

CSH600 Evidence Based Practice

Topic 1: Introduction to evidence-based practice

1. Explain what is meant by the term evidence-based practice (EBP)

EBP is the conscientious explicit and judicious use of the best current evidence in assisting to make decisions about the care of individual patients. It includes the use of clinical expertise, research evidence, information from practice context and patient values and circumstances. EBP informs but does not replace individual clinical expertise and decides if external evidence applies to the patient and how it should be integrated into a clinical decision.

2. Understand the origins of EBP.

EBP comes from a new medical school in the 1970s. The medical course was short, and students found learnt what they needed to know via EBP. Before EBP, decisions for patients were made based on clinician experience (bias susceptibility e.g. out of date or wrong). Experience is still used in EBP but in conjunction with other information.

3. Explain why EBP is important.

The goal is to help health professionals and patients make informed decisions about what is the most evidence-based care and what might be the right decision for the patient at that time. Without EBP, optimal patient outcomes/care are unlikely to be obtained. It aims to improve patient outcomes and it is what patients expect. Patients may bring information to carers, and carers need to be able to assess the information to determine if it is accuracy, suitability of intervention, and decide if an appropriate and effective option. EBP facilitates professional accountability.

Furthermore, it promotes an attitude of inquiry and gets us thinking (e.g. why am I doing it this way? Is there evidence that guide me to a more effective way? EBP ensures health resources are used wisely and evidence considered when making decisions about funding health services. It is our responsibility to ensure practice is informed by best available evidence.

4. Describe the scope of EBP healthcare.

EBP permeates all of health care. It can be used to assist in decision making to optimise patient care. Evidence based purchasing is informed by research. Policies can be made via integrating research information into the formation of policies (evidence-based policy). Evidence based management managers integrating research findings into management tasks. EBP can be applied in other disciplines such as engineering or sport.

5. List and briefly explain each of the five steps that make up the EBP process.

1. Ask an answerable question – PICO clinical question framework to outline important question components (Population/problem/patient/person, intervention/diagnostic test/prognostic factor, comparison, and outcome).
2. Acquire/access – take question and develop systematic robust search strategy and locate evidence
3. Appraise evidence – critically examine and rate on its quality, validity, impact, and applicability
4. Apply evidence – how to apply to patients and their needs. Apply to clinical context in which we practice and our expertise.
5. Audit – review the process undertaken (e.g. how well did I do? What would I change? What do I need to practice?)

6. Discuss what key information healthcare professionals should consider when involved in research.

Not all research evidence is of sufficient quality to confidently use for informing your clinical decisions. Therefore, evidence needs to be critically appraised as part of deciding whether to use it. The 3 main aspects of evidence that must be critically appraised is

- Validity – can we trust the evidence?
- Impact – are results clinically important?
- Applicability – can we apply it to our patient?

Topic 2: How much evidence do we need? – background information and study types

1. Describe the types of clinical information needs of that can be answered using research.

Information	Examples
Aetiology/frequency	Is this risk factor associated with that disease? How many people with those symptoms have this disease?
Prognosis	What happens to this illness without treatment?
Diagnosis	If I elicit this sign among people with these symptoms, how many people will have that disease? If this test is negative, how can sure can I be that the patient does not have the disease?
Treatment/Intervention	How much improvement can I expect from this intervention? How much harm is likely from the intervention? Is this intervention more effective than that intervention?
Patient experiences and concerns	What is the experience of patients concerning their condition or intervention? What is happening here and why is it happening?

2. Differentiate between 'just-in-case' and 'just-in-time' information.

Just in case: 'Push' information means information is sent out or broadcasted. It is the traditional means of disseminating information and how journals work. Made when it is generated or when it thought someone ought to hear about it. E.g. junk mail, emailed journals

Just in time: Information that is looked for. Information is looked for in relation to specific question arising from their clinical work and so this gives it certain characteristics. Create a question and filter results to find what you need. E.g. looking for a product on eBay.