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What is Evidence Based Practice and when is it an Oxymoron?

Hugh McKenna
Halifax 7 Symposium
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INSIGHT FROM THE TALMUD

“...the child in the womb of his mother looks from one end of the world to the other and knows all the teaching, but the instant he comes in contact with the air of earth, an angel strikes him on the mouth and he forgets everything”

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QUESTIONS TO BE ANSWERED

1. What stimulated the Evidence Based Practice movement?
2. Why should we want it and what is, and is not, evidence?
3. What are certainty and agreement in the use of evidence?
4. What legitimate reasons are there for ignoring the best Evidence?

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Archie Cochrane



"I would gladly have sacrificed my freedom for a little knowledge. I had never heard then of 'Randomised Controlled Trials', but I knew there was no real evidence that anything we had to offer had any effect ... and I was afraid that I shortened the lives of some of my friends by unnecessary intervention."

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Evidence Based Practice FOR DUMMIES

All you need to ensure Patient safety

A Reference for the Rest of Us!


By Ivan Idea



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IS THIS EVIDENCE-BASED PRACTICE?



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

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EVIDENCE BASED PRACTICE

A shift in the culture of health care provision away from basing decisions on opinion, past practice and precedent toward making more use of research and evidence to guide clinical decision making.

(Appleby et al, 1996)

“An approach to health care that promotes the collection, interpretation and integration of valid, important and applicable patient-reported, clinician-observed and research-derived evidence” (p. A10).

(McKibbin, 1994)

EVIDENCE HIERARCHY

Level I Meta analysis of a series of randomised controlled trials

Level II At least one well designed randomised controlled trial

Level III At least one controlled study without randomisation

Level IV Well-designed non-experimental studies

Level V Case reports, clinical examples, opinion of experts.

EVIDENCE HIERARCHY REVISITED

Level I Opinions and Views of Experts

Level II Patient Preferences & Narrative Accounts

Level III Professionals' Experiences

Level IV Results of Qualitative Studies and CQI/Audit

Level V Results of Quantitative Studies .

ARCHIE ON THE ROAD TO DAMASCUS?

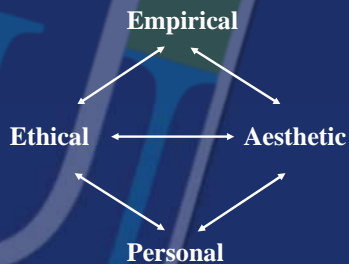
"... The Germans dumped a young Soviet prisoner in my ward late one night. The ward was full, so I put him in my room as he was moribund and screaming and I did not want to wake the ward ... He had obvious gross bilateral cavitation and a severe pleural rub. I thought the latter was the cause of the pain and the screaming. I had no morphia, just aspirin, which had no effect ... I felt desperate ... I finally instinctively sat down on the bed and took him in my arms, and the screaming stopped almost at once. He died peacefully in my arms a few hours later. It was not the pleurisy that caused the screaming but loneliness. It was a wonderful education about the care of the dying. I was ashamed of my misdiagnosis and kept the story secret."

Archie Cochrane, (1989). *One Man's Medicine*. London: BMJ

AGREEMENT AND CERTAINTY

	Far from Certainty	Close To Certainty
Close to Agreement	1	2
Far from Agreement	3	4

TYPES OF EVIDENCE

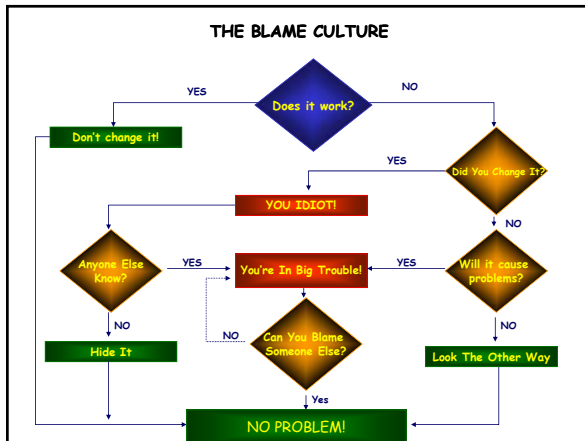


Blame as a barrier to Using Evidence

- Practitioners
- Managers
- Educators
- Researchers

McKenna, HP., Ashton, S. Keeney, SR. (2004) Evidence based practice in primary care: A review of the literature *International Journal of Nursing Studies* 41 (4) 369-378

McKenna, H.P. Ashton, S. Keeney, SR (2004). Barriers to evidence based practice. *Journal of Advanced Nursing*. 45(2), 178-189.



FUTURE SHOCK!

"The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn"

Alvin Toffler (1970). *Future shock*. New York, Random House Publications
