Good example of essay on utilizing the steps of evidence-based practice: the iowa...

Law, Evidence



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The term evidence-based practice started to come around some time at the start of the 21st century, when a group of researchers at McMaster University of Ontario, Canada used the term to indicate practicing medicine through the usability of information. In 1997, Sackett et al. defined evidence-based medicine as "the conscientious, explicit and judicious use of current best evidence in making decisions about the healthcare of patients" (2). They added that in evidence-based medicine, the aim is to "integrate clinical expertise and patient values with the best available research evidence" (Sackett et al. 71). With this, there are three elements or factors that interact in the promotion of evidence-based practice: first is the best available research evidence; second is clinical expertise; and third are patient values (Courtney & McCutcheon 4). With these three factors or elements come the ability to identify knowledge gaps, to systematically appraise the evidence that would assist in making systematic decisions on how to treat and assist patients within a healthcare organization.

Evidence-based Practice: Four Organizational Models

The evidence-based practice operates in four organizational models. The first model is the Iowa model; second is the Rosswurm and Larrabee's model; third is the Advancing Research and Clinic Practice through Close Collaboration or ARCC; and finally, Kitson's model (Bauer 1). Each of these models address the key component of evidence-based practice, which centers on the ability to develop a question, search and evaluate the evidence, utilize the evidence, and then evaluate the change that will take place based on the decision.

Steps in Evidence-Based Practice: IOWA Model

The IOWA model contains a total of seven steps in applying evidence-based practice in healthcare and medicine. Unlike other models of evidence-based practice, the IOWA model focuses more on organization and collaboration, as well as in incorporating conduct and the use of research, in which evidences are used mainly as bases of decision making.

In the application of evidence-based practice in healthcare and medicine, the first step is select the topic. In this first step, the aim is to select a topic that would be used for evidence-based practice. This should apply a number of factors, including the priority and the scale of the problem, as well as its contribution to the improvement of care, and the availability of evidence and data, not to mention the commitment of the staff. The multidisciplinary nature of problem is likewise an important matter to consider.

In the second step, the aim is to form a team and to make sure its members are apt and eligible of providing input and support to other members. As a

whole team, they should also be responsible for implementation, development, and evaluation of each member's capacity. I am in RN to BSN program, and I am exited to advance my education to provide excellent care, and should therefore be capable of increasing knowledge independently. Evidence-based practice is applicable not just to teams but to independent persons who aim to increase their knowledge in the provision of excellent care for developing their practice.

In the third step, the aim is to retrieve evidences useful for practice in healthcare environments. The aim is to gather and retrieve evidence through brainstorming sessions, which should be held to identify the available sources that can be used to gather evidences. These evidences can be retrieved through electronic databases, such as Medline, Cochrane, Cinahl, and Blackwell Synergy among others. Experiences can also be gathered for effective use, such as my experiences in the use of leeches in treating stage IV decubitus ulcers, and the use of endorphins generated from humor for the treatment of pain. This occurred in the University of Maryland, wherein I experienced managing critical pathway protocols.

The fourth step focuses on grading the evidence. Here, the aim is to grade the evidence by addressing the quality areas of the research, as well as the overall strength of the body of evidence. The research may either be qualitative or quantitative, in which a theory is developed and proven based on inductive reasoning. It should be grounded on reality and is being perceived and experienced by those who are presently involved in the study.

The fifth step is to develop an evidence-based practice standard to be used

in directing and applying the research, through the application of knowledge and experiences. This is done after initializing the critique of literature, and the team members would come together to create recommendation for healthcare practice. The evidences used should be clear and consistent of the studies being used. The design and the recommendation should likewise be based on identifiable benefits and risks, to set a standard of practice based mainly on actual group decision and the relevance for practice, its feasibility, effectivity, and appropriateness.

The sixth step is to implement evidence-based practice by first, preparing the written policy, the procedures, and the guidelines for implementation. Direct interaction is needed between the organization and the direct care providers, as well as the leaders and nurse managers within the field. Evidence should be diffused, as it focuses more on strengths and the perceived benefits, instead of the negative things or events found in the team.

The last step is to evaluate the evidence-based practice that is being implemented. This aims to see the value and contribution of evidence-based research to healthcare practice, which should contribute some advantages to patient care. This can be organized through audit and feedback, which can be conducted by the leaders of the organization. By evaluating the overall effect, it will highlight its impact to both the patients and to healthcare as a whole. It should also create some positive change and come up with the desired effect.

Conclusion

In utilizing evidence-based practice, there are some important rationales that should be remembered, for one to apply it systematically in driving better management in healthcare. First, it is important to remember that evidence-based practice uses a problem solving approach to systematically search for evidences. Second, it applies "critical appraisal of the most relevant evidence to answer a burning clinical question" (Pape 186). Third, it applies one's own clinical expertise. Fourth and final, it uses patient preferences and values (Pape 186). Its goal therefore, is "to increase the speed with which the knowledge obtained from research is integrated into patient care" (Bauer 1). In evidence-based practice, the aim is to integrate systematic search, to incorporate knowledge into strategies to improve patient care.

Works Cited:

Bauer, Carole. "Evidence Based Practice: Demystifying the IOWA Model." Oncology Nursing Society 25. 2 (2010): 1; 3. Retrieved July 12, 2015, from http://metrodetroit. vc. ons.

org/file_depot/0-10000000/0-10000/8013/folder/62252/Spring %202010%20Volume%20XXV%20Issue%202. pdf.

Courtney, Mary, and Helen McCutcheon. Using Evidence to Guide Nursing Practice. 2nd ed. Australia: Elsevier Australia, 2010. Print.

Pape, Tess. "Evidence-Based Nursing Practice: To Infinity and Beyond." The Journal of Continuing Education in Nursing 34. 4 (2003): 154-161. Retrieved July 12, 2015, from http://www.ncbi.nlm.nih.gov/pubmed/12887226.

Sackett, David, Sharon Straus, W. Scott Richardson, William Rosenberg, and

R. Brian Haynes. Evidence Based Medicine: How to Practice and Teach EBM.

London: Churchill Livingstone, 1997.

Other Sources:

Doody, Catriona, and Owen Doody. "Introducing Evidence into Nursing Practice: Using the IOWA Model." British Journal of Nursing 20. 11 (2011): 661-664. Retrieved July 12, 2015, from http://www.nurse2nurse.ie/Upload/NA70072011-IOWA.pdf.

Wallis, Laura. "Barriers to Implementing Evidence-Based Practice Remain High for U. S. Nurses." American Journal of Nursing 112. 12 (2012): 15.

Retrieved July 12, 2015, from http://journals. lww.

com/ajnonline/Fulltext/2012/12000/Barriers_to_Implementing_Evidence_Base d_Practice. 11. aspx.