Evidence Based Practice and identifying a clinical problem

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Key Learnings

• To challenge your own approach to (how you) practice

• To gain an understanding of (your) barriers and enablers to EBP

• To learn an approach to follow to determine a clinical problem in your workarea

Evidence based practice in Dietetics

• Emerged from EBM
• Vital in effective health care
• No universal adoption in Allied Health (1-3)

"the integration of the best research evidence with clinical expertise and patient values"
(Sackett, et al. 2000)
How do I know what I do is effective?

Why might we not deliver evidence based care? [5-10]

- Practice and decision making often based on experience and familiar actions rather than research evidence
- For the most part, practice is ‘ritualistic’ compared with evidence-based, even in areas where there is clear evidence
- Many believe research is important to apply to practice and that it has the potential to improve the quality of care to patients but also reported using/applying research findings to practice <50% of the time
- The longer someone had been working, they were less likely to use research in clinical practice and they had worse attitudes to research

Barriers and enablers – self assessment activity
**Barriers to EBP**

**Individual:**
- self-belief
- personal motivation
- lack of awareness of EBP ‘elements’
- lack of EBP training; research skills and knowledge (doing and interpreting)
- lack of (availability of) quality research; lack of access to resources/library

**Organisational**
- “lack of ring-fenced time” for research activities
- Culture

‘Overlapping’
- lack of funding
- belief/perception of support from management – to devote time to EBP activities
- lack of admin support (for grant writing, data analysis etc)
- lack of support in career structure [time spent in ‘research’ isn’t ‘favoured’/rewarded in clinical workloads/progression]
- lack of support for implementation of research findings/lack of authority to change practice

**Enablers to EBP**

- Allocate more time to read, apply and ‘do’ EBP
- Increase the access to research findings in the workplace:
  - purposefully read research reports
  - research journal clubs (to analyse and critique relevant to area(s))
  - increase the access to libraries/library resources
  - access to adequate training using information sources
  - increased knowledge on research method
- Supportive organisation: culture needs to be integrated into service and practice development and within routine clinical activities

[Ref 16]
Introduction

The primary aim of this project was to examine the changes over time (2010, 2011, 2014) in the levels of:

- EBP self-efficacy (EBPSE),
- EBP outcome expectancy (EBPOE),
- EBP use (EBPU)

amongst MHS AH staff.

How often in the last 6 mo…

- Practiced evidenced-based practice
- Identified a clinical problem
- Generated a clinical question
- Tracked down the best evidence
- Critically appraised the quality of the evidence
- Applied the evidence into your own practice and clinical decision-making
- Measured the outcomes of your evidenced-based practice
- Shared evidence with colleagues

Allied Health scores and standard deviations for each item on the EBPU tool:

1. Practiced evidence-based healthcare in relation to an individual patient's care?
2. Identified a clinical problem needing evidence to guide nursing care in relation to an individual patient's care?
3. Generated a clinical question from a problem requiring evidence in relation to an individual patient's care?
4. Tracked down the best evidence with which to answer that question in relation to an individual patient's care?
5. Critically appraised the quality of the evidence in relation to an individual patient's care?
6. Applied the evidence into your own practice and clinical decision-making in relation to an individual patient's care?
7. Measured the outcomes of your evidence-based practice in relation to an individual patient's care?
8. Shared evidence with colleagues in relation to an individual patient's care?
Overall Allied Health scores for each item on the EBP-Use tool across surveys.

Identifying a clinical problem

Health care improvements

- New knowledge, guideline
  - Is this knowledge applied in practice?
    - Yes
      - Prevent relapse, monitor use
    - No
      - Implementation interventions, evaluation

- Perceived problem in healthcare
  - Is there "evidence" on best practice?
    - Yes
      - Experimentation/ evaluation
    - No
Dietetics – 2015 Department Development

• What does your service look like? (data collection/mapping)
• What should you be doing? (best practice investigations)
• What are the gaps and how have you prioritised?
• What are your plans? (TRIP actions ie “MTR project”)

→ Service profiles (clinical, process and evaluation)

What does your service look like? (data collection/mapping)

What should you be doing? (best practice investigations)

What are the gaps and how have you prioritised?

What are your plans? (TRIP actions ie “MTR project”)

→ Service profiles (clinical, process and evaluation)
What are the gaps and how have you prioritised?

- Gaps in the literature
- Gaps in service, as per....

What are your plans? (TRIP actions)

- To be informed by BPIs, prioritisation discussions and underpinned by evidence based TRIP frameworks
- Ensure that effective (monitoring; evaluation –ADIME)

Questions in translation of evidence and quality improvement research

How can we ensure that patients receive the best available prevention, diagnosis and treatment of their health problems?

Is good quality care provided?
What are the problems?
How do we improve care for patients?
What are the conditions for sustainable improvement?

What IS the problem?

- We need more doctors
- We don’t have enough doctors
- Waiting lists are too long

Patient outcomes are adversely affected by long waiting time

RULE #2: don’t make assumptions