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ARE WE DOING IT ALL THE TIME? IF NOT, THEN WHY NOT?

Evidence-based practice is a pivotal focus of health care services in the world. Increasingly critical care nurses are required to provide the evidence on which they base their practice decisions. It is recognised that engaging in research enables critical care nurses collectively to develop practice in pursuit of patient-centred care. While cause is notable, its full implementation in clinical practice remains problematic.

The most commonly cited barriers as to why critical care nurses have difficulty in implementing research findings in practice is that they feel they do not have enough authority to change patient procedures, they do not understand statistical analyses (Parahoo, 2000) or they do not always solve our clinical problems. The good news is that these barriers are by no means insurmountable and practice development (PD) shows us that change is possible with good teamwork (McCormack et al., 1999; Manley & McCormack, 2003). An essential requirement in our understanding of evidence-based practice is that we do it all the time.

So how can we do it? Our colleagues around the world have been engaging actively in the development of clinical practice guidelines for some time now. We still need to do more in implementing these clinical guidelines into local practice. This may involve conducting clinical audits, benchmarking change and development of written standards or protocols as evidence of local best practice. Understanding the research process is by no means exclusively in the domain of academic institutions. Many of our colleagues, with whom we work, have an understanding of research, and most probably would be more than willing to share their knowledge, if asked to do so. Many of us already have collegial relationships with our academic institutions, inviting them to assist provides opportunity not only to develop capacity but also establish partnerships in individual and collective research initiatives.

Who has done it? One study (Henderson et al., 2005), reports on the development of an evidence-based practice model for nurses, within the broader structure of the organisation's core business. Among the key elements identified by these authors, were nursing leadership, motivational strategies and educational support to get started, coupled with ongoing educational sessions and the addition of a facilitator to drive individual research initiatives. The development of a supporting team was established to ensure sustainability of the project. In addition, presentation of clinical guidelines and revisions to practice were undertaken by subgroup working parties. This study tells us that it is not

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impossible to focus on developing evidence-based practice with good vision, leadership and teamwork. I firmly believe as critical care nurses, we have creative vision and we can do it all the time, if we remain focused on why we are doing it. It is foremostly for our patients. We do need an understanding of evidence based practice because the strength of evidence will determine future health care policy decisions.

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