**EVIDENCE BASED PRACTICES**

Introducing the incorporation of evidence-based best clinical practices into care delivery practices.

EBP is the process of making clinical decisions based on evidence, clinical experience, and the expectations of the patient.

Evidence-based nursing practice is the process of identifying, evaluating, and employing the best evidence from nursing and medical literature to enhance the quality of clinical nursing practice.

A problem-solving approach to clinical decision making that includes a search for the best and most recent evidence, clinical expertise and assessment, and patient preference value in a caring context.

Conceptual Foundation of Evidence-Based Practice

**1. Best Scientific Evidence**

* Randomized Clinical Studies
* Laboratory Investigations
* Clinical Studies
* Epidemiological Studies
* Results Research
* Qualitative Studies
* Expertise in the profession and deductive reasoning

**2. Clinical Knowledge**

* Experience-based knowledge acquired over time
* Inductive thinking

**3.Patient Worth**

* Individual preferences
* Alarmed by
* The anticipations
* Financial capital
* Social assistance

**GOALS OF EBP:**

* To promote nursing care that is of the highest quality and most cost-effective possible.
* To shift the emphasis of nursing practice from customs and traditions to evidence and research.
* To do the right thing at the right time for the right person, ensure the client receives quality attention.
* To contribute to the nursing science.
* It maintains practices contemporary and pertinent.
* It increases decision-making conviction.
* To improve the caliber of nursing care provided.

**EBP Objectives and Purposes:**

* Evidence-based practice aims to replace conventional practice with one governed by rigorous outcome-focused research, preferably randomized controlled trials.
* In addition, it endeavors to make practice less subjective and to increase its level of accountability.
* It relates to efforts to identify the finest practices in nursing and other fields.

**ELEMENTS OF EBP:**

Problem-based and within the practitioner's scope of experience.

By combining research knowledge and theory, it combines the finest available evidence with current practice. Therefore, it reduces the research practice divide.

It facilitates the application of research to practice by incorporating findings from both primary and secondary research.

Cost-effective EBP projects and outcomes EBP de-emphasizes ritual, isolated and unsystematic clinical experiences, as well as opinions and tradition as a basis for practice. It emphasizes the application of nursing rather than the practice of nursing.

**DEMAND FOR EBP:**

* For ensuring that each consumer receives the highest quality services.
* Refreshing one's knowledge is essential for lifelong learning.
* Provide clinical discretion.
* Improve medical care and save lives.
* Documentation and auditing are required.
* Care for patients based on their outcomes.
* Care standardization and accreditations.

**STEPS IN EVALUATION-BASED PRACTICE:**

**SOURCES OF DOCUMENTATION:**

Priority has been given to research evidence over other sources of evidence in the delivery of evidence-based health care.

**It comprises:**

**Specified Resources:**

Clinical experts and subject specialists pose a query and then synthesize evidence in order to reach a conclusion based on the available research. These sources are useful because the literature has been searched and the results evaluated in order to provide a response to a clinical query.

**Uncensored materials (Primary Literature)-**

It provides the most recent information, for example. MEDLINE, CINHAL, etc. provide access to primary and secondary medical literature.

**Clinical Knowledge:**

The second aspect of evidence-based, person-centered treatment is acquired knowledge through professional practice and life experiences.

**Expertise gleaned from local context:**

* Auditing and performance records,
* Patient narratives and accounts.
* Understanding of the ethos of the organization and its members.
* Professional and social networks.
* Information gathered from feedback.
* Local and national government policy.

**Structure of Evidence**

The TRIP Database searches these concurrently.

Unfiltered Knowledge

Information That Has Been Filtered

Quality of the Evidence

**TYPES OF EBP:**

Star model for the Academic Centre for evidence-based practice.

Through intimate collaboration, advance research and clinical practice (ARCC).

* Iowa Pattern.
* Model Johns Hopkins.
* Stelter design.
* Model of Ross worm larrabee.
* Censo Model, D.

**STELTER METHOD:**

1994 saw the development of this practitioner-oriented model.

It was revised in 2001, but the emphasis on critical thinking remained unchanged.

It increased awareness of the significance of employing nursing research findings in practice.

**MANAGEMENT OF EVIDENCE ACCORDING TO THE STELTER MODEL:**

Evidence is defined as information or facts that are systematically obtained. Evidence is derived from two sources.

* **External Information**
* **Internal Information**

1. **External Information**

* Concepts derived from opinions
* Consists of the experts' personal experiences.

1. **Internal Information**

It results from methodically gathering facts or information on the ground.

STELTER METHOD

**Iowa Design**

* Since 1994, interventional implantation has been successful.
* The incorporation of practice to enhance the quality of transmission.
* The principle of planned change integrated research and practice.
* Employs a multidisciplinary team strategy.

**Featured aspects of the Models:**

* It includes the application of investigation and other forms of evidence.
* Interference with the use of research may involve all organizational levels.
* Quality assurance is linked to evidence-based practice.
* Staff members are recognized for their research efforts.
* Clinicians are provided with time and resources to conduct research.
* This model describes how organizations modify their practices in response to new research.
* It provides a systematic layout.
* It contains practitioner and organizational perspectives.
* It provides recommendations for implementing evidence-based practice.

**Iowa Model Obstacles to Utilizing Nursing Research**

**MODEL ROSS WORM AND LARABEE**

Created in 1999 by Rossworm and Larabee. It draws from theoretical and empirical literature.

It begins with a need assessment and the incorporation of a protocol supported by evidence.

Focuses on the application of change theory, research principles, and nursing nomenclature standardizations.

**ROSSWORM AND LARABEE MODEL STAGES**

**Impediments IN EBP:**

* Lack of practical relevance for research.
* Change is difficult to effect.
* Administrative support is lacking.
* Lack of expertise mentors.
* Insufficient time for investigation.
* Research reports are difficult to obtain.
* The difficulty of research reports.
* Lack of understanding of EBP.

**ADVANTAGES OF EBP**

* Provide the practitioner with enhanced information.
* Allow for consistency in maintenance.
* Care that is more client-focused.
* Structured method.
* Increases decision-making assurance.
* Provide general information.
* Contribute to nursing science.
* Provide a reference for future studies.
* Assists nurses in providing superior patient care.

**CONSEQUENCES OF EBP:**

* Insufficient substantiation for EBP.
* The process is time-consuming.
* Reduced customer selection.
* Reduced professional autonomy and judgment.
* Suppress originality.
* Influence the legal process.
* Journalistic bias.

**ABSTRACT OF EXAMINATION**

Translating research into practice: a case study of a community-based intervention for dementia caregivers.

Randomized clinical trials have demonstrated the efficacy of providing caregivers with psychosocial interventions to alleviate their burden. This case study describes the results of implementing an evidence-based intervention in a Minnesota multisite program. Consistent with the original randomized clinical trial of the intervention, evaluations of this program revealed a reduction in caregiver depression and distress. Challenges in the community setting included obtaining comprehensive outcome data and ensuring that caregivers completed all six counseling sessions. Web-based training for providers may be a cost-effective method to realize the maximum benefits of the intervention for vulnerable adults with dementia and their families, given the challenges encountered in the community setting.

**The conclusion is:**

Nursing care based on evidence is a lifelong approach to clinical decision-making and practice excellence. Evidence-based nursing care is based on research findings, clinical expertise, and patient values, and its application can enhance patient outcomes. Use of research evidence in clinical practice is an expected standard of practice for nurses and health care organizations, but numerous barriers create a gap between new knowledge and its implementation to improve patient care. Using the levels of evidence, nurses can determine the strength of research studies, assess the findings, and evaluate the evidence for potential implementation into best practice.