Are we modelling an evidence based, critical approach within nurse education and practice?

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learning outcomes, we will:

• Consider the extent to which we role model an evidence-based, critical approach within nurse education and practice.

• Discuss how practice and teaching can be further enhanced with explicit modelling of critical thinking, reflection and appraisal of evidence.

• Identify the benefits of this approach to learners, professionals and teachers in a fast changing, resource limited, professional and academic culture.
Do you...

Believe what I say?

Do as I do?

Believe what you read?

without question!
Evidence based practice:

“...involves complex and conscientious decision-making which is based not only on the available evidence but also on patient characteristics, situations, and preferences. It recognizes that care is individualized and ever changing and involves uncertainties and probabilities”

(Wikipedia 2011)

“...is practice that is supported by a clear, up-to-date rationale, taking into account the patient/client’s preferences and using your own judgement”

Aveyard & Sharp (2009:4)
Evidence based practice:

“is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients/clients” (Sackett et al. 1996:71–72)

“…requires that decisions about health and social care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources” (Dawes et al 2005:7)
What do we know about these sources and their value?
How might I present these 4 definitions:

One is from **Wikipedia** – don’t know who wrote it or when.

**Sackett** is considered the founder of EBP in the western world but we could argue this is not that accessible and it is older and perhaps medically focussed, the next is from us two – in an attempt to simplify a complex concept.

**Dawes et al** (2005) pulled together a detailed and thorough consensus statement Eighteen professions allied to health from 18 countries were represented.
Using sources of information or evidence

We argue that you should never just put a reference such as “Smith 2010 says…”

“Smith (2010) a medical student, in an opinion article in the BMJ says…”

“Smith (2010) reporting on a high quality Cochrane systematic review of RCTs concludes that …”

“Smith (2010) in a qualitative study in American Care homes states that…”
If I asked you how you learnt your profession what might you respond?

- Role models (Donaldson & Carter 2005)
- Believing mentors/lecturers
- Skills practice in the workplace/classrooms
- Policy/guidelines/reading research
- Experience (Thompson 2003)

Theories of learning available:
http://www.brookes.ac.uk/services/ocsld/resources/theories.html
Role modelling

There is much written about role models, most cite Bandura (1997) as describing how we emulate the standards demonstrated by those we admire (social learning theory).

Good role models can have a tremendous influence on students competence and confidence.

And so can bad…
3 studies:

Perry (2008) carried out a phenomenological study in Canada and outlines the approaches used by nurses that made them excellent role models (attending to the little things, make connections, purposefully model and affirm each other).

Donaldson & Carter (2005) in a small, Scottish grounded theory study. They say that for role modelling to work students need good supervised practice and feedback.

Gerrish et al (2011) carried out a large, multi approach study on Advance Practice Nurses - evidence brokering: synthesising, collecting, interpreting, evaluating, sharing, summarising) as an approach to promoting EBP. Also role modelling, teaching, problems solving and facilitating change
Given the value that students and professionals alike place on what they learn from others, unless we all have a critical approach to what we read, see and hear…

poor and outdated practice will be modelled and so can flourish!

Aveyard et al (2011)
Teaching aseptic non touch technique for surgical wounds.. *What advise would be given by practitioner or teacher*

- Don’t use cotton wool balls or gauze to clean a wound
- Don’t touch sterile areas – keep your sterile field clean
- Warm the saline first
- Use tap water or saline
- Use the clean hand dirty hand technique
- Wipe from clean to dirty areas
- Wash your hands at the start and at the end
- Use alcohol gel in between (but when?)
- Select the correct type of dressing

What are our sources of evidence for this and how strong are they?
Is there a cultural shift? (again!)

The NMC (2010) in their *Essential skills clusters* have identified that in order to offer holistic care and a range of treatment options, a newly registered nurse should:

- Question.
- Critically appraise evidence.
- Take into account ethical considerations.
- Take into account the individual preferences of the person receiving care.
- Use evidence to support arguments.
There is a clear professional responsibility to support students and to act as a role model for evidence based practice.

“You must facilitate students and others to develop their competence” (p5)

“You must be willing to share your skills and experience for the benefit of your colleagues” (p5)

“you must deliver care based on the best available evidence or best practice” (p7)

“You must take part in appropriate learning and practice activities that maintain and develop your competence and performance” (p7)
New *Standards for pre registration nurse education* (2010) (Midwives are still on 2009 standards)

“All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly”.

http://www.nmc-uk.org/Publications/Standards/
Critical thinking: this is where you adopt a **questioning** approach and thoughtful attitude to what you read, see or hear, rather than accepting things at face value. It relates to both academic work and professional practice.

Critical analysis: this is where you **break down** or explore in depth all the information available relating to an issue or question. This may involve exploring what is happening and the reasons why. You may need to consider and access alternative perspectives including theory.

Critical appraisal: this is where you **consider** the strengths and limitations of each piece of evidence you use.

Aveyard et al (2011)
<table>
<thead>
<tr>
<th>Aveyard et al (2011) Six questions for critical thinking</th>
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| **Where** did you find the information?  
Did you just ‘come across’ it? Or did you access it through a systematic search? |
| **What** is it and **what** are the key messages or results/findings?  
Is it a research study, professional opinion, discussion, website or other? |
| **How** has the author/speaker come to their conclusions?  
Is their line of reasoning logical and understandable?  
If it is research or a review of research, how was it carried out, was it done well, and do the conclusions reflect the findings? |
| **Who** has written/said this?  
Is the author/speaker an organisation or individual? Are they an expert in the topic? Could they have any bias? How do you know? |
| **When** was this written/said?  
Older key information may still be valid, but you need to check if there had been more recent work. |
| **Why** has this been written/said?  
Who is the information aimed at - professionals or patient/client groups?  
What is the aim of the information? |
Core critical thinking skills:

- Interpretation
- Analysis
- Inference
- Evaluation
- Explanation
- Self-regulation

Facione et al (1990 cited in Facione 2011)
How can we best model critical thinking within clinical and professional practice and classroom or facilitative teaching

- Demonstrate core critical thinking skills in our daily practice
- Be explicit about our decision making and uncertainty
- State, question and critique our sources of information
- **Use 6 questions for critical thinking or questions for critical thinking in practice** (Aveyard et al 2011 in press)
- Consider the cognitive continuum for practice decisions
  Consider decision making theory (see Standing 2008)
- Reflect openly on our own practice
- Encourage critical reflection of practice by our students/colleagues
• Teach evidence based practice on foot (Richardson and Dowding (2005)
• Ask rather than tell – encourage critical thinking
• Explore alternative perspectives and inconsistencies
• Distinguish between fact, theory or opinion
• Present arguments and counter arguments
• Identify and critique our sources as we go along
• Critically reflect on our own realities of practice, stories etc.
• Use facilitators of evidence based practice who play an important role (Dogherty et al (2010))
What are the benefits of these approaches

• Theory and practice might be linked more
• We would be practicing what we preach!
• Students would **recognise** what we expect them to demonstrate in both practice and in academic work
• Skills of critical thinking would be practiced and developed
• Others become socialised into thinking critically and see the benefits of it.
• The evidence for practice would be more explicit helping us to become more accountable
• Improved patient outcomes may be achieved (THE WHOLE POINT)
Use EBP journals or useful EBP/critical thinking sites such as:

http://www.evidence.nhs.uk/
http://www.cochrane.org/cochrane-reviews
http://www.nice.org.uk/
http://www.ebnp.co.uk/index.htm
http://www.york.ac.uk/inst/crd/
http://www.intute.ac.uk/criticalthinking.html
http://www.youtube.com/watch?v=6OLPL5p0fMg
• Education is not the filling of a bucket it is the lighting of a fire
  (William Butler Yeats (Poet, 1865-1939))
References:


Gabbay J & Le May A (2011) Practice based evidence for healthcare, Abingdon, Routeledge


