MENTOR UPDATE: FACILITATING EVIDENCE-BASED PRACTICE

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Updated Dec 2015
To discuss and present strategies to develop the role of the mentor to facilitate an evidence-based approach in practice in the light of professional body requirements.

NMC (2008a) Standard to support learning in practice (SLAiP) available @

HOW TO USE THIS RESOURCE…

- PREPARE with a pen and paper/notebook or recording device

- LOOK thorough the presentation

- STOP when something makes you think!

- WRITE a brief note of your thoughts

- REFLECT at a later stage in more depth about your own practice – keep this for evidence of your update
the NMC (2008a:25-26) Standard says that mentors’ should...

Domain 2: Facilitation of learning

- **Facilitate** the selection of appropriate learning strategies to **integrate** learning from practice and academic experiences.
- **Support** students in critically reflecting upon their learning experiences in order to enhance future learning.

Domain 7: Evidence-based practice

- **Identify and apply** research and evidence-based practice to their area of practice.
- **Contribute to strategies to increase or review** the evidence-base used to support practice.
- **Support students in applying** an evidence base to their own practice.
What the code (NMC 2015:7) says...

Practise effectively

- You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice.

- You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.
6: Always practise in line with the best available evidence
To achieve this, you must:

- 6.1 make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services, and
- 6.2 maintain the knowledge and skills you need for safe and effective practice

19: Be aware of, and reduce as far as possible, any potential for harm associated with your practice. To achieve this, you must:

- 19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures
Evidence-Based Practice (EBP) is defined simply by Aveyard and Sharp (2013:4) as “practice that is supported by a clear, up-to-date rationale, taking into account the patient/client’s preferences and using your own judgement”.

BUT WHAT ARE THE MYTHS AND REALITIES ABOUT EBP?
MYTHS AND REALITIES

Some qualified staff missed out on education/skills training?

It de-values experience?

Busy practitioners find it difficult to implement known evidence into practice?

Students value ‘practitioner knowledge’ more than what they learn at uni!

it is just about research!
THE TOP 10 BARRIERS TO EBP IDENTIFIED BY KAJERMO ET AL (2010) in a systematic review:

1. Lack of awareness of the research
2. Not feeling capable of evaluating the quality of the research
3. Insufficient time on the job to implement new ideas
4. Lack of time to read research
5. Feeling a lack of authority to change things
6. Inadequate facilities for implementation
7. Lack of support from other staff
8. Lack of cooperation from physicians
9. Not being able to understand statistical information
10. The relevant literature is not together in one place.
WHAT CAN STUDENTS DO?

- Develop their self-awareness and reflective skills
- Talk more about what they are formally taught and where they see differences in placements, mentors and what is taught on their course.
- Share their skills about information sources – (they could look at their intranet sources *WITH* their mentors), show lecture notes, videos, exam sheets?
- Ask MENTORs for their views on what they have learnt on their course and how it ACTUALLY applies in practice
WHAT CAN MENTORS/PRACTITIONERS DO?

How can they best enhance their role and skills in facilitating critical thinking, reflection and evidence based practice with their students.

Think about this…
IGNITE A SPIRIT OF ENQUIRY!!
Melynyk et al (2010)

Can you access and read this article…
<table>
<thead>
<tr>
<th><strong>1. What is it?</strong></th>
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| • What type of evidence is it:  
  - e.g. is it a literature review, a research study, guidelines, personal opinion, a discussion paper, a website, or another type of evidence?  
  • What are the findings/results or key points and are they relevant to what you want to know? |
| **Why is this important?** |
| **2. Where did you find it?** |
| • Did you just ‘come across’ it? Who told you? Or did you access it through a systematic search using a professional database? |
| **Why is this important?** |
| **3. Who has written/said this?** |
| • Are they an individual representing their own viewpoint, or are they an individual/group representing an organisation?  
  • Are they expert(s) in the topic? How do you know? |
| **Why is this important?** |
| **4. When was this written/said?** |
| • Older key information may still be valid, but you need to check if there has been more recent work. |
| **Why is this important?** |
| **5. Why has this been written/said?** |
| • Who is the information aimed at – public, professionals or patient/client groups?  
  • Could there be any bias? How do you know? |
| **Why is this important?** |
| **6. How do you know if it is good quality?** |
| • How have they come to their conclusions? Are the research methods used and/or line of reasoning logical, robust and understandable? Are there any flaws in their arguments or approach? |
| **Why is this important?** |
| **So what?** |
| • Is this the ‘best available’ evidence to inform your academic writing and / or practice?  
  • Is this enough information or do you need to find out more?  
  • How will this now impact on your thinking and practice? |
SELF-ASSESS (Greenhalgh 2010)

Do you…

1. Identify and prioritize all the patient/client problem(s), including their own perspective?

2. Fully consider alternative diagnosis (not just medical ones)?

3. Deal with any additional problems and risk factors?

4. Seek best available evidence relating to the problems?

5. Fully appraise the evidence?

6. Apply valid and relevant evidence to the problems logically and intuitively?

7. Present the options to the patient in a balanced, understandable way incorporating their preferences?

8. Arrange on-going referral, evaluation, re-assessment or future care as needed?
TIPS AND HINTS

- Ask more… about what the student is taught
- Talk more… about doubts, uncertainties, adaptations
- Work in partnership – say ‘we are learning together’
- Always discuss evidence (or lack of it) for practice when teaching clinical skills or professional approaches e.g. health promotion strategies
- Explain when clinical/professional judgement is being used and what it is based on (cues, previous experiences, knowledge of the person).
- Be honest about conflict, uncertainty and discuss own decision processes.
QUICK REFLECTIONS!

- Use Driscoll (2007) for quick verbal reflections – can use trigger detailed questions for more detailed debrief or reflections

- So what? Should includes analysis of evidence
TIPS AND HINTS

- Access national policy and guidelines/knowledge summaries and systematic reviews relevant to the speciality or patient/client problems

- Register for NHS Evidence [https://www.evidence.nhs.uk/](https://www.evidence.nhs.uk/)

- and under Clinical Knowledge Summaries (CKS) you can search under topics or specialities and you can register for updates
POTENTIAL STRATEGIES TO DEVELOP AS AN EVIDENCE BASED MENTOR

- Develop your own knowledge and skill in EBP (use the librarians, link tutors and students?)
- Increase your awareness of research/guidelines/policy and its value – focus on specific issues
- Use summaries of evidence (literature reviews, CKS etc.)
- Make the most of your time
- Develop authority and confidence to influence and obtain resources and support
CHALLENGING PRACTICE!

- Discuss in advance with colleagues/practice educators/students what you should do if you see practice that conflicts with evidence you are aware of.

- Before you challenge the practice of others, consider the validity of the evidence you have – *might there be things you are unaware of, for example, context, more than one approach or different values?*

- Try and start a conversation with someone where you ask them tactfully about the evidence underpinning their decision.

- Ask for their perspective on the issue/your observations.

- Offer to share that you have just found a new way of doing something.
MORE IDEAS…

- Ask if you can help to find the evidence for a particular therapy or intervention.
- Consider asking questions rather than making accusations about practice.
- Give them time to consider your view or question.
- Suggest the issue as a topic for a journal club or team project.
- Consider if the practice is unsafe or inappropriate; your role might be as an advocate for your patients or clients – this may help you to be assertive.
- Consider the setting; avoid challenging another practitioner in public unless the practice is unsafe.
- Ask to speak to them privately.
WHAT CAN THE FACULTY (UNI) DO?

- Adopt more interactive and applied teaching methods
  - Problem solving
  - Reflective
  - Simulation
  - Use of technology
  - Games

- Share more information/resources to practitioners re updated materials (? via students)

- Involve practitioners on planning teams? (reciprocal benefit)

- Relate EBP explicitly to decision making in practice

- Discuss role modelling EBP in mentor updates
REFERENCES:


USEFUL WEB SITES:

Cochrane also has a site that offers many links to tutorials and tools: [http://www.cochrane.org/About%20us/Evidence-based%20health%20care/Webliography/Tutorials-tools](http://www.cochrane.org/About%20us/Evidence-based%20health%20care/Webliography/Tutorials-tools)

Evidence in Health and Social Care is another very good site that offers further links to a variety of resources. It aims to help people from across the NHS, public health and social care sectors to make better decisions as a result ([http://www.evidence.nhs.uk/](http://www.evidence.nhs.uk/)).

There is a specific public health section [http://www.evidence.nhs.uk/Search?om=[%22ain%22:[%22Public%20Health%22]]&q=public+health](http://www.evidence.nhs.uk/Search?om=[%22ain%22:[%22Public%20Health%22]]&q=public+health)