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The value of an evidence based practice module to skill development

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Summary
Background: A degree level EBP module is undertaken by students on post-qualifying programmes to develop critical appraisal skills gained at diploma level. Despite training in EBP skills, there is some suggestion that health care professionals lack confidence in this area and fail to make the links between evidence and practice. The purpose of this study was to investigate this issue further.
Aims: To identify how the EBP skills developed on the module were utilised in practice, and to identify what local barriers there were in using these skills.
Methods: A survey of all students who had completed the module within the past three years (***n*** = 393) followed by interviews to explore further issues that emerged from the survey.
Results: One hundred and ninety one completed questionnaires (48.6% response rate). The results showed that the students perceived themselves as 'quite skilled' or 'competent' with regard to the key EBP skills, and that completion of the module had contributed 'greatly' to this skill acquisition. Results from the interviews showed that time and cultural issues were the greatest barriers to using and developing further the EBP skills gained.
Conclusions: The value of the module was apparent. For skills to be developed further in the work place, cultural changes need to occur.

Introduction

The development of evidence-based practice (EBP) skills has become important for healthcare practitioners in order that their decisions about patient

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care are based on the best available evidence. One of the goals of the Department of Health (DoH) has been to ensure that practice within the NHS is based on evidence of clinical effectiveness and cost effectiveness with EBP becoming one of the main themes in the modernisation of the NHS (DoH, 1998, 1999, 2005). In order to provide optimal care, clinicians need to be working according to 'best available evidence' and this requires them to be able to locate, evaluate, interpret and then apply current best evidence to their practice.

Background

Determining whether education has an effect on practice is difficult to measure. A number of researchers have reviewed this and indicated that it cannot be assumed that education and the acquisition of new knowledge and skills will lead to changes in practice (Rolfe, 1993). A recent study by Rodgers (2000) into the influence of education and the subsequent utilisation of research in practice on a sample of registered nurses working in general medical and surgical wards in Scotland, found that there was a positive association between a higher educational level and research utilisation. They also found that formal education, in the form of certified courses or modules, which required the individuals to engage in learning with the production of a summative piece of work, appeared to have a greater impact on research utilisation than mere attendance on individual study days. These findings appear to support those by others, such as Pearcey (1995), Dyson (1997) and Adamsen et al. (2003) who have also found that students who had received training in relation to research evidence were more likely to report a more positive attitude towards research and its use to improve patient care. A study undertaken by Fritsche et al. (2002) investigated whether short courses in evidence-based medicine for doctors from medical and surgical backgrounds in Germany, improved knowledge and skills in relation to evidence-based medicine (EBM). Results from this study indicated that both knowledge and skills in EBM improved by more than 50% compared with a group who had received no training. However, they stressed that an improvement in knowledge and skills will only lead to an improvement in patient care if these skills and knowledge are actually translated into practice. A review was undertaken by Norman and Shannon (1998) into the effectiveness of teaching critical appraisal skills to undergraduate medical students and the subsequent impact on clinical decision-making and practice. Their findings demonstrated that educational interventions implemented in undergraduate programmes resulted in significant gains in knowledge and skill. However there was no evidence to indicate that any of the gains in knowledge resulted in a change of behaviour in relation to clinical practice.

One of the key issues surrounding the implementation of evidence-based practice is the nature and source of the evidence to be considered. Whilst this appears to be more straightforward in evidence-based medicine with the randomised controlled trial considered to be the gold standard in research, and the Cochrane database as a comprehensive source of evidence, it is less clear outside the realm of intervention studies. Thompson et al. (2001), for example, examined the perceived usefulness of different kinds of knowledge that were used by nurses in clinical decision-making. Their results showed that the most useful sources were clinical nurse specialists (CNS) or other experienced and respected colleagues. A recent study supporting this finding comes from a study conducted in the United States by Pravikoff et al. (2005) who looked at the readiness of nurses to use evidence in their practice. They found that although practitioners recognised that they needed information to inform their practice, they were actually more inclined to ask their colleagues or search the Internet rather than use peer-reviewed research-based information from recognised online databases. The more worrying finding was that those studied reported a lack of understanding and appreciation of the value of research for their practice. Upton (1999) in a survey of nurses also reported that respondents would most often act on information received from experienced colleagues. In addition, the results highlighted that many of the respondents were not skilled in the key elements associated with evidence-based practice; that is, locating and appraising research-based evidence. This was also noted in a survey undertaken in Australia that, in addition, highlighted that only 23% of the sample of 816 believed that the research currently available was useful for patient care (Nagy et al., 2001). Interestingly, McKenna et al. (2004) reported that '...compared with community nurses, the GP sample believed that the most significant barriers to evidence-based practice were the limited relevance of research to practice... and the ability to search for evidence-based information' (p.185). This highlights that it is not simply professionals working within nursing experiencing these difficulties.

A recent study by Gerrish and Clayton (2004) examined the factors influencing the achievement of EBP in the clinical situation. They undertook a survey of clinical nurses to examine the extent to