**Evidence-based Practice**

 In nursing and clinical medicine, evidence-based practiced is defined as the process of incorporating the latest scientific evidence, clinician expertise, as well as the preferences and values of the patients in the practice settings. In the recent years, professionals in the medical field have appreciated the need for evidence-based practice as it has proven to yield much better results than when that type of practice is not used. However, the evidence used has to be authentic and verified by relevant people in the clinical field before it can be used. Additionally, for evidence-based practice to be successful, it is important to adopt certain strategies that make it easier to use the procedures and achieve success. At the same time, it is important to note that the use of evidence-based practice comes with its challenges due to the various dynamics involved in its implementation. This paper discusses the challenges as well as the strategies for using the evidence-based approach in clinical practice.

**Strategies for Implementing Evidence-based Practice**

1. *Understanding the principles of evidence-based practice*

The basic thing for all clinicians seeking to use evidence-based practice should be to know the principles that guide the usage of such a procedure. These principles are meant to enhance the safety of the patient. The first principle requires one to consider the context and ensure that all healthcare practitioners at the pint of care are engaged in the selection of prioritization of patient safety (Moreno-Casbas, 2015). This ensures that the evidence is not used in the wrong situation and that the safety of the patient is secured, while communication gives the chance to rectify mistakes. Secondly, a clinician should use data to illustrate why adopting an evidence-based approach is the best thing (Harris, Garrubba, Allen, King, Kelly & Thiagarajan, et al., 2015). This eradicates the possibility of adopting a procedure just because it is a regulatory requirement. One could prove that doing a particular thing to a patient is more fruitful than what would be considered as standard procedure.

Education alone cannot be sufficient to improve practice because although knowledge is good, it does not always lead to good practice. As such, health organizations are required to invest in the relevant tools and skills that will enhance patient safety (Palinkas, Um, Jeong, Chor, Olin, Horwitz & Hoagwood, 2017). Doing that increases the chances of doing the right thing. Moreover, the context of the evidence-based practice should be considered in each step of the process of implementation (\*\*\*\*). There are different ways of implementing care and a step may work well in a particular environment but be different in another. As such, determining the fit between the setting of care delivery and the evidence available is of great importance. Finally, stakeholders should evaluate the whole implementation process and outcomes to find out if it worked as expected (Yackel, Short, Lewis, Breckenridge-Sproat & Turner, 2013). A positive response in such a case would be great as it results in a desirable impact on overall patient care, with known procedures and expected results.

1. *Involving Leadership*

In any type of organization, leaders are important in beginning and enhancing a culture that favors innovation. As such, it is important that the leadership of a healthcare organization be interested in integrating EBP into clinical practice. If the leaders are committed to such a course, then the likelihood of achieving success in the implementation of EBP will be high (\*\*\*\*). Consulting the leadership can be done by briefing the relevant leaders about the intended clinical practice as well as the evidence available. By doing so, the leader will see the advantages of the proposed nursing practice and be aware of the resources required. This increases the chances of success massively as the leader will provide much needed cooperation and be ready to take responsibility of any bad results.

1. *Provision of EBP Education*

As noted earlier, knowledge is good especially in matters regarding clinical practice. It is, therefore important to share knowledge as that makes it possible to diffuse innovations to all people. Educational programs focusing on the EBP can influence the opinion a nurse or any other healthcare professional has regarding the efficiency and importance of EBP. This knowledge paves way for practice as one cannot go to practice that which he or she does not know. Therefore, provision of education on EBP is crucial in making such an approach successful because it ensures understanding of crucial concepts as well as capturing the principles of evidence-based practice that are important in making it a success.

1. *Conducting an Evidence-based Practice Mentorship Program*

Mentorship and successful implementation of evidence-based practice have been linked closely in the past. Therefore, it is important that the two be used together because that enhances the sustainment of the practice, rather than having it used a few times (Kristensen, Nymann & Konradsen, 2015). Mentorship and education are important in making clinicians accept EBP as an important part of clinical practice and incorporate it in their clinical culture and beliefs. The use of mentorship programs opens the possibility of disseminating information through expert opinion and ensures that the appropriate approaches to evidence-based practice are adopted. Moreover, such programs will encourage communication and cooperation among the healthcare practitioners as well as the leader in an organization because mentors will highly recommend such behavior. In the end, appropriate communication enhances the transfer of knowledge among the clinicians, which makes it possible to use evidence-based practice with increased perfection.

1. *Revising the Standards of Performance*

Evidence-based practice can only be said to be successful if it achieves the desirable results throughout the implementation process. However, it is only possible to tell this if the standards of performance are revised. This means that the leadership of a healthcare organization that embraces evidence-based practice should be keen to bring up and solidify policies and performance appraisals that give priority to the EBP (Majid, Foo, Luyt, Zhang, Theng, Chang & Mokhtar, 2011). Therefore, nurses and others members of the staff should have the expected standards with regards to evidence-based practice. Again, this makes the nurses appreciate the importance of evidence-based practice in clinical practice because they will understand that appropriate application of it will lead to positive performance appraisal.

1. *Make EBP Resources Easily Accessible*

 Another crucial strategy that could be critical to the implementation of evidence-based practice is availing resources to the nurses. Offering education to the nurses cannot be enough to cater for all the information that they would need. Therefore, it is important that nurses and other relevant healthcare practitioners at an organization have easy access to resources that can provide them with knowledge regarding EBP. For instance, creating computer shortcuts with access to a library with important information makes it possible and easy for any nurse to utilize such information any time he or she needs it. The nurse can use such a tool at the point of care to make crucial consultations. Moreover, a nurse with such information access to the evidence is more likely as the complexity in finding information is reduced and the time consumed is also minimal.

**Challenges in Implementing Evidence-Based Practice**

 To this end, it is evident that evidence-based practice is widely accepted in clinical practice. At the same time, it has several demands for it to be successful. Therefore, while there is evidently widespread tolerance and encouragement of evidence-based practice due to the advantages that it brings to clinical practice, it also faces numerous challenges that have been justified by research and difficulty during implementation. Some of the challenges include the ones discussed below.

1. *Patient Preferences and Social Circumstances*

Cultural awareness has been emphasized in recent years in order to improve care while respecting the beliefs and cultural practices of different people in the world. However, this complicates evidence-based practice in many instances because the social beliefs of certain people do not necessarily coincide with what is best for them. For instance, Chinese women have restrictions of foods that they should eat when pregnant, because some of the foods are referred to as cold while others are hot (Mamdani, Ching, Golden, Melo, & Menzefricke, 2008). This may contradict clinical evidence which may show that particular food is appropriate or inappropriate for pregnant mothers, contrary to the beliefs of such people. That makes it difficult to implement the best available evidence if it contradicts the preferences of the patient.

1. *Insufficient Research*

EBP is based on the assumption that there is enough research that can help the clinician arrive at the most suitable clinical decision. However, in instances where research is not available or sufficient, then implementing evidence-based practice becomes difficult (Warren, McLaughlin, Bardsley, Eich, Esche, Kropkowski & Risch, 2016). In such a situation, one possible option would be designing valid studies in order to come up with evidence that backs a particular procedure. However, this could prove to be expensive and time-consuming.

1. *Organizational Culture*

The culture of a healthcare organization must be one that supports the activities of innovation and has the resources to do that. Therefore, organizations whose cultures do not integrate evidence-based practice make it challenging for clinicians to implement such type of an approach. As noted earlier, the leadership of a organization plays an important role in ensuring that evidence-based care is successfully implemented in an organization because they avail resources and support it appropriately. If this is not the case, then a nurse would find it challenging to use the approach without the required support. Moreover, many leaders are often busy and may not be ready for the challenge that comes with implementing the approach. The fact that the implemented strategies must respond to the organizational and clinical needs make some leaders shy away from using the approach for fear of failure.

1. *Contextual Fitting*

The context of implementation of any evidenced practice is of utmost importance because the failure to consider it could lead to undesired results thereby compromising patient care and safety. Moreover, the context must fit in every step of implementation for patient safety to be assured (Barría, 2014). This shows that it can be difficult to search for a strategy that would adjust to another situation step by step and in different conditions. In places where the contexts are similar, however, implementation is much simpler because the procedure would be carried out as in another situation.

**Conclusion**

 There are many strategies that make evidence-based effective and challenges exist that still make it difficult to implement. Nevertheless, EBP is in clinical practice to stay and it is only important that stakeholders concentrate on solidifying the strategies that can help to eliminate the challenges that currently exist. Although challenges are there, they can be addressed especially if there is cooperation in organizations and among the stakeholders of the profession as a whole. Leaders have a role to play in ensuring that their organizations promote this type of practice in the best way. The strategies that ensure effective use of EBP do not touch on the clinicians alone. Each member should play their role in ensuring that it is convenient to use evidence-based practice for the benefit of patients.

**PART B**

**Step 1**

Clinical Question: Does lifestyle intervention reduce the risk of diabetes and cardiovascular disease among children and young adults?

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Patients or Problem | Intervention | Comparison | Outcome |
| The patients included children and young adults with relatively similar risk of diabetes or cardiovascular disease | Two research groups were subjected to three-month and six-month lifestyle interventions. A control group was not subjected to any intervention | The two groups were compared in terms of the risk factors that lead to diabetes and cardiovascular disease after the period of intervention | The research group showed improvement in terms of the risk factors, while the control group stayed at a higher risk of the two diseases |
| * Diabetes
* Cardiovascular
 | * Lifestyle Intervention
 | * Body Mass Index
* Weight
* C-reactive protein
 | * Improvement
* Body Mass Index
* Risk
 |

**Step 2: Search**

 Diabetes and cardiovascular disease are increasingly associated with children. This has mainly been caused by lifestyle changes. Research proves that lifestyle interventions including such things dietary intervention and physical activity reduce the risk of getting such diseases among children and young adults (Van Buren & Tibbs, 2014). Therefore, there is strong empirical support for preventing or reducing the chances of getting diabetes and cardiovascular disease through the use of lifestyle intervention.

**References**

Barría P, R. (2014). Implementing Evidence-Based Practice: A challenge for the nursing practice. Retrieved from http://www.scielo.org.co/scielo.php?script=sci\_arttext&pid=S0120-53072014000200001

Harris, C., Garrubba, M., Allen, K., King, R., Kelly, C., & Thiagarajan, M. et al. (2015). Development, implementation and evaluation of an evidence-based program for introduction of new health technologies and clinical practices in a local healthcare setting. *BMC Health Services Research*, *15*(1). doi: 10.1186/s12913-015-1178-4

Kristensen, N., Nymann, C., & Konradsen, H. (2015). Implementing research results in clinical practice- the experiences of healthcare professionals. *BMC Health Services Research*, *16*(1). doi: 10.1186/s12913-016-1292-y

Majid, S., Foo, S., Luyt, B., Zhang, X., Theng, Y., Chang, Y., & Mokhtar, I. (2011). Adopting evidence-based practice in clinical decision making: nurses' perceptions, knowledge, and barriers. *Journal Of The Medical Library Association : JMLA*, *99*(3), 229-236. doi: 10.3163/1536-5050.99.3.010

Mamdani, M., Ching, A., Golden, B., Melo, M., & Menzefricke, U. (2008). Challenges to Evidence-Based Prescribing in Clinical Practice. *Annals Of Pharmacotherapy*, *42*(5), 704-707. doi: 10.1345/aph.1k283

Moreno-Casbas, T. (2015). Perspectives: Implementation strategies to adopt and integrate evidence-based nursing. What are we doing?. *Journal Of Research In Nursing*, *20*(8), 729-733. doi: 10.1177/1744987115619800

Palinkas, L., Um, M., Jeong, C., Chor, K., Olin, S., Horwitz, S., & Hoagwood, K. (2017). Adoption of innovative and evidence-based practices for children and adolescents in state-supported mental health clinics: a qualitative study. *Health Research Policy And Systems*, *15*(1). doi: 10.1186/s12961-017-0190-z

Van Buren, D., & Tibbs, T. (2014). Lifestyle Interventions to Reduce Diabetes and Cardiovascular Disease Risk Among Children. *Current Diabetes Reports*, *14*(12). doi: 10.1007/s11892-014-0557-2

Warren, J., McLaughlin, M., Bardsley, J., Eich, J., Esche, C., Kropkowski, L., & Risch, S. (2016). The Strengths and Challenges of Implementing EBP in Healthcare Systems. *Worldviews On Evidence-Based Nursing*, *13*(1), 15-24. doi: 10.1111/wvn.12149

Yackel, E., Short, N., Lewis, P., Breckenridge-Sproat, S., & Turner, B. (2013). Improving the Adoption of Evidence-Based Practice Among Nurses in Army Outpatient Medical Treatment Facilities. *Military Medicine*, *178*(9), 1002-1009. doi: 10.7205/milmed-d-13-00191