

The process of becoming an EB practitioner

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Introduction

This article focuses on the process of change in becoming an evidence-based practitioner.

Reasons for change

One of the main reasons for a change in practice may be due to financial constraints. Healthcare systems have undergone major transformations in the past decade. It is in this context that evidence-based health care has flourished as a means of establishing 'the best evidence for healthcare practice'.¹ Change occurs at different levels. In the case of health services, change occurs when they respond to the demands made upon them from the government, public or employers.

Levels of change

Change can take place at the macro and micro levels of health care. Change at the macro level of health care impacts on populations, areas and regions whereas change at the micro level focuses on smaller units. The ideal situation for the proponents of evidence-based practice would be that, it impacts at all levels.

Processes and outcomes of health care

One of the problems associated with the introduction of change is 'confusion'. Confusion often occurs in health-care planning and organization. The process of healthcare refers to how the service is organised and its throughputs over time. Audits may be taken of the number of admissions and discharges to the hospital, waiting time and patient satisfaction surveys. The outcomes of health care involve the patients, regarding death, survival, acute and chronic morbidity, impairment and disability and surveys of patients' satisfaction with their state of health. Both the processes and outcomes of health care have object and subjective dimensions. According to Davies, 'there is often a lack of congruence, or consistency, between objective and subjective dimensions of health care'.¹ The successful outcome from the point of view of the practitioner may not be so from the point of view of the patient or their carers.

How to bring about effective change

There are two identified models postulated for the transfer of evidence into clinical practice as follows:¹

Passive diffusive model: This model assumes that practitioners read or hear about research evidence and then adopt or adapt their practice accordingly. The main source of information is continuing medical education (CME). However continuing medical education and conferences have very little impact on improving professional practice.

Active dissemination model: The active dissemination model on the other hand, is regarded as a more effective way of bringing about change. It involves synthesis and critical appraisal of research evidence. This may be practiced by individuals, groups, appraisers and reviewers and serves to 'separate the wheat from the chaff and actively formulate robust summative conclusions'. The Cochrane Collaboration provides such services. Health practitioners working within local and national environments play key roles in communities, interest groups, healthcare administrators, public policy makers and clinical policy makers and in turn inform the various key players of their findings.

Factors that influence the process of change

Contact with colleagues and peers can be an important way of bringing about change. It is imperative that these individuals are competent in the principles and practice of identifying and critically appraising the best available evidence. Patients play a major role by questioning existing practice and 'demanding new procedures and interventions'.

The role of clinical guidelines

Clinical guidelines may be considered part of the active dissemination and coordinated implementation. But, according to Davies, 'many of the thousands of clinical guidelines published each year lack the high quality filters and standards of systematic searching and critical appraisal'.¹ Therefore it is essen-

tial to ensure that guidelines are *scientifically valid, systematically searched and appraised*.

Financial incentives

'The use of incentives and disincentives to bring about change in healthcare has been well documented'. According to Davies, 'Put crudely, one way in which change can be brought about in healthcare is to pay health professionals to do it and allow them to see the financial benefit of doing so'.¹

Impediment to change

The converse of most of the factors reviewed above will normally serve to impede change. Thus, unclear objectives, together with poor-financial support and media coverage; lack of incentives; population and cultural factors; time hierarchical and autocratic initiatives may work against successful change. Also lack of good quality systematically searched and appraised evidence will impede development of best practice.

Conclusion

From the discussion the most important principle of monitoring and evaluating change is that it must be weighed against the following factors:

- What needs to be changed?
- What will be achieved?
- How much time is needed?
- What evidence supports the change?
- What process will be used?
- Who will be affected?
- What are the ethical implications?
- Are there sufficient resources?
- Has the envisaged outcome been weighed against whether the change is feasible? (Adapted from Davies in Dawes 1999)

The next challenge lies in clarifying the meaning of clinical 'efficacy', 'effectiveness' and 'outcomes'. ✎

Reference

1. Davies P. In: Dawes M, Davies P, Gray A, Mant J, Seers K, Snowball R. Teaching Evidence-based Health. In: Evidence-Based Practice – A Primer for Health Professionals. United Kingdom: Churchill Livingstone; 1999.