

# Critical care: does profusion of evidence lead to confusion in practice?

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## Evidence Based Practice FOR DUMMIES®

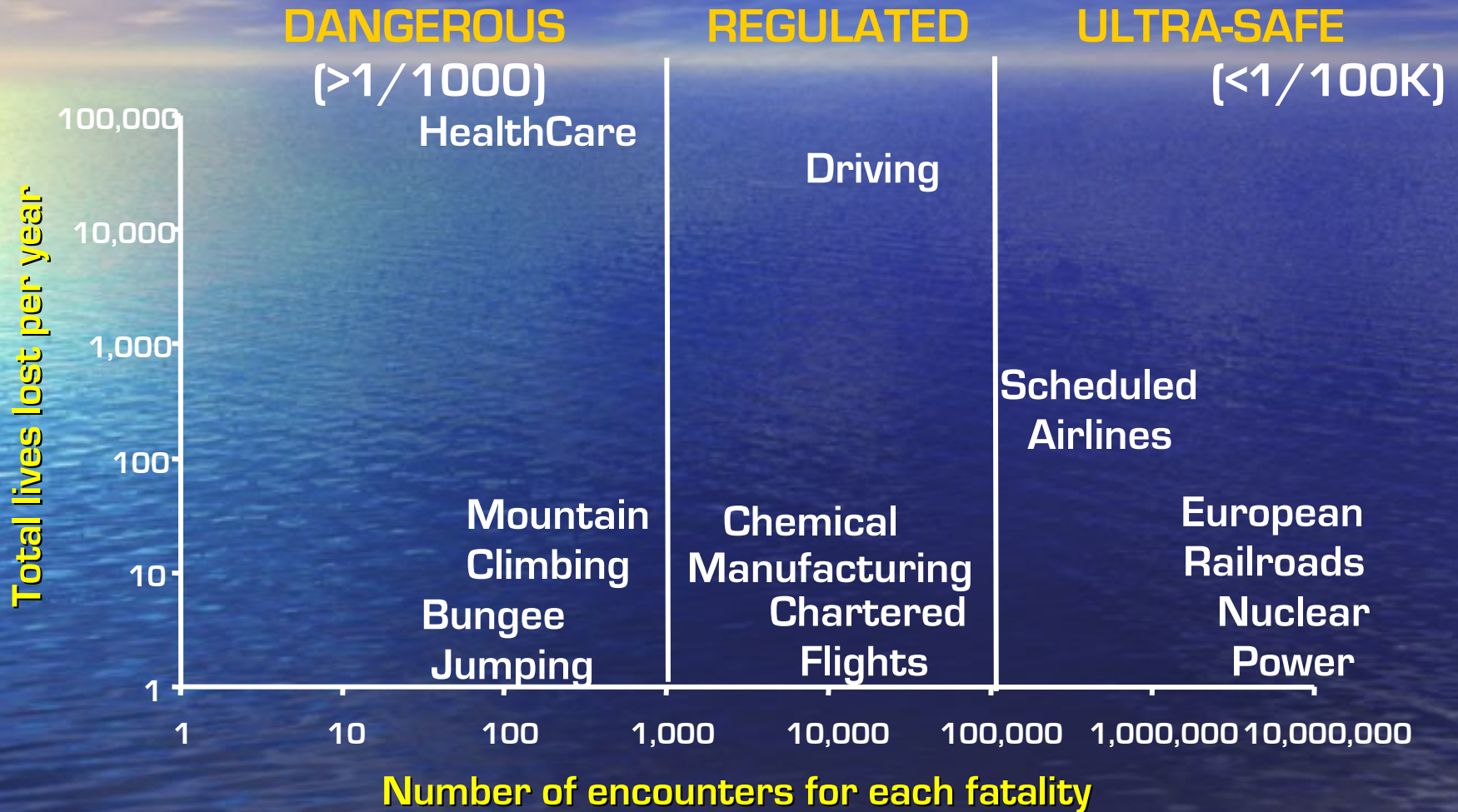
All you need to know  
to be safe  
critical care nurses

**A Reference  
for the  
Rest of Us!**

By  
E.T. Tube  
&  
I.C. Yoo

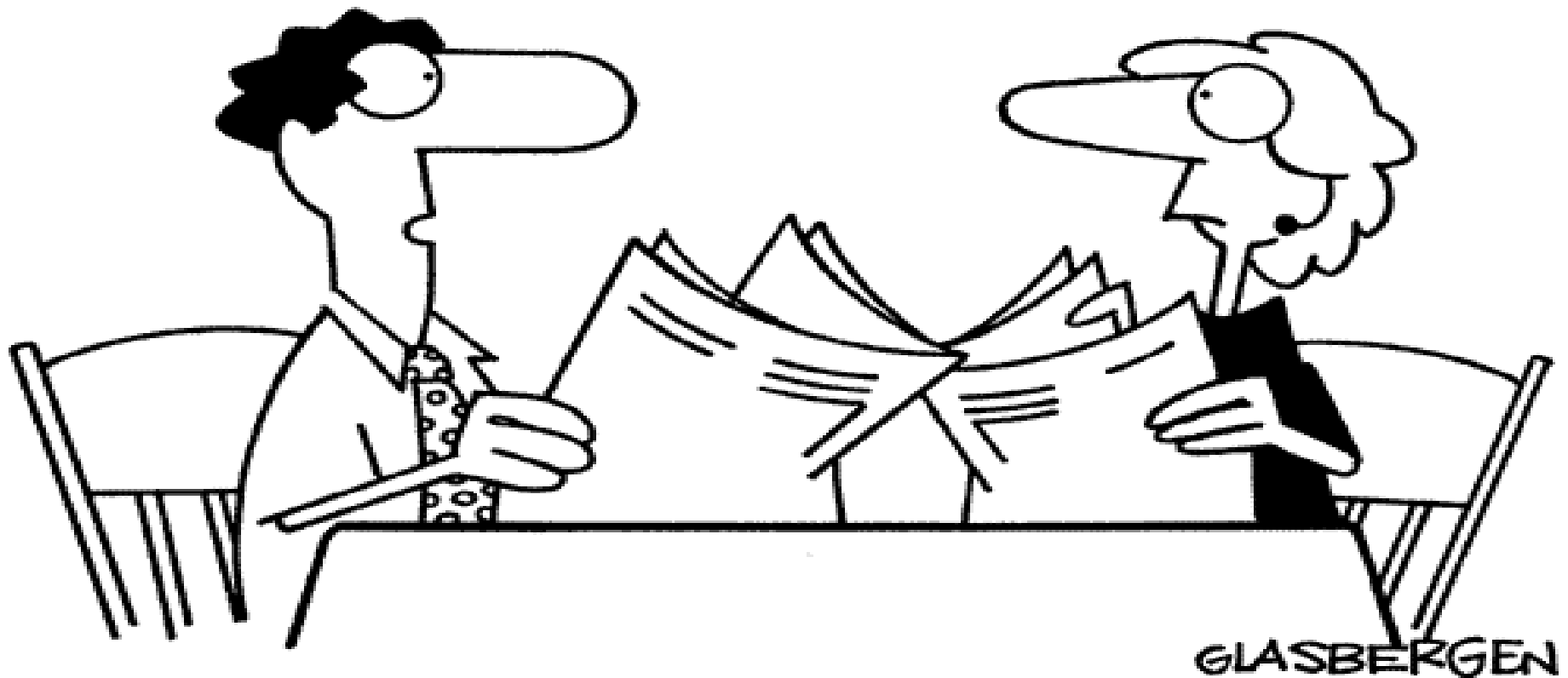
A cartoon character with spiky black hair, large white eyes with black pupils, and a simple black outline. He is wearing a black shirt and holding a blue and white CD in his right hand. The character is positioned in the bottom right corner of the book cover.

# How Hazardous Is Health Care?



# Research Must Make a Difference

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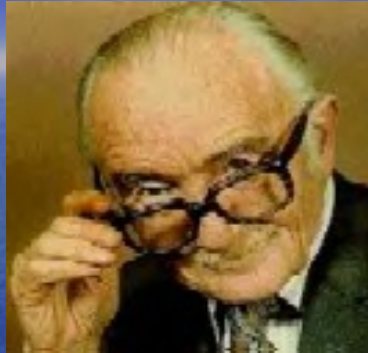


**“Scientists have isolated the gene that makes scientists want to isolate genes.”**

# QUESTIONS TO BE ANSWERED

- What stimulated the Evidence Based Practice movement?
- Why should we want EBP and what is and is not evidence?
- What are certainty and agreement in Evidence Based Practice?
- What legitimate and illegitimate reasons are there for ignoring the best Evidence?

# 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.”*

# 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."*

# 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)

*A process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences in the context of available resources.*

(DiCenso et al 1998 )

# 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**

# Uncertainty Causes Confusion and Anxiety



# AGREEMENT AND CERTAINTY

	Effectiveness far from Certainty	Effectiveness close to Certainty
Close to Agreement	1	2
Far from Agreement	3	4

# Visiting: Research Based or Ritual?

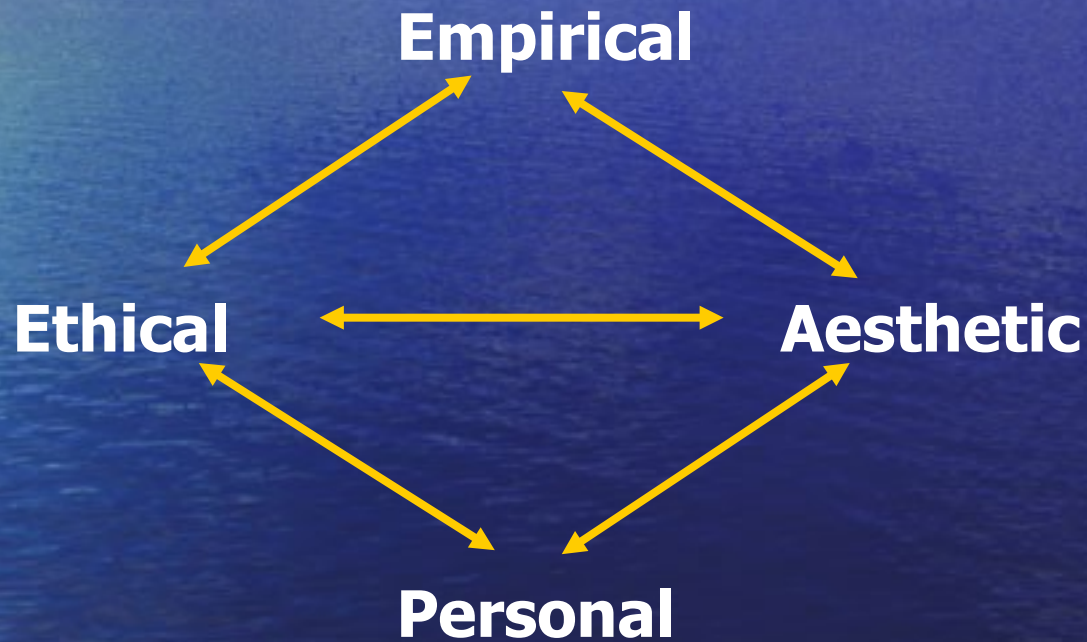
*"Visiting restrictions of any type in intensive care units are relics, which will be proven to be unnecessary, and potentially even harmful to the trajectory of healing, communication, and patient safety. I believe that it is rational, humane, and even, to a responsible extent, "evidence based" to do away with visiting restrictions in critical care units entirely".*

(Don Berwick)

# AGREEMENT AND CERTAINTY

	Effectiveness far from Certainty	Effectiveness close to Certainty
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# TYPES OF EVIDENCE



(Based on Carper, 1978)

# Barriers to Using Evidence

**Practising Nurses**  
**Nurse Managers**  
**Nurse Researchers**

- McKenna, H.P. (2009). Evidence-Based Practice in Mental Health. Barker, P.J. (Ed) Psychiatric and mental health nursing: the craft of caring. 2nd Edition. London, Hodder Arnold. Pp30-37
- 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.

# DISENGAGED MANAGER?

The manager said:

*"he was all for new ideas but they had to be good ones. Anyone is free to innovate at any time; all they have to do is inform me of what they intend to do and if it is good then they will have my support. Keep in mind that I am sick to death of ... nurses who think they have wonderful ideas that will change the world."*

(Nolan, 1989)

# ACTING OUT THE BLAME CULTURE



# **Profusion of Evidence, Confusion in Practice**

And so it happened that the land became flooded with bricks. It became necessary to organise more and more storage places, called journals... in all of this the brick makers retained their pride and skill and the bricks were of the very best quality. But production was ahead of demand and...it became difficult for builders to find the proper bricks for a task because one had to hunt among so many.... It became difficult to complete a useful edifice because, as soon as the foundations were discernible, they were buried under an avalanche of random bricks. And, saddest of all, sometimes no effort Was made to maintain the distinction between a pile of bricks and a true edifice.

(Raulin 1963).