Vive le (evidence-based practice) revolution

On a daily basis, perioperative practitioners are faced with questions regarding their practice, such as; ‘is the care I’m providing effective?’ or ‘what is the best intervention for this patient?’ For the past 20 years the Cochrane Collaboration has helped us answer these questions. As a member of the Cochrane Nursing Care Field I’ve been asked to write this editorial to celebrate this significant milestone.

I’m sure there is no one reading this article who is unfamiliar with the name, Cochrane, but you may be surprised to learn that behind the brand is an international network of more than 31,000 dedicated volunteers from over 100 countries all working together to prepare, update, and promote Cochrane systematic reviews. There are now over 5,000 Cochrane systematic reviews and they have become the first line of call for healthcare practitioners, policy-makers, and patients seeking rigorous information to make well-informed healthcare decisions.

For healthcare practitioners, like me, who trained in more recent times, it’s important to remember that healthcare has undergone enormous changes in the past 20 years. Clearly one of the most significant changes has been the evidence-based practice revolution. The term evidence-based practice may only have been coined in the early 1990s but by the time I commenced my nursing studies in 1995 it was already the prevailing discourse. In fact, as a student, I remembered finding it difficult to imagine a time before evidence-based practice, in the same way as I found it difficult to imagine a time when patients could smoke in bed. This all pervasive cultural change certainly was revolutionary and the Cochrane Collaboration was at its vanguard.

Today, thanks to the work of groups like Cochrane, evidence-based practice is recognised by healthcare professionals, regulatory agencies, and the wider community as the gold standard for the provision of safe and effective care. Unfortunately, however, this widespread acceptance hasn’t necessarily resulted in uniformed improvements in practice. There remain numerous examples of significant gaps between research evidence and clinical practice in many fields. A classic example from our own field, and one that has frequently been discussed in this journal, is preoperative fasting practices (Bothamley & Mardell 2005, Khoyratty & Modi et al 2010, Roberts 2012). As you well know, for many years there has been strong evidence against the need for extended preoperative fasting (Brady Marian & Kinn et al 2010), yet despite this, we still see patients routinely fasted from midnight, or even earlier.

Of course, anyone who has attempted to improve practice knows it’s not an easy task. Closing the evidence-practice gap involves the identification of rigorous research findings and then the translation of these findings into routine care. The Cochrane Collaboration has been instrumental in providing us with high-quality, timely reviews of the research evidence; our challenge, and where we have been lacking to date, is the adoption of this evidence into our routine practice. What we appear to be missing is the crucial step between knowledge generation and knowledge application.

Thankfully, Cochrane provides assistance to meet this challenge, too. One of my most frequently visited Cochrane groups is the Effective Practice and Organisation of Care (EPOC) Group. EPOC produce reviews on strategies to improve healthcare delivery and the healthcare system. The reviews evaluate the effectiveness of various change strategies (audit and feedback, reminders, didactic education etc.) on different types of practices. A relevant example for perioperative practitioners is their review ‘interventions for reducing wrong site surgery’ (Mahar & Wasiak et al., 2011). This is a small but growing collection of reviews but given our increasing need to better understand how to translate evidence into practice, one that I imagine will continue to expand.

For the last 20 years the Cochrane Collaboration has done an outstanding job at providing us with evidence on what to change and how to change it. It is our duty to make the most of this valuable resource to improve practice and continue the revolution.

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References
Bothamley J., & Mardell A 2005 Preoperative fasting revisited British Journal of Perioperative Nursing 15 (9) 370
Brady Marian C., Kinn S., Stuart P., & Ness V 2010 Preoperative fasting for adults to prevent perioperative complications Cochrane Database of Systematic Reviews
Khoyratty S., Modi, B., & Ravichandran D 2010 Preoperative starvation in elective general surgery Journal of Perioperative Practice 20 (3) 100
Mahar P, Wasiak J, Batty L, Fowler S, Cleland H, & Gruen RL 2011 Interventions for reducing wrong site surgery Cochrane Database of Systematic Reviews
Roberts S 2012 Preoperative fasting: a clinical audit Journal of Perioperative Practice 23 (1) 11-16
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