RESEARCH SNAPSHOT

Barriers and enablers to enhancing fidelity of training and delivery for an intervention to reduce imaging for low back pain

Many interventions aimed at reducing non-indicated imaging for low back pain have been developed, but little attention has been paid to whether or not these interventions were implemented as intended (i.e., intervention fidelity). Well-designed, but poorly implemented interventions are costly to patients, health research, and health systems.

What is fidelity?

- Fidelity refers to the degree to which an intervention was delivered as it was intended
- Fidelity should be enhanced and assessed throughout the whole spectrum of intervention delivery, not just at one specific time point

What did the researchers do?

Family physicians and chiropractors in Newfoundland and Labrador, Canada were interviewed to understand their views on proposed strategies to:

- enhance fidelity to provider training, specifically their ability to attend training to learn how to use the intervention
- enhance fidelity to delivering the intervention to patients

What did they find?

Key Barriers

Training

- Lacked time to attend training
- Already confident in managing low back pain without imaging
- Did not believe the intervention would benefit their practice

Delivery

- Lacked time to deliver the intervention in clinical practice
- Felt patient pressure to order imaging
- Already had established habits for discussing why imaging was not indicated

Key Enablers

Training

- Incentives for attending training (e.g., continuing education hours)
- Flexible training scheduling and formats

Delivery

- Flexible script with key talking points
- Short intervention to fit within clinic appointment
- Regular check-in with research team to ensure intervention was delivered as intended

Why is it important?

Understanding how to enhance fidelity of training and delivery will help researchers develop a better theory-informed intervention for reducing imaging for low back pain among clinicians in Newfoundland and Labrador, Canada.

For patients

- Most cases of low back pain do not require imaging
- Researchers want to help clinicians improve patient care by providing them with an intervention to reduce non-indicated imaging

For decision-makers

- Whether or not the intervention can be implemented as intended may impact policy decisions on the widespread implementation of the intervention

For clinicians

- Clinicians can have more confidence in the results of trials for interventions which have been designed and implemented appropriately

This RESEARCH SNAPSHOT is brought to you by:

De-implementing Wisely Research Group

A CIHR SPOR-funded innovative clinical trial, which brings together researchers, patients partners, clinicians, and health system partners to investigate ways to reduce low-value care.

The Ottawa Hospital Research Institute | L'Hôpital d'Ottawa Institut de recherche

The Ottawa Hospital Research Institute is the research arm of The Ottawa Hospital – one of Canada's largest learning and research hospitals.

MEMORIAL UNIVERSITY PHRU

The PHRU is a research unit within Memorial University's Discipline of Family Medicine.

For more information about this study and our future work please contact

Amanda Hall at Amanda.Hall@med.mun.ca

To D, De Carvalho D, Pike A, Lawrence R, Etchegary H, Patey AM, Toomey E, Hall A. A qualitative study exploring perceived barriers and enablers to fidelity of training and delivery for an intervention to reduce non-indicated imaging for low back pain. *Chiropractic and Manual Therapies*. 2023 Jan 31;31(1):6. doi: 10.1186/s12998-023-00480-6.

Strategy for Patient-Oriented Research SPOR Putting Patients First

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

@MUN_PHRU
www.med.mun.ca/phru/priime

MEMORIAL UNIVERSITY Faculty of Medicine