Getting the facts

With the challenge of a ‘rights aware’ public facing those in the medical professions, ensuring evidence-based practice has never been more crucial, write Joanne Cleary-Holdforth and Therese Leufer

It is virtually impossible to ignore the increasing pressures and demands that are placed on the healthcare system nowadays, and more specifically on healthcare professionals with increasing regularity.

Nurses, in particular, are under extraordinary pressure to continue to deliver high quality patient care at the coalface in the face of ever-increasing cuts in staffing levels and budgets. This is coupled with mounting adversity from an increasingly knowledgeable and ‘rights aware’ public. Increasing litigation arising from cases of proliferation of superbugs, medical negligence and generally sub-optimal patient outcomes and patient dissatisfaction are evident on a regular basis in the media.

The challenge is immense for nurses to deliver care that is based on the best available evidence that maximises patient safety and outcomes for the health service generally. Indeed An Bord Altranais\(^1\) makes it implicit in the code of conduct for nurses that they should strive to deliver high quality care that is based on best available evidence. The National Council for the Professional Development of Nursing and Midwifery\(^2\) also promotes and supports evidence-based practice (EBP) initiatives.

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From a Department of Health perspective, the need to deliver care that is rooted in the best available evidence has been clearly articulated for some time\(^3\) and most recently in their publication, the ‘Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety’\(^4\) which stipulates specific recommendations relating to the operationalisation of evidence-based practice.

These recommendations include the establishment of a leadership role to critique and develop the best available evidence, financial support of research initiatives focusing on patient safety and quality, and the establishment of national standards and service frameworks that are evidence-based involving interprofessional teams from a variety of healthcare settings. Given the requirements set out by governing authorities, it is perhaps timely and useful to examine what is meant by the term EBP and to explore its potential at the bedside.

**EBP explained**

Although EBP appears to be a familiar concept to practitioners, the skills to underpin it are all too frequently lacking.\(^5\) EBP is a systematic approach to practice that emphasises the use of best evidence in combination with the clinician’s experience, as well as patient preferences and values, to make decisions about care and treatment.” In essence, EBP provides practitioners with a step-by-step framework that enables them to critically review their daily practices, make informed, appropriate changes to them while simultaneously contributing to expanding the knowledge base of their profession.

There are key steps that are fundamental to driving this process. Melnyk and Fineout-Overholt,\(^6\) for example, outline these steps as:

- Asking the important clinical question
- Collecting the most relevant and best evidence
- Critically appraising the evidence
- Integrating the evidence with one’s...
Making decisions

Armed with a clearly focused question, which will usually yield select pieces of evidence to be critically appraised with regard to their quality and applicability, one will then be in a position to make a decision regarding care. The main aim of EBP is to obtain the best outcomes for patients by selecting interventions that have the greatest chance of success.\(^9\)

It is useful to know that a number of tools, often referred to as hierarchies of evidence, also exist, which facilitate even a novice to make a judgement on the quality of evidence that they have collected.\(^9\)

However, knowledge of research findings in isolation is one thing but it cannot exist in a vacuum. Without due consideration of the context in which care is located, the patient, their individual preferences and involvement in the planning of their care, in addition to the clinician’s expertise and skills in clinical judgement and decision-making, implementation of the research findings alone is of little value, and improvements in care and outcomes will not be achieved.

However, the process does not stop at implementation of specific care or practice as determined by the best available evidence. It is imperative that evaluation of the implemented care/practice is carried out. This is essential if the true impact or otherwise of the overall endeavour is to be ascertained and in turn, evidence from practice generated for practice. Examples of outcomes that may be measured to this end include infection rates, lengths of stay, responses to psycho-social interventions, improved quality of life, patient/service-user satisfaction surveys, to name but a few. All such outcomes contribute to improving the healthcare service and the patient experience. A more detailed step-by-step practical guide to the process of EBP can be found in a previous article.\(^\text{9}\)

As with any new innovation or indeed change movement, it can be met with much resistance. The barriers to the EBP movement are well and truly documented. They include inability to search and expeditious results from the literature search.\(^\text{9}\)

While pinpointing the question, the next step, namely the literature search, will not be as widely focused or tedious as we have traditionally come to know them. Therefore, instead of obtaining several hundred hits on articles that happen to contain a particular word/term linked to the area of interest that turn out to have little or no relevance to the precise area of interest, one should instead obtain a small number, perhaps even in single digits, of very select and highly relevant papers to consider.

A number of tools exist that facilitate the development of clear, precise, clinically-related questions to use as the basis for underpinning the literature search. All of these tools will encompass the following elements which need to be addressed in order to ensure that the question being asked is articulated using very specific and focused keywords. These elements comprise the patient or patient population of interest, the treatment/intervention or therapy being considered, the desired patient outcome to be achieved and any alternative/comparative or current intervention that could be considered in the overall decision-making process.

References


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