

A training process: implication of contest of evidence-based practice application in clinical settings

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Background

Evidence based practice (EBP) is an important milestone in clinical practice. EBP is regarded as a problem-solving approach to the delivery of care. EBP involves a combination of research findings, the clinician's expertise and the patients' preferences within a caring context [1, 2]. However, barriers exist when promoting EBP in clinical settings and approaches of applying five steps in clinical practice were varied among different hospitals.

Objective

To examine strengths and limitations of EBP via the latest contest of evidence-based practice.

Methods

- A total of 16 groups participated in the latest EBP contest held in August 2011 in Taiwan.
- After submission of an EBP report and an oral presentation of EBP steps, comments to each group were obtained, which were from a total of five health care professionals, including two physicians, a nurse, a pharmacologist, and an epidemiologist.
- All comments to the 16 groups from the five experts were reviewed systematically and content analysis was used to examine overall strengths and limitations of EBP.

Results

- Mean scores of different EBP steps varied and ranging from 2.7 to 3.36.
- The highest mean score fell in the step of evidence search (mean=3.3, range: 1-5), while the lowest mean score fell in the steps of application and audit (means<3).
- Clinical questions were sometimes misclassified and resulted in misjudged the appropriate level of evidence of research finding.
- Consideration of directness of research findings and clinical context was sometimes ignored.

Conclusion

- Application of EBP in different clinical settings requires continuing in-job training of the five steps to improve consistency and quality of the practice, in particular on the EBP steps of application and audit.
- Clear definition of intervention in the EBP process is required for it to be generalisable and applicable to similar contexts.
- When applying research findings to different clinical contexts, the use of scientific evidence to evaluate cost effectiveness is warranted.
- The ways of knowledge translation may need to be viewed as a specific part of EBP education and training.