

Discuss how
evidence-based
practice is applied in
your practice setting
and descr...

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Application of Evidence Based Practices Application of Evidence Based Practices Evidence based practice (EBP) in nursing is a systematized approach to clinical-centered problems based on the incorporation of the best available evidence from clinical proficiency with an objective of providing the best services to a patient (Love & Rodrigue, 2013). It keeps professions updated on the best and effective methods of disease detection and managements, while re-assessing the results for enhanced future improvements. Evidence based practice is applied in the Oncology unit and it has substantially led to the achievement of patient desired outcomes. To start with, evidence based practice has led to the adoption of the best methods of releasing results to patients and their relatives. The inter-professional staff members in the Oncology department have different levels of education and preparation leading to some differences in managing some problems. For instance, at first any oncology staff in the department could release results to patients (Love & Rodrigue, 2013). But with time, the department realized that bad news released to patients by most doctors who had fewer interactions with the patients made them suffer psychologically and in most cases succumbed to malignancies too soon. On realizing this, most of the staff have attended some sessions in order to improve their techniques of handling patients. Consequently, better methods of releasing results have been introduced. Currently, dispatching results is often done by nurses who have much positive interaction with patients and also those who have time to explain to them on best treatment practices to be undertaken. Love and Rodrigue (2013), suggests that this has minimized

the occurrence of early deaths in the unit by a large margin.

EBR has also been employed in radiation treatments (Love & Rodrigue, 2013). Initially, the oncology department did not emphasize much on testing sensitivity of a patient to chemotherapy, but largely relied on the standard operating procedures for different stages of cancer. Later, the head of the department suggested on using tumor markers to determine individualized based sensitivity or resistance to chemotherapy to help manage cancer patients better. Upon adopting the above strategies, treatment methods such as selecting drugs were largely based on individual sensitivity and the analysis of tumor markers. This led to better response of patients to chemotherapy in the hospital and the practice was widely borrowed by neighboring hospitals.

With time, it was discovered that some patients, especially those in advanced stages of cancer could not clearly describe their medical problems such as pain. The department decided to assess pain in patients by using a formalized assessment tool. This is a tool that reflects the multidimensional nature of pain, making it easy to identify the body parts affected by pain, duration of pain and the effect it could have (Chang, 2006). It has contributed a lot in better managements of patient's pain in the department. Outstandingly, combining both pharmacological and non-pharmacological methods in cancer managements has been widely embraced in the hospital due to better clinical results.

In my experience as a nurse, I have noted that team work and evidence based practices are effective ways of improving the productivity of our

department. This will enable me as a nurse to apply my advanced skills and improve my medical knowledge in the Oncology unit resulting in better outcomes in my future practice.

References

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Love, N., & Rodrigue, D. (2013). Catheter-Associated Urinary Tract Infection Prevention in the Oncology Population: An Evidence-Based Approach. *Clinical journal of oncology nursing*, 17(6), 593-596.

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