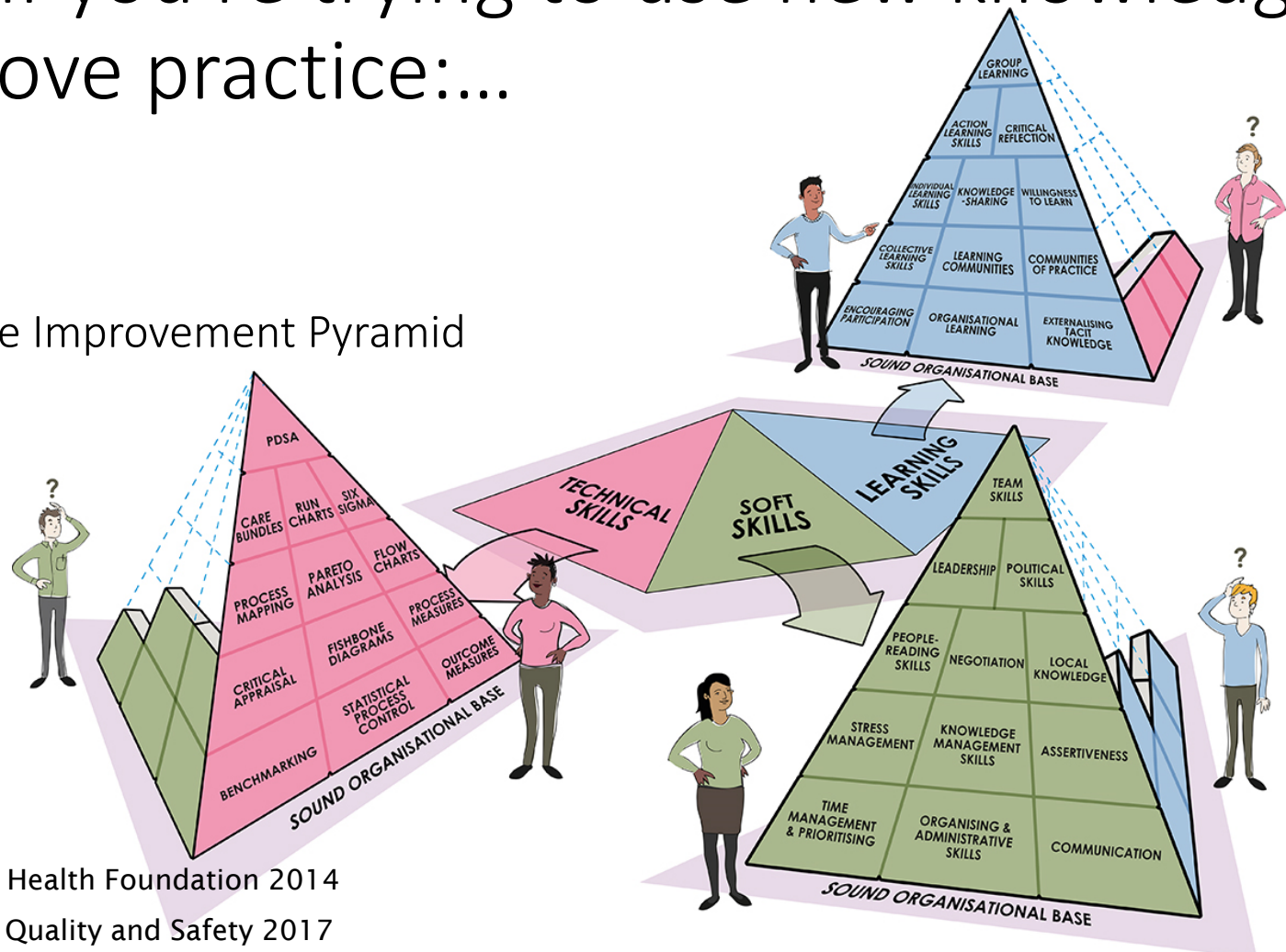


Practical Implications

- KIPIC/ mindlines means that every practitioner transforms and uses knowledge differently for good reason. So:
 - don't just use top-down directives; use participatory respectful dialogue, maximising existing social processes (e.g. CoPs) to help practitioners optimise their use of knowledge to get the best results
 - don't expect to find 'raw' evidence in practice – it will have been adapted into mindlines
 - don't focus on theoretical knowledge; encourage co-construction (researchers, practitioners, users, educators) so that research is tied to KIPIC
- People inevitably meld different types of knowledge. So:
 - train them to critically appraise & evaluate all sorts of evidence, not just research

Finally, if you're trying to use new knowledge to improve practice:...

The Improvement Pyramid



Gabbay, le May *et al* The Health Foundation 2014

Gabbay, le May *et al* BMJ Quality and Safety 2017

Thank you

John Gabbay jg3@soton.ac.uk

Andrée le May aclm@soton.ac.uk

Gabbay J, le May A. Mindlines: making sense of evidence in practice *British Journal of General Practice* 2016 66 402-3

Gabbay J, le May A. Practice-based evidence for healthcare: Clinical mindlines. London: Routledge (2011)

Gabbay J, le May A. Evidence-based guidelines or collectively constructed "mindlines"? Ethnographic study of knowledge management in primary care. *BMJ* 2004;329:1013-16

Gabbay J, le May A, Connell C, Klein JH. Balancing the skills – the need for an improvement pyramid. *BMJ Qual Saf* 2017 . DOI:10.1136/bmjqs-2017-006773