EBP Integration: At the Heart of Nursing Practice

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Disclosure Statement

I do not have any financial interest or other relationship with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Vision

“It was the vision of transforming health care with EBP, in any setting, with one client-clinician encounter at a time and the belief that this can be the daily experience of both patients and clinicians....”

Evidence-Based Practice Evolution

In 1992, the EBP Workgroup stated: "A new paradigm for medical practice ... stressed examination of evidence from clinical research." In 1996, Sackett et al. argued: "... it's about integrating individual clinical expertise and the best external evidence." Mulhall (2005) added: "... requires the integration of the research evidence with our clinical expertise and our patient's unique values and circumstances." Straus et al. (2008) elaborated: "EBP considers internal and external influences on practice and encourages critical thinking in the judicious application of such evidence to the care of individual patients, a patient population, or a system." Dearholt & Dang (2012) concluded: "... process of shared decision-making between the practitioner, patient and others significant to them based on research evidence, the patient’s experiences and preferences, clinical expertise and other available robust sources of information."
EBP as a Framework for Practice

**EBP Process**: a systematic, rigorous methodology used to identify best available evidence and translate said evidence into interventions.

- **ASK**
- **AQUIRE**
- **APPRAISE**
- **APPLY**
- **ASSESS**

**Evidence Focus**

- Practice Context
- Recommendation

**Implementation of evidence-based intervention**

Making a Practice Recommendation

- **Evidence Strength**: Is the strength of evidence good enough to use the results?
- **Practice Context**: Are the findings applicable in my setting?
- **Patient Centered**: What do the results mean for my patients?
Evidence-Based Interventions and the Principle of One-Size...

EBP as a Framework for Practice

Patient Preferences

- “Relative value that patient place on varying health states”
  DiCenso, Guyatt & Ciliska (2005)

- Patient Values...“unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient”
  Straus, Richardson, Glasziou & Haynes (2005)

- “Values the patient holds, concerns the patient has regarding the clinical decision, treatment, situation, and choices the patient has/prefers regarding the clinical decision, treatment, situation”
  Melnyk & Fineout-Overholt (2011)
Common Themes

- Patient preferences are unique
- Patient preferences are predicated on values
- Concerns & choices extend to healthcare states, treatments, and outcomes.

Preferences are dynamic and complex; may change over time

**Triggering Attributes**
- Values
- Culture
- Resources
- Abilities
- Knowledge of options
- Social Networks
- Others ...

**Influenced By**
- Past experiences
- Present context
- Consideration of the future

Preference-Sensitive Conditions

- Treatment option evident / evidence clear
- More than one choice / evidence unclear
EBP ... “the process of shared decision making ...”

Passive Paternalistic Decision Making

Shared Decision Making

Active Independent Decision Making

Shared Decision-Making

Initial Preferences

DELIBERATION

Informed Preferences

Choice Talk

Option Talk

Decision Talk

Decision Support
Brief as well as extensive

Model Tenets:
1. Process of Deliberation
2. Not prescriptive ... by necessity fluid, iterative and recursive
3. Relationship-based
4. Informed preferences
5. Ethical Principles = Self-determination & Relational Autonomy

Elwyn, G., et al. (2012)

Patient Preferences for SDM: What is the Evidence?

Quantitative Studies

• Demographic Variables
  • Age
  • Gender
  • Class, Occupation, Income
  • Ethnicity
• Experience of Illness and Medical Care
• Health Status
• Type of Decision
• Information Preference

Clark, et al. 2009; Say, Murtagh, & Thomson, 2006
Patient Preferences for SDM: What is the Evidence?

Qualitative Studies
- Type of decision
- Ability to understand medical information & assess risk
- Different roles in different stages of illness
- Fear of making the “wrong” decision – “right” or “wrong” outcomes
- Attitudes toward illness
- Clinicians’ decision-making style

Clark, et al. 2009; Say, Murtagh, & Thomson, 2006

Patient Preferences for SDM: What is the Evidence?

Highly variable and Complex
- Involvement is a process
- Develop over time
- Change at different stages in illness
- Type of decision / Amount of knowledge
- Attitude toward decision-making & role perceptions
- Relationship with provider

Clark, et al. 2009; Say, Murtagh, & Thomson, 2006

EBP as a Framework for Practice

Best Available Evidence
Patient Preferences
Clinical Expertise
How we communicate with patients makes a difference.

“How nothing about me without me...”

Making Evidence Meaningful for Patients

1. Understand the patient’s (and family members) experience and expectations
2. Build partnerships / relationship
3. Provide the evidence – include a balanced discussion of uncertainties
4. Present recommendations and options
5. Check for understanding and agreement

Epstein, Alper, & Quill (2004)
Helpful Communication Skills

- Use nontechnical language
- Tailor amount and pace information to patient needs & preferences
- Draw diagrams
- Consider patient values while weighing options
- Explain probability and risk for each option
- Encourage patient involvement

Epstein, Alper, & Quill (2004)

Helpful Communication Skills

- Evaluate information patient brings (e.g. internet information)
- Create environment where patients feel comfortable asking questions
- Give patients time to process information
- Declare equipoise when present
- Check patient understanding
- Negotiate

Epstein, Alper, & Quill (2004)

Decision Aid Tools

http://shareddecisions.mayoclinic.org/
“It is not possible to practice patient-centered medicine that is not based on evidence, nor is it possible to practice evidence-based medicine at a distance from the patient.” — Sacristan, 2013

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Moving Forward...

Best Available Evidence

Integration

Intentional Commitment and Knowledge

Patient Preferences

Clinical Expertise

References


References


