



## Evidence Based Practice and identifying a clinical problem

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## Key Learnings

- To challenge your own approach to (how you) practice
- To gain an understanding of (your) barriers and enablers to EBP
- To learn an approach to follow to determine a clinical problem in your workarea



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## Evidence based practice in Dietetics

- Emerged from EBM
- Vital in effective health care
- No universal adoption in Allied Health (1-3)

*"the integration of the best research evidence with clinical expertise and patient values"*

(Sackett, et al. 2000)(4)



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How do I know what I do is effective?



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Why might we not deliver evidence based care? (5-10)

- Practice and decision making often based on experience and familiar actions rather than research evidence
- For the most part, practice is 'ritualistic' compared with evidence-based, even in areas where there is clear evidence
- Many believe research is important to apply to practice and that it has the potential to improve the quality of care to patients **but** also reported using/applying research findings to practice <50% of the time
- The longer someone had been working, they were less likely to use research in clinical practice and they had worse attitudes to research



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Barriers and enablers – self assessment activity



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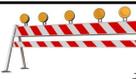
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## Barriers to EBP (5,6,10,11-16)



<p><b>Individual:</b></p> <ul style="list-style-type: none"> <li>• self-belief</li> <li>• personal motivation</li> <li>• lack of awareness of EBP 'elements'</li> <li>• lack of EBP training; research skills and knowledge (doing and interpreting)</li> <li>• lack of (availability of) quality research; lack of access to resources/library</li> </ul> <p><b>Organisational</b></p> <ul style="list-style-type: none"> <li>• "lack of ring-fenced time" for research activities</li> <li>• Culture</li> </ul>	<p><b>'Overlapping'</b></p> <ul style="list-style-type: none"> <li>• lack of funding</li> <li>• belief/perception of support from management – to devote time to EBP activities</li> <li>• lack of admin support (for grant writing, data analysis etc)</li> <li>• lack of support in career structure (time spent in 'research' isn't 'favoured'/'rewarded' in clinical workloads/progression)</li> <li>• lack of support for implementation of research findings/lack of authority to change practice</li> </ul>
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## Enablers to EBP (5,6,10,11-16)



- Allocate more time to read, apply and 'do' EBP
- Increase the access to research findings in the workplace....
  - purposefully read research reports
  - research journal clubs (to analyse and critique relevant to area(s))
  - increase the access to libraries/library resources
  - access to adequate training using information sources
  - increased knowledge on research method
- Supportive organisation: culture needs to be integrated into service and practice development and within routine clinical activities






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Original Research

**Not Enough Time or a Low Priority? Barriers to Evidence-Based Practice for Allied Health Clinicians**

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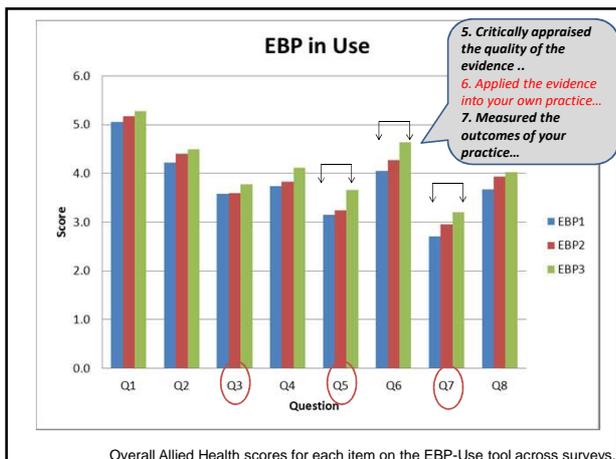
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Identifying a clinical problem

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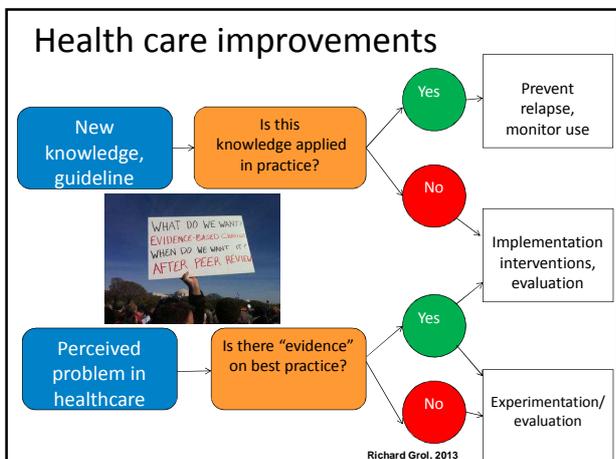
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## Dietetics – 2015 Department Development

- What does your service look like? (data collection/mapping)
- What should you be doing? (best practice investigations)
- What are the gaps and how have you prioritised?
- What are your plans? (TRIP actions ie “MTR project”)

→ Service profiles (clinical, process and evaluation)




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## What does your service look like? (data collection/mapping)

Team Name, Department of Nutrition & Dietetics, Mater Health Services

Date of compilation

Clinical specialities	Public FTE	Private FTE	No. pts/yr at MHS	No. pts seen by N&D/yr	How do we get referrals?	Model of care (e.g. Inpt/outpt, indiv/ps, MOT/ solo; carepath etc; number and freq of vxs)	Notes

- Extra items to collect?
  - Referral pathways (who refers; pt type)
  - QOS
  - DNA rate; UTA rate
  - Wait lists
  - Number of times seen (N & RV)
  - Level of assigned priority
  - Number of surgeries
  - Patient journey

You might find this information from .....

- Data collection/ Audit
- Clinical experiences (peer discussion)
- Reflect on own practice
- Purposeful reading in the area
- Literature review (systematic review)
- Guidelines
- Patient feedback
- Staff feedback
- Other?




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## What should you be doing? (best practice investigations)

Nutrition care process	Questions for Consideration
	What is the caseload area you are evaluating?
	Do best practice guidelines exist for this caseload area? If so, please provide a complete reference list (including relevant publications, website links etc). NB If there are no best practice guidelines available, please provide benchmarking information from at least two similar services across Australia.
Referral and assessment	What are the specific recommendations regarding the length of time a) from referral to first appointment? b) required for assessment with this patient group?
Assessment	What are the recommendations regarding what should be included in assessment with this patient group? (Please list recommended assessment tools if appropriate.)
Diagnosis and documentation	What are the minimum requirements for documentation with this patient group? (incl PES)
Intervention	Are there guidelines regarding the most appropriate intervention / treatment for this patient group?
Monitoring	Are there guidelines regarding frequency of monitoring?
Monitoring	What are the recommendations regarding what should be included in review with this patient group? (Please list recommended review assessment tools if applicable.)
Evaluation	What outcomes should be measured to evaluate best practice in this caseload? Are there gaps in the literature?

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