



## INTEGRATING EVIDENCE INTO YOUR PRACTICE

Using the strongest available evidence in clinical practice contributes to quality patient care and better outcomes for patients. To help oncology nurses access and use this evidence, ONS has implemented several initiatives including development of the ONS PEP® cards, online resources, and guidelines for presenters.

### Evidence-based practice (EBP)

EBP “defines care that integrates best scientific evidence with clinical expertise, knowledge of pathophysiology, knowledge of psychosocial issues, and decision making preferences of patients” (Rutledge and Grant, 2002). Evidence can include research, integrative reviews, practice guidelines, quality improvement data, and case studies. The strength of the available evidence is evaluated using a hierarchy of evidence (Table 1).

### Expectations from presenters

During this conference you will be listening to experts in many areas of oncology nursing. As a part of its commitment to EBP, ONS has asked these experts to share with you the current evidence related to their topics. You can expect these presenters to:

- Make clear reference to the current evidence in their topic area.
- Focus their presentation on the application of evidence to practice.
- Clearly cite the evidence sources on slides, handouts, and reference lists so you may access them later.

### Ideas for integration into practice

As you listen to topics of interest, be thinking about how you might integrate the evidence-based information into your practice setting. Some ideas for implementation might include:

- Incorporating interventions into telephone triage, policies and procedures, standards of care and order sets.
- Developing or revising patient education materials.
- Integrating information into orientation, educational programs, journal clubs, and grand rounds.
- Developing performance improvement activities.
- Initiating discussions about current practice with nursing colleagues, physicians, and other health care professionals.

<b>Table 1. Hierarchy of Evidence Rating System</b>		<b>Strength of Evidence</b>
Level I	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs), or evidence-based clinical practice guidelines based on systematic reviews of RCTs	Strongest
Level II	Evidence obtained from at least one well-designed RCT	
Level III	Evidence obtained from well-designed controlled trials without randomization	
Level IV	Evidence from well-designed case-control and cohort studies	
Level V	Evidence from systematic reviews of descriptive and qualitative studies	
Level VI	Evidence from a single descriptive or qualitative study	
Level VII	Evidence from the opinion of authorities and/or reports of expert committees	
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Source: Melnyk, B. & Fineout-Overholt, E. (2005)

### Resources

Resources available from ONS to further assist in integrating evidence into your practice include:

- ONS PEP® cards (can be ordered from ONS or downloaded from the website – [www.ons.org](http://www.ons.org))
- ONS Outcomes Resource Area ([www.ons.org/outcomes](http://www.ons.org/outcomes))
- Evidence-Based Practice Resource Area ([www.ons.org/evidence](http://www.ons.org/evidence))
- Clinical Journal of Oncology Nursing series of articles on Putting Evidence into Practice

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## GLOSSARY OF TERMS

### EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES

Practice recommendations from a group of experts based on a methodologically rigorous review of the best evidence on a specific topic. Note: Not all clinical practice guidelines are evidence-based and may be developed partially or entirely by expert opinion. Thus, the method for development of clinical practice guidelines needs to be identified before determining the strength of evidence. (Melnyk & Fineout-Overholt, 2005)

### DESCRIPTIVE STUDY

A type of non-experimental research that collects descriptions of a particular phenomenon or situation. The purpose is to be able to better describe from a variety of perspectives or to take steps that will improve the situation (LoBiondo-Wood & Haber, 2002).

### META-ANALYSIS

A statistical blending of the findings of a number of research studies that have been conducted about a specific topic. It is a synthesis or bringing together of the analyses of separate studies (Powers & Knapp, 1995).

### QUALITATIVE DESIGN

Variety of methodologies that involve description and interpretation of human experience or social interactions in ways that promote understanding and insight or challenge existing beliefs (Powers & Knapp, 1995). Examples: grounded theory, ethnography, and phenomenology.

### QUANTITATIVE RESEARCH

Concerned with precise measurement, replication, prediction and control. Usually has a hypothesize-test-rehypothesize sequence, emphasis on objective measuring procedures, extensive use of numbers to reflect the measurements and results, has an emphasis on cause and effect. (Powers & Knapp, 1995). Examples: randomized clinical trial, and intervention study.

### RANDOMIZED CLINICAL TRIAL

Strongest research design to support cause and effect relationships. Subjects are randomly assigned to control and experimental groups to test the effect of an intervention or treatment. (Melnyk & Fineout-Overholt, 2005)

### SYSTEMATIC REVIEW

Summary of all the research evidence on a particular topic using a rigorous process for searching, retrieving, appraising, and synthesizing studies to answer a specific clinical question. (Melnyk & Fineout-Overholt, 2005)

## REFERENCES

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- Melnyk, B. & Fineout-Overholt, E. (2005). *Evidence-Based Practice in Nursing & Healthcare*. Philadelphia, PA: Lippincott Williams and Wilkins.
- Powers, B.A., & Knapp, T.R. (1995). *A dictionary of nursing theory and research*. (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Rutledge, D.N. & Grant, M. (2002). Introduction. *Seminars in Oncology Nursing*, 18(1), 1-2.