

Minutes Thematic Work Group Evidence Based Practice (EBP)

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1. Opening

Last year the focus was on EBP in the relation client – therapist.

In this second year the members of the TWG would share their proposals about the theme: how to realise implementation of EBP in our education?

Despite the lack of the proper chairman and with some other participants than last year, the following issues were discussed.

2. Lectures

Mrs. Stella Kotzabassaki and Mrs. Maria Saounatsou, both from the Technological Educational Institute of Athens, Greece presented a topic of research in their institute (mentorship in stead of the traditional used direct supervision (SK) and counselling methods, evaluated by the students(MS). Both lectures could be considered as an example of the research used in Higher Education, but were a bit beside the theme and the aim of this thematic workgroup.

A paper version of the lecture of the absent Mr. Ian Donaldson, Bournemouth University (UK) was available; he described a focus group as an appropriate qualitative method to find out how nurse mentors promoted EBP in practice placements and what barriers they met. Respondents were convinced of the importance of EBP and the role of networks (specialist nurses), time problems and resistance from others should be dealt with and change strategies and assertive skills are needed.

In the third lecture, Mrs. Jessie Lemmens and Mr. Rob Ummels (Hogeschool Zuyd, Heerlen, the Netherlands) explained how EBP is organized in and around the curricula of the Health Care Faculties of the Hogeschool Zuyd. The innovators and representatives of each profession formed an EBP-group. They developed and exchanged contributions to the curricula

(exercises / tasks for the students), mediated and facilitated conditions, like financial support (time), support from the library (accessibility of E-journals, helpdesk) and from the Centre of Expertise in Rehabilitation (research institute with a D-base for research instruments), training programmes for all teachers (reading scientific articles, research methods) and are looking for partners to cooperate with (Coehre, University of Maastricht, professionals in the workforce). The representing scheme of the different elements will be placed on the Coehre website / TWG Evidence Based Practice.

Literature study about implementation of EBP was done and the Barriers questionnaire (Elomaa, 2003) adapted, because it didn't correspond the situation of the teachers.

To optimise education in EBP, the ASE-model (Kok, 1993), a model of changing behaviour, can be used. Attitudes of the participants, the Selfefficacy and the Social Environment should be addressed to realise the intention to change; participants should gain the skills, barriers should be overcome and then the desired outcome (behaviour) is to be realised.

Barriers in implementing EBP (Coppoolse, Jaarboek Fysiotherapie, 2003) can be classified as a problem of attitudes (a), social environment (se) or selfefficacy (s)

The barriers discussed are:

- access to computers or internet at school, at home, traineeship (se). Available time and valued worth by the practitioners can be a problem (a).
- literature does not correspond the question (s). The problem is more to formulate the right question, lack of search strategies, sometimes it's hard to find literature (se). Student and teachers should be trained, comparable strategies and search paths, use actual needs.
- the existing literature is not available (se). The student might underestimate the worth of the found literature (a) "it's only nurse-literature"
- there is not enough time to implement EBP (a) or (se). It can be used as an excuse: unfamiliarity of scaring to do it. But certainly it takes time, time should be made (see discussion). We should change attitude: we have the right too (as doctors) to use time for EBP.
- the language of the article (se, a) because of a foreign language with different professional vocabulary. If possible use the own language. There might be a lot of evidence in countries like China, but we have little access to it. English is more accessible. Training is useful.
- the vocabulary used in the text makes it impossible to read (se, a, s). Scientific jargon, differences between articles and textbook
- the doubt that the implementation of EBP has value (a). It's a clinical question: if you are not sure about what you've learned, is it (still) the best way? Schools are obliged to do it, professionals can learn from the students, convince other professionals. EBP is more than reading books or E-journals, case studies / histories, sharing (practical) knowledge can be part of it too; we all do it at school. The central theme is critically reviewing the evidence: is this knowledge valuable and applicable in our own situation? Evidence should lead to ethical approved practice.
- the financial reward for implementation of EBP is unsatisfactory

The final lecture was held by Mrs. Karen Bergström of the Karolinska Institute, Stockholm (S). She investigated the extend of EBP used by occupational therapists in two Swedish university hospitals, using the Barriers Questionnaire (Eloma, 2003). Within a broad range of age and education the will and experience of using professional literature was diverse: from no use at all (!) to looking for evidence. The real understanding of EBP was actually doubt by Karin. Reasons of no using literature could be burn-out, no money or time; it is not the 'culture' within the profession, the institute. The questions are how to use the results, how to discuss them with the institutes, the students and supervisors in practice. How to "reach" them and to learn to use theory and EBP.

3. Discussion about the EBP and the BaMa level of scientific knowledge

The participants agreed about the need of EBP in school and practice. The social pressure for EB-working is growing (external motivation). It is necessary to read literature to be up-to-date; to be a good clinician you need to know how and why you do your work (internal motivation).

The schools need the professionals to use their practical experiences, but how to involve health care professionals? It could be a theme in the obliged committees of practioners and teachers to support / criticize the curricula (B, NL), regional workgroups of practice and school (F). The professionals should be activated, attention should be drawn by congresses. Problem are the different objectives and needs. Newly developed professional standards and guidelines are not used in practice, the reasons should be discussed: what do they expect? There should be counted for the different levels of knowledge, professional development. In healthcare studies in Iceland is EBP part of the educational system, practical and theoretical knowledge are implemented in the clinical situation.

Teachers and practioners should be a mirror for the student, management should support it. Certain standards of HC should be used in practice, schools be the role-model for the practice; mentors should be educated to educate the clinicians and students “on the ward” (double-system: educators and practioners).

In the Bachelor-Master structure the lengths of programs are different, Bachelors from 3 – 4 years and the contents differ, in Finland general skills like Philosophies and English are part of the program. In some countries the Bachelor is determined by a little dissertation (small research). In all Masters students should be able to do research, it has a more scientific orientation than a Bachelor. To what extend should students be able to use scientific knowledge?

- the student must be evidence-minded and sharing knowledge by mentioning his sources, where he found the information should be part of the education (discussion groups, practising reading)
- the practioner (Ba) should be able to read a scientific article or review for its practical use: how to use the evidence, how to discuss it. He doesn't need to have the knowledge to understand or the skills to judge if the design is appropriate for the research question. Scientists (Ma) must be able to do research and to evaluate research methods.
- the teacher should ask himself questions like: how can I give anatomy or speech therapy evidence based? How can I learn students to use a database? Where can I find evidence elsewhere in the world?

4. Continuing the Workgroup

To continue this TWG it is an important to have an active group of participants - about 7 people intended to do so - and that this group work out concrete issues / results. Proposals for next year are:

1. To what extend must EBP be used in a Bachelor-study?
 - a. Evaluate with graduated students their use and need of EBP by using the Barriers Questionnaire of Mrs. Leena Elomaa (2003, based on Funk 1991). The questionnaire should be used as an inventory and is in that way useful for (ex-) students. It can be mailed as an Excel-document by Rob Ummels (see list participants) and has to be translated and adapted to the own profession.

2. How to implement EPB in the curricula? What barriers and problems are there and how can they be solved?
 - a. Some solutions are mentioned in the minutes. Are they useful, other experiences?
 - b. How can practioners and teachers cooperate to achieve a more EBP?
 - c. How come the Iceland Healthcare students to be EB-minded? Is it part of their education or their culture? This has to be examined. An Iceland teacher can be invited as a guest speaker next year. Financial support from Coehre?