

EVIDENCE-BASED PRACTICE (EBP): Approaches to EBP

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Introduction

This article focuses on the chronological steps to becoming an evidence-based practitioner.

Becoming an evidence-based practitioner

The chronological steps to becoming an evidence-based practitioner are:

1. Reflection on current practices.
2. Stages in reflective practice.
3. Reflective practice skills: Self-awareness; Description of experiences; Critical analysis; Synthesis of ideas; Evaluation of ideas; and The process of change * (refer next issue)

Before bringing about a change to current practices, the family practitioner needs to reflect on what is currently being practiced and what changes are required. This process of reflection involves a number of steps. The steps are:

1. Reflection on Current Practices

'Evidence based practice needs to retain a practical focus and to build on reflective practice'.¹ These skills in reflective practice are:

- (i) **Thinking** about current practices.
- (ii) **Questioning** whether it is the best method of handling a problem.
- (iii) **Enquiring** whether other practitioners use similar approaches.

This process is referred to as 'reflection-on-action' that is, it takes place after an event. Another aspect to reflective prac-

tice is 'reflection-in-action', a more immediate reflection that takes place during the action.^{2,3}

Reflective learning 'is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective'.² In the discussion process of reflection, stages or levels of reflection have been identified. Mezirow identified seven levels of reflectivity in hierarchy, however Atkins in her analysis of the literature found that the differences between authors' accounts of the reflective processes are largely those of terminology, detail and the extent to which the processes are arranged in a hierarchy.² She identified the following three key stages in the reflective processes:

2. Stages in reflective practice

2.1 The first stage of the reflective practice is triggered by an awareness of uncomfortable feelings and thoughts.

2.2 The second stage involves a critical analysis of the situation that involves an examination of feelings and knowledge -a 'thinking on the feet' situation, based on experience in the decision-making process or 'reflection-in-action'. This means that when that feeling of inner discomfort is felt a change is immediately made to bring about a better result. It may also involve

'thinking-on-action' where the analysis may involve the generation of new knowledge requiring the process of critical thinking. This process entails 'association, integration, validation and appropriateness'.²

2.3 The third stage involves 'the development on a new perspective on the situation'. This means, moving from a position of a detached observer, to one of becoming involved.³ In order to become a reflective practitioner, the individual needs to acquire the skills of reflective practice and they are:

3. Reflective practice skills

In order to become a reflective practitioner, the individual needs to acquire the skills of reflective practice, which are:

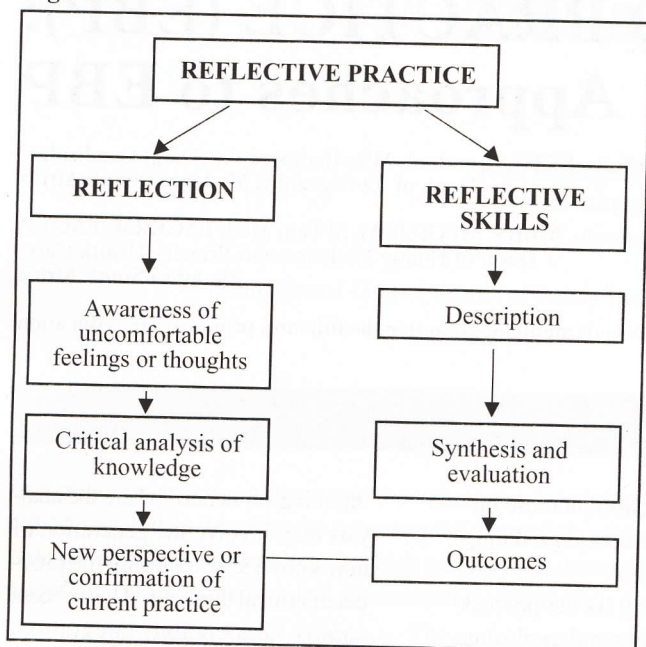
3.1. Self awareness

An essential component of reflection is self-awareness or the ability to analyse feelings. It involves an honest discernment or examination of how **the situation** has affected **the individual** and how **the individual** has affected **the situation**.

3.2. Description

Description involves having the ability to recognise, recollect salient events. This might entail recalling similar signs and symptoms in patients presenting with a particular disorder, it might involve describing a new finding. The description may

Figure: 1



be verbalised in a group discussions written in a clinical guideline, journal article or book, to enable learning through reflection (op cit).

3.3. Critical analysis

Critical analysis involves examining components of a situation. This process entails identifying existing knowledge, challenging assumptions, imagining and exploring alternatives. Imagining and exploring alternatives also encourages creation of new ideas and inventiveness. A critical analysis also involves examining how relevant knowledge is to an individual situation. This aspect supports the definition of evidence-based medicine where clinicians concentrate on the outcomes of their treatment for individual patients.

3.4. Synthesis

Synthesis is the process of integrating new knowledge with previous knowledge or experience. This knowledge

is used in a creative way to solve problems and to predict the possible outcomes. This is particularly important as the outcome of reflection involves the development of a new perspective. However it may in fact endorse the continuance of a particular practice within a particular context weighed against other factors such as availability of resources, and or patient preferences.

3.5. Evaluation

Evaluation is defined as the making of judgments about the value of something. It can also be defined as 'judge or assess the worth of something'.⁴ Both synthesis and evaluation are crucial to the development of a new perspective.² A decision would then have to be made as to whether a change in practice is necessary.

3.6 The process of change – refer next issue

Conclusion

Self-awareness, description, critical analysis and evaluation are important skills for reflection. The model in Figure 1 represents the stages of reflective practice adapted from the text in Atkins (1993).²

References

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