Season Two, Episode 7:

Why Research Matters, with Dr Dev Ahuja, Director of CMSUK

Shabnam 0:05

Welcome to the Psychology of Case Management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

0:20

Hello, and welcome back to another episode of the Psychology of Case Management podcast. Today we're going to be talking about research and the importance of research. It's something that I have a background in, having studied for a PhD, but it's something that I recognize as something I've done to help me with my psychology career and not necessarily connected with it, in the case management world. So I suppose I'm kind of wanting to explore that a little bit. Because we all know the whole point of research is to inform our practice to gather evidence for our theories, and the basis upon which we do things and, obviously, it's helpful because it develops the field that we work in. And each field has its body of literature… except, it seems, for case management: we borrow a lot from everywhere else, which – don't get me wrong – has an absolute role. It makes me wonder about what we perhaps are missing out on, by not having our own body of research that we can use. So basically, I want to think about that a little bit. And I have none other than our Dr Devdeep Ahuja, who is CMSUK's Director and the Chair of the Research Committee at CMSUK, who himself is a PhD graduate, who is going to have conversation with me about research: why it's valuable, why it's necessary, and what we can do in the case management/personal injury world, to think a little bit more about engaging with research. So welcome, Dr Dev.

Dr Dev 2:02

Thanks, Shabnam. Thank you for having me.

Shabnam 2:04

Oh, not at all. We've done this before, podcast-episode-wise, but we haven't done it about research before. I know research is… I don't think it's too far to say that it's a passion of yours. Having done it – not as a young person, like I did it – more as a sort of established clinician. So tell us a little bit about your journey into research and how it's slightly unconventional, as I understand it, but… what is it about research that gets you going?

Dr Dev 2:35

Yeah, so as I say my journey into research has been quite interesting. So when I did my undergrad I didn't want to be a researcher, or anything. All I wanted was get into the clinics and see some more patients, and see some more patients. But then as as I started seeing patients, I thought, "Oh, I need to improve myself and I need to learn more in such-and-such," and that's where I decided I want to do my MSc. And the MSc is where I really was exposed to research; I did my MSC dissertation, and then following that I was quite interested in research; I tried to understand a little bit more about it. And eventually in 2008, I set up one of

the first open-access journals for physiotherapy at that time, it was called the *International Journal of Physiotherapy and Rehabilitation*. I was the Managing Editor of it, which is basically me not doing much, but getting the team together, really, to do all the work, in that sense. But what it allowed me to do was to understand more of the peer review process; it made me appreciate what goes into writing a paper, what goes into publishing a paper, what goes into making a good article, and what is good research. That was really helpful in me being able to appreciate research a lot more, and its impact on me as a clinician, as a professional, and what I should be doing to enhance my practice, just by engaging with research. So therefore, I wanted to do a PhD. It seemed like a logical next step, in terms of my journey towards research and understanding of research. So when I was offered a fully-funded PhD by Sheffield Hallam, I jumped on that… and here we are!

Shabnam 4:21

Yeah, well, that is a slightly unusual and unconventional route, creating a journal before you've understood the machine behind research, but actually it taught you that machine and you didn't run away from it. You said "Hang on, I'm going to get a PhD out of this. I get this. I understand now." So you went in, eyes wide open.

Dr Dev 4:41

I did, yes. As I said, I had some understanding of research and I had some understanding of the process and such, but I think that during my four years of PhD I learnt a lot and I think that's the whole purpose of it… you are learning to drive. Getting a PhD, it's not like you are an amazing researcher. It is learning how to research, and I think that's what I did during my four years of PhD. It was a really good experience. It was a painful experience, as well, as I think all PhDs are. They're not supposed to be fun, anyway. And I don't think that I could go through that process again now if I had to, but it was good all the same, I think it was good.

Shabnam 5:29

So why would you say research is important? What is it about it that you think is contributing to the clinical work that we do? Whatever that field might be?

Dr Dev 5:40

Yeah, so if you think about it, as a physiotherapist, everyone knows what physiotherapists do, right? Everyone knows if you go to a physiotherapist you might get manual therapy, you might get exercise… you *should* get exercises, and you get certain interventions, right? So you know that, but how do you know that? That's the identity of the profession. How does that identity form? That is from the evidence that okay, as a physiotherapist, I do this to the patient, and it intervenes, and it helps with these outcomes: I get these outcomes, I can resolve pain by doing mobilization of the back. And I can give that statement because I have a whole body of literature in the background, which tells me, which shows me that mobilization is effective in reducing pain. So that is where research comes in. It forms the basis of a professional identity, it forms the basis of who we are, what we do, why we do it, and how we do it. All of that comes from research, right? So if I go to a clinician and say "I have pain" – and, again, pain is one of my other areas, so I will talk about pain. But if I go to a clinician and I say "I have pain," the way that person approaches that pain comes from research: it's how they're going to assess it. So what are they going to ask me? Why are they going to ask me those questions? What tests are they going to do, if they're going to do any tests? What outcome measures are they going to use, if they're going to use any outcome measures? All of that is standardized, based on research. So the research on the whole clinical practice, whatever that person's going to do to me, they're going to talk to me, whatever tools they're going to use, whatever interventions they're going to use... all of those are underpinned by research evidence showing that for that condition,

for that back pain, that assessment questionnaire is avalid one, that question that they're asking me is the right question to ask, that test they're doing for me is the right test to do, and that intervention that they're giving me is the right intervention for that. So in that sense, research forms the whole underpinning for the full professional.

Shabnam 8:05

Yeah, and from a consumer services perspective, you have that sense of safety, you have that sense of understanding, that this is probably the thing that's going to get me the best results or the best outcome possible. I'm therefore going to be more likely to commit to something that has a strong evidence base, or that is expressed in a way that suggests there is evidence that I'm not going to waste my time, or I'm not going to be more broken at the end of this.

Dr Dev 8:35

Yes, from a consumer perspective, but also we all work in the personal injury sector as well. So we've got to provide validation for funding for everything, as well. And again, if we're going to recommend something, is there evidence that that recommendation is a valid one? Is that the right approach to go? And is that going to be cost-effective? All of those things come from research, that is where the research evidence supports your decision-making as a clinician, as a case manager. If I'm recommending, "Oh, go and get a spinal cord stimulator done," it's going to cost £10,000 only for a trial, and then implanting that spinal cord stimulator, how effective is it going to be in managing the pain, unless and until we have evidence to support that decision, we won't get that funding. So we need to justify our our decisions, and that justification comes from evidence, and evidence comes from research.

Shabnam 9:35

And I would say at this stage, that research or data isn't necessarily purely generated from a sort of lab condition perspective, is it because we've got the evidence-based practice that we base our practice on the evidence, there is also the practice-based evidence, the sort of bottom-up data that we collect, that has relevance because it's *in situ*: there is a role for that information that takes on environmental factors, individual differences, and that takes on sociopolitical climates, etc., that plays a role in what we understand as 'evidence'.

Dr Dev 10:14

Exactly. Yes, I think that's the big thing, really. Sometimes it's made out that research is all a big hoo-ha, and you've got lab coats, and you're working away in isolation. No, research is not about that – research is about… yes, if you're talking about pharmacological research, and such-and-such, they will do it in standardized labs. And if they were creating a vaccine, those kind of things are fine, but in our world, where we work in terms of the more day-to-day stuff that we do as case managers, we generate a lot of data. I mean, all the case management companies, they publish case studies as evidence that they are effective. They will give it to their… as a part of their marketing strategy, I guess. Right?

Shabnam 11:01

And probably CQC, as well, and CQC registration would benefit from that.

Dr Dev 11:07

Yes, certainly. But we are all generating that data: that is evidence. Yes, there are levels of evidence that you could have, right at the lower level you have the anecdotal evidence that I get a testimonial from my

client, that is evidence that your intervention is working. Versus then you have a RCT, or a systematic review and meta-analysis showing that case management is effective for this condition. Which we don't have at the moment. So certainly, I'm a big fan of practice-based evidence. And I think, case managers, that's where we need to start, we all are engaging with clients on a daily basis. We will know what works for our clients. So when I do talk to my clients in a certain way, they respond positively; when I talk to clients in a different way, they don't necessarily respond positively. So that's my own personal experience. But if I write that down, and if I share it with others, then they could learn from that, as well. And they could say, "Oh, if we start talking like they said, that might help us as well." And that forms the evidence. Yes, it's a very low level of evidence, but we've got to start somewhere. And you don't necessarily need to do big RCTs. But you've got to start somewhere. And I think that's where that practice-based evidence comes in, as well. And it's so, so easy to do that kind of stuff. But it just needs that the open-mindedness towards sharing and learning from each other.

Shabnam 12:38

Definitely. I was struck by what you said, because I subscribe to this idea that, without research, the identity of the profession is impacted. I would add to that and say the *longevity* of the profession is also impacted, in terms of the next generation. People want to know that they're entering a practice that is clear, that it has rules and boundaries, and that there's guidance within it. And it then develops the kind of idea: "Oh, I know what a case manager is." I can't even get blooming professional indemnity insurance easily. Because when I say I'm a case manager, the response is "What's that then?" Right, okay, medico-legal… I work in personal injury. "Yeah, okay, so tell me more." I was in a meeting for an EHCP recently, and the Local Education Authority said "Can you explain what a case manager is?" Because that's almost nondescript: it's not enough, in a way. So it makes me wonder, gosh, how do we really promote what we're doing, as case managers? And how do we reinforce ourselves from the inside out, where I think research has a crucial role to play, and that everyone on the outside can say, "Hey, that looks really interesting. Let me jump aboard that, or let me see how that links in…" with maybe a bit more physiotherapy, in your case, or psychology in my case, to then attract people from all walks of life, including the next generation of case managers. For me, that's really quite fundamental and quite concerning, because who does our research as case managers? I genuinely do not know the answer to that.

Dr Dev 14:27

I think that's the big issue, really. And that's the reason that I started to engage with CMSUK in the first place about four or five years ago. And I decided to come onto the Board of CMSUK as well, because that was my big question. When I'm going in a plane and someone asks me "Oh, what do you do?" I say, I'm a physio and everyone knows what I do, right? When I say I'm a case manager, mm… no-one knows what I do. There is no professsional identity. So what can we bring that professional identity was the whole reason for me starting to engage with CMSUK and I think my understanding of it anyway is that it comes from research, from having that evidence, from having that standardization of practice, when we know that all the case managers are going to be doing similar sort of things. Yes, not the same thing: everyone's not going to be doing the same thing. But they will be doing… the basic principles on which we work are the same. And those principles are underpinned by evidence, which says that these things work, these things are effective. And then that makes life so much easier. When we go to an insurance company or to a solicitor and say, "Look, we want to do x, y, and z things for this person." And that's not just organizing physio, or whatever, but also the more of a coaching role, and a guide role, and a supporting role that a case manager plays as well, because our role is not just about organizing x, y and z interventions, our role is also about providing the motivation and the support to the client, so that they can engage with the treatment. So then making progress, for us, it is about monitoring progress, as well. So sometimes it's like, well, he's already having physio, why do you need to call them every week and see what's going on? Well, because if we are not, they might not be doing things. And that's what our role as case managers is. But I don't have evidence to say that, how often should a case manager be calling their client. I don't have any

evidence to support that me providing that motivational support is enhancing his recovery. I don't have any evidence for those kinds of things.

Shabnam 16:34

Or even a framework, because sometimes the research may suggest best practice ideas. But what I think we're also missing a little bit is just a framework of… "What's our epistemology?" you could say. Where are we coming from? What are we doing, you know, on a very deep level? I do know what we're doing on a daily level. But actually, what are we hanging it all on? And I've got to say, I really struggle with that. And I don't think it scares… that's not quite the right term… that it scares me. But it does concern me quite deeply. Because I feel like we're treading on very thin ice, in a way, as a profession. I know that there's, for example, the development.. we've got BABICM, we've got CMSUK, and we've got the VRA as well, which are forming a version together in the Institute of Registered Case Managers. Sorry, I totally forgot IRCM, totally! Which is trying to make the field more robust from a bottom-up approach, although it will lend itself from a top-down perspective. But, again, we're not making it up, because we've been doing this as a group, as a cohort of professions for a long time, I think. And there's probably a massive body of evidence that is available from our friends over the pond in America, because of course, case management came from them, right? And it just makes me think – and it is genuinely making me think for the first time – we should totally make links with the the Americans and see what they're doing and how they're doing it. Because there is there isn't even a journal. There's no research, how can there be a journal? But I don't even know how research in case management is being done. I know there's… Mark Holloway does some research, I think, or certainly has a research background. And I think Allison Saltrese is someone who I've come across as well, but – literally – few and far between.

Dr Dev 18:45

I think one of the big things, I suppose, that I'd like to highlight is that you don't have to be a researcher to do research. I think that's the big thing. Before we even get to *doing* research, I think we need to start *engaging* with research, which means you are reading research and you're reading and then starting to implement those in your daily practice. I think that's more important, than… yes, we do want to create the evidence and all of that, and that will come. It will take time, but it will come. But the first step is for us to start engaging with research… in terms of justifications that we are giving for our interventions, we start to just put references to things that we know that there is guidance: for example, with pain: we have guidance that exercise and physical activity is really good for that person. Or CBT is the recommended treatment for a person with chronic pain. Let's put a reference to that NICE guidance which says that. It's as simple as that. And that will make that person think, when they are reading your report, they have the evidence to be sure that what you're recommending works. That's the first, very basic step. And then from there, you have the data that you've seen 20 patients with back pain or 20 patients with complex fractures, and you provided x, y, z interventions. Start to pool your own data. You don't necessarily need to do it in structured formal research, where you're getting ethics committee guidance and whatever. Just do it for your own thing, start to create a pool of that data, or even single case studies are really good. I mean, we all do case studies for our marketing and whatever. Share those case studies, what worked. And I think we all as clinicians do reflection, we do a lot of reflection, I think, reflective thought in our undergrad nowadays. So it works for everyone and we all understand that. But reflecting on, and then just writing that up on a case and say, "Okay, this was the case, this is what happened, this is what I did. This is how it impacted. These are the positive things, these were the negative things…" That, at a very basic level, that form, that is research, that is data. And then once you have a lot of those, then you can start to pull out: okay, for these kinds of conditions, these things work. And then we can build upon that. But I think the first step is just start to engage in research. And that's why we at CMSUK, we started our Journal Club, as well, which is a very informal way. We send out an article a few weeks in advance, and you read that article, and then you come in there, and we have an informal discussion. It's no structured discussion, we're not talking as researchers, we're just talking explanations, how does this apply to us? What are the good things about this article? What are the things that we struggled with? For the last couple of months, we knowingly or

unknowingly selected some papers that were so difficult to read, and we don't make any sense of some parts of the paper – and that's fine. It is about acknowledging: we all said, okay, we didn't understand this part of it. And it's just having a frank conversation in that Journal Club, which helps us all grow as individuals, as clinicians, and as researchers. It allows us to see what aspects of research can I use in my own practice? What can I take away and put in my own practice?

Shabnam 22:29

Yeah, I really dig that idea. I think it's such a refreshing idea to think about engagement with research just simply being… I say "simply," but something that you can put in your INAs [Immediate Needs Assessments], for example, relatively easily. So as we're providing our psychology services, you're making me think that maybe what we need to do is provide a little bit more referencing in our formulations and our understanding of why we're saying what we're saying, and why we're proposing what we're proposing.

Dr Dev 23:03

Yeah: why are you recommending 16 sessions of CBT versus 12 sessions of CBT, for example? So, what is the NICE recommended guidance? Is it 12 sessions? Is it 16 sessions? Is it six sessions? And I think it's just putting that there: look, I'm saying 16 sessions, because this is the recommended guidance, so that no-one then comes back and says, "Oh, 16 sessions is a bit too much. I'm not going to fund that, 16 sessions." When I've told you if you fund six sessions it's not going to work, because it's not the optimum amount of intervention.

Shabnam 23:35

Yeah, and actually, interestingly, you say that. In the last month, I would say, there's a lot more scrutiny, I've felt, over why we're making recommendations, that's both case management and psychology, but probably a bit more in psychology to be honest with you, as to why we're saying what we're saying. And this actually is a very simple but effective way to think about research, but also to make our recommendations more robust and more likely to be achieved. Because we do have that clinical research, which, we would say in research terms, a sort of 'intuition'… our clinical intuition, our research intuition. And that can be backed up. You'd be surprised, I think, how – not *easily* – but how ideas can be backed up, because you're coming from an already strong background, whether you're a physio, whether you're a psychologist, OT, whatever. So you've got that intuition there already. And that's where I think that self-reflection element is really important, because that's very core to the whole research process, isn't it? Which is a relatively new idea, because when I did my PhD *ahem* years ago, it wasn't necessarily part of the journey, but when I did my clinical psychology training, whatever years ago (suddenly, I've forgotten!) it was part of the process. And I don't think that's because it was just psychology, I think that is how research is done now. You did your PhD slightly after, I think, my clinical psychology training, but it sounds like… so you've got to know yourself: you're an agent within that research process. I guess the point I'm trying to make is that engagement in research starts with you, actually, and what you are bringing intuitively. Because I bet your bottom dollar, you will find some evidence that links in with that intuition, because you're not coming from an empty vortex of "I'm just going to make this up." You'll be surprised what you know, because you don't know, ultimately, what you don't know, but you sometimes don't know what you *do* know. And research just helps… it just is part of the consciousness-raising, I think, and bringing from the "I don't know," to the "I do know," and I can now do this with confidence, which is only going to enhance your experience as a clinician, but also with your clients and colleagues.

Dr Dev 26:08

Yeah, the other good point that you make, I think, is understanding who you are and where you sit and what your thought process is so important, especially because the work that we do is more sociological,

rather than, like, about pharmacological research. Okay, then you have a medicine; all they've got to look at is: this is the medicine. Does it work in reducing the symptoms, or not? But where we come from, we have more of a sociological perspective where our interventions are a lot more subjective, rather than very objective, and therefore I think the whole contextual element plays a much bigger role. And that's why I think qualitative research – just doing interviews with five… 7… 10 people trying to understand one specific aspect – can be so enlightening, it can give us so much information about why we do things or how we do things, or how do people perceive those things, as well.

Dr Dev 27:05

Yeah, 100%. Absolutely. And I guess that the internal gauge in reflexivity, which is my internal context, if you like: it's not just about how I am seen in the world, it's how I see myself in the world. And that is massively important. So tell me, as part of the Research Committee for CMSUK, what other… yeah, you've got the Journal Club, which is amazing. What other things do you do that kind of encourage research, or the concept of engaging with research, or data, etc.

Dr Dev 27:51

CMSUK Research Committee has been going for a couple of years now, about three years. And it's taken us a bit of time to try and actually understand what we can offer: how we can support people with research and obviously, the first thing is, oh, let's give some grants! And that's where we started. We've given some grants for people to do some research. When the pandemic struck, and obviously our lives… there was an upheaval in certain… our way of working was strange as well. So what we did was, we gave some grants to people to do a bit of research or review. So it was more of a review, systematic review, kind of stuff around remote rehabilitation, remote case management. So there were three papers that we published based on that. So one of the things that CMSUK Research Committee does is focus on providing grants to people, for case managers to undertake research. So this year's grant programme has finished, obviously, but obviously there'll be some more next year. And so it's on a yearly basis; I think there's a pot of £10,000 that is allocated every year towards providing grants, and that can go to a single project, or it can go to multiple small projects, like last year: we did three projects worth £2,000 - £2,500 each. And that was the major aim when we set up the Research Committee: okay, we'll provide the funding, and that's to encourage case managers to really start to think about research and yes, they have a bit of funding so they get paid for the time that they are engaging with research, as well. But then we said okay, funding is one thing, but that's when we established the Journal Club, which is our second activity that we're doing. It's happening on a monthly basis. It's not going to happen over the summer, obviously: we will be back again in September now. Again, the aim is to make it easy for people to engage with research and try to understand that, and then there are things in the pipeline that we are considering: there is stuff around maybe creating a journal, but again, that's further down the line. We will probably do that, but we need to have enough people who are research-aware and who are engaging with research, for us to be able to publish at least a basic journal, to do it on a consistent basis. What we don't want is just to publish once in a year, and then people forget about it. So yes, that will come at some point, as well. I think that's one of my aims, but we'll see when that comes to fruition. But at the moment, yeah, I think the two key things that CMSUK Research Committee does is the annual grants programme that we have, and then the monthly Journal Club that we're running.

Shabnam 30:40

Yeah, amazing! And also this podcast episode, in which you have given us really interesting ways to engage with research and to bring it more to our practice level, in terms of offering best practice, etc. So can you tell us, then, your top three – because you've mentioned a few – but your top three ways of engaging with research?

Dr Dev 31:04

Yeah, so as I said earlier, I think the first thing to do is just be research-aware, right? So research is the basis of our professional identity, so therefore we need to be aware of why we are doing things, how we are doing things, and ultimately try and find evidence for the effectiveness of what we do. Is it effective, or not? And what tells us that it is effective? I think, from an individual perspective, start engaging in research in the sense that you are already collecting that data. Start to structure it a little bit, maybe that's all we probably need to do, is structure that data a little bit. Put your thoughts around… if you finished or discharged one client or closed the case, whatever you call it, if we do that, then let's just think about that client for a bit and think about how or what they presented with, what worked for them, what were the assessments or the outcome measures that I used for them. And then what was the outcome? Ultimately, did I achieve those goals or not? That's all we need to do: spend 10-15 minutes writing that. And that becomes the evidence for that case. Right. And ultimately, once we've done 10… 20… 30… 50 cases of similar conditions, that becomes a huge databank for you to go back to and say, for low back pain cases, using this outcome measure, and providing this intervention is what works, from my own personal experience. And that's your practice-based evidence. You're not even going into the evidence-based practice there.

Shabnam 32:45

That's right. Yeah, very good.

Dr Dev 32:47

The third thing, the last thing, I think – as we said earlier – is when you are providing recommendations, when you are providing reports, like the INA report or the progress report, and making recommendations and rehab plans, try and underpin that with some guidance. The NICE guidance is the best thing to do. And there is also something called 'clinical knowledge summaries' on the NHS website where you can go and it will tell you what are the right outcome measures to use for these conditions, what are the right interventions to use for these conditions, and they link into a lot of research. And they'll show, if they're making a recommendation, they will say this comes from a systematic review of so many studies, which shows that it is effective. So those guidance documents are the highest level of research, in terms of providing those recommendations, so start to use those in your report.

Shabnam 33:40

Yeah, amazing. And also join CMSUK's Journal Club!

Dr Dev 33:45

Yes, that's the big one. I should have said that the first time!

Shabnam 33:49

Hey, we can make it an honorary fourth point! You know, primacy-recency effect will mean that people remember that more than they would have, perhaps, earlier. Do you have to be a member of CMSUK, by the way, to access the Journal Club?

Dr Dev 34:03

Yes, I would say so. But I think that if you are not a member, and if you want to just come in for a taster session, we'd be happy to host you.

Shabnam 34:10

Excellent. Thank you for that. Brill. Well, I'll put all of those ideas in our shownotes and our transcription. And again, I'm sure there will be lots more ideas that you can share with us. But that is quite a good synopsis of where we are, research-wise, in terms of case management, why we need to think about it differently and how we can in fact, think about engaging with research in our everyday practice. As always, Dr Dev, thank you so much for your wisdom, for your ideas and your enthusiasm. It's an absolute pleasure to talk to you.

Dr Dev 34:47

Thank you so much for having me. No, the pleasure is all mine! I really enjoyed talking about this as well.

Shabnam 34:54

Yeah, Brill. Thank you, but we shall end it there. Thank you for listening in, and we shall see you next time. Bye for now!

35:07

Before you go: if you enjoyed the episode today, I'd really appreciate it if you could rate it on whatever platform you're listening on, and share and like on your social media profiles. Word of mouth is the best way for us to grow and to be a continuous resource for all. And if there's any topic you wish for us to cover, please drop us a line on our website. Thank you so much for all your support.

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