To **discuss** and present strategies to develop the role of the mentor to facilitate an evidence-based approach in practice in the light of professional body requirements.

the NMC (2008a:25-26) Standard says that mentors’ should...

Domain 2: Facilitation of learning
- **Facilitate** the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- **Support** students in critically reflecting upon their learning experiences in order to enhance future learning.

Domain 7: Evidence-based practice
- **Identify and apply** research and evidence-based practice to their area of practice.
- Contribute to strategies to **increase or review** the evidence-base used to support practice.
- **Support students** in **applying** an evidence base to their own practice.
What the code (NMC 2008b) says…

Provide a high standard of practice and care at all times

Use the best available evidence

- Care must be based on the best available evidence or best practice.

- Any advice you give is evidence-based if you are suggesting healthcare products or services.

Keep your skills and knowledge up to date

- You must keep your knowledge and skills up to date throughout your working life.

- You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.
Evidence-Based Practice (EBP) is defined simply by Aveyard and Sharp (2013:4) as

“practice that is supported by a clear, up-to-date rationale, taking into account the patient/client’s preferences and using your own judgement”.

BUT WHAT ARE THE MYTHS AND REALITIES?
Some qualified staff missed out on education/skills training?

It de-values experience?

Busy practitioners find it difficult to implement known evidence into practice?

Students value ‘practitioner knowledge’ more than what they learn at uni!

It is just about research!
WHAT MAKES THE PROFESSIONAL NURSE OF TODAY AN IDEAL ROLE?

too posh to wash/not caring

“She was a lovely nurse… but unfortunately the patient died!”
THE TOP 10 BARRIERS TO E.B.P. IDENTIFIED BY KAJERMO ET AL (2010) in a systematic review:

1. Lack of awareness of the research
2. Not feeling capable of evaluating the quality of the research
3. Insufficient time on the job to implement new ideas
4. Lack of time to read research
5. Feeling a lack of authority to change things
6. Inadequate facilities for implementation
7. Lack of support from other staff
8. Lack of cooperation from physicians
9. Not being able to understand statistical information
10. The relevant literature is not together in one place.
WHAT CAN STUDENTS DO?

- Develop their self-awareness and reflective skills
- Talk more about what they are formally taught and where they see differences in placements, mentors and what is taught on their course.
- Share their skills about information sources – (they could look at their intranet sources WITH their mentors), show lecture notes, videos, exam sheets?
- Ask MENTORs for their views when sharing what they have learnt on their course …and how it ACTUALLY applies in practice
WHAT CAN MENTORS/PRACTITIONERS DO?

How can they best enhance their role and skills in facilitating critical thinking, reflection and evidence based practice with their students.
IGNITE A SPIRIT OF ENQUIRY!!
Melynyk et al (2010)
<table>
<thead>
<tr>
<th>Six questions to trigger critical thinking (Aveyard et al 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where</strong> did you find the information?</td>
</tr>
<tr>
<td>Did you just ‘come across’ it? Or did you access it through a</td>
</tr>
<tr>
<td>systematic search?</td>
</tr>
<tr>
<td><strong>What</strong> is it and <strong>what</strong> are the key messages or results/</td>
</tr>
<tr>
<td>findings?</td>
</tr>
<tr>
<td>Is it a research study, professional opinion, discussion,</td>
</tr>
<tr>
<td>website or other?</td>
</tr>
<tr>
<td>What are the key messages/ results/ findings?</td>
</tr>
<tr>
<td><strong>How</strong> has the author/speaker come to their conclusions?</td>
</tr>
<tr>
<td>Is their line of reasoning logical and understandable?</td>
</tr>
<tr>
<td>If it is research or a review of research, how was it carried</td>
</tr>
<tr>
<td>out, was it done well, and do the conclusions reflect the</td>
</tr>
<tr>
<td>findings?</td>
</tr>
<tr>
<td><strong>Who</strong> has written/said this?</td>
</tr>
<tr>
<td>Is the author/speaker an organisation or individual? Are they</td>
</tr>
<tr>
<td>an expert in the topic? Could they have any bias? How do you</td>
</tr>
<tr>
<td>know?</td>
</tr>
<tr>
<td><strong>When</strong> was this written/said?</td>
</tr>
<tr>
<td>Older key information may still be valid, but you need to</td>
</tr>
<tr>
<td>check if there had been more recent work.</td>
</tr>
<tr>
<td><strong>Why</strong> has this been written/said?</td>
</tr>
<tr>
<td>Who is the information aimed at - professionals or patient/</td>
</tr>
<tr>
<td>client groups?</td>
</tr>
<tr>
<td>What is the aim of the information?</td>
</tr>
</tbody>
</table>
SELF-ASSESS (Greenhalgh 2010)

Do you…

1. Identify and prioritize all the patient/client problem(s), including their perspective?
2. Fully consider alternative diagnosis (not just medical ones)?
3. Deal with any additional problems and risk factors?
4. Seek best available evidence relating to the problems?
5. Fully appraise the evidence?
6. Apply valid and relevant evidence to the problems logically and intuitively?
7. Present the options to the patient in a balanced, understandable way incorporating their preferences?
8. Arrange on-going referral, evaluation, re-assessment or future care as need be?
TIPS AND HINTS

- Ask more… *about what the student is taught*
- Talk more… *about doubts, uncertainties, adaptations*
- Work in partnership – say *'we are learning together'*
- Always discuss evidence (or lack of it) for practice when teaching clinical skills or professional approaches e.g. health promotion strategies
- Explain when clinical/professional judgement is being used and what it is based on (cues, previous experiences, knowledge of the person).
- Be honest about conflict, uncertainty and discuss own decision processes.
QUICK REFLECTIONS!

- Use Driscoll (2007) for quick verbal reflections – can use trigger questions for more detailed debrief or reflections

- So what? Should includes analysis of evidence
TIPS AND HINTS

- Access national policy and guidelines/knowledge summaries and systematic reviews relevant to the speciality or patient/client problems.

- Register for NHS Evidence [https://www.evidence.nhs.uk/](https://www.evidence.nhs.uk/) and under knowledge summaries you can search under topics or specialities and you can register for updates.
POTENTIAL STRATEGIES TO DEVELOP AS AN EVIDENCE BASED MENTOR (Aveyard & Sharp 2013)

- Develop your own knowledge and skill in EBP (use the librarians, link tutors and students useful web sites…/video)

- Increase your awareness of research/guidelines/policy and its value – focus on specific issues

- Use summaries of evidence (literature reviews, CKS etc.)

- Make the most of your time

- Develop authority and confidence to influence and obtain resources and support
CHALLENGING PRACTICE!

- Discuss in advance with colleagues/practice educators/students what you should do if you see practice that conflicts with evidence you are aware of.

- Before you challenge the practice of others, consider the validity of the evidence you have – *might there be things you are unaware of, for example, context, more than one approach or different values?*

- Try and start a conversation with someone where you ask them tactfully about the evidence underpinning their decision.

- Ask for their perspective on the issue/your observations.

- Offer to share that you have just found a new way of doing something.
MORE IDEAS…

- Ask if you can help to find the evidence for a particular therapy or intervention.
- Consider asking questions rather than making accusations about practice.
- Give them time to consider your view or question.
- Suggest the issue as a topic for a journal club or team project.
- Consider if the practice is unsafe or inappropriate; your role might be as an advocate for your patients or clients – this may help you to be assertive.
- Consider the setting; avoid challenging another practitioner in public unless the practice is unsafe.
- Ask to speak to them privately.
WHAT CAN THE FACULTY (UNI) DO?

- Adopt more interactive and applied teaching methods
  - Problem solving
  - Reflective
  - Simulation
  - Use of technology
  - Games

- Share more information/resources to practitioners re updated materials (? via students)

- Involve practitioners on planning teams? (reciprocal benefit)

- Relate EBP explicitly to decision making in practice

- Discuss role modelling EBP in mentor updates

(Some ideas from Crookes et al 2013)
A FINAL NOTE – MY CAMPAIGN….

Mentors should be role models for the nursing process!!

- Assess /diagnose (based on sound knowledge and wonderful communication skills)
- Plan – using evidence-based interventions and with the patient and clinical judgement
- Implement (with care and compassion /or delegate appropriately)
- Evaluate (using reflection and critical thinking)
REFERENCES:


NMC (2008a) Standard to support learning and assessment in practice. London, NMC

NMC (2008b) The CODE, standards for performance and ethics, London, NMC
USEFUL WEB SITES:

Cochrane also has a site that offers many links to tutorials and tools: http://www.cochrane.org/About%20us/Evidence-based%20health%20care/Webliography/Tutorials-tools

Cochrane’s ‘webliography’ of evidenced-based practice resources – it is an overview of the most important print and online resources for evidence-based healthcare and medicine http://www.cochrane.org/about-us/evidence-basedhealth-care/webliography

Evidence in Health and Social Care is another very good site that offers further links to a variety of resources. It aims to help people from across the NHS, public health and social care sectors to make better decisions as a result (http://www.evidence.nhs.uk/). There is a specific public health section http://www.evidence.nhs.uk/nhs-evidence-content/public-health