A Handbook for

Student Nurses

Third edition

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PREFACE TO THE THIRD EDITION

The Nursing and Midwifery Council (NMC) is the regulatory body for nurses and midwives and is responsible for setting standards of proficiency. The standards of proficiency define the overarching principles of being able to practise as a nurse, and must be achieved before students are eligible to join the register. The aim of this handbook is to highlight and address many of the key issues which surround these standards of proficiency and relate them to not only the working knowledge you require in the practice setting but also to *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates*.

This handbook has been written for student nurses, return to practice nurses and those who trained overseas, students undertaking Further Education Access courses or BTEC (Business and Technology Education Council) qualifications, and Nursing Associates. The content is also relevant for healthcare assistants and assistant practitioners, as many of the principles are relevant to all those working in care settings. It is designed so that each individual chapter can be utilised as a quick source of reference, although together with the activities and further reading, it may serve as a starting point for more in-depth study.

Anneyce Knight and Sara White
May 2019

ACTIVITIES AND QR CODES

In some of the Activities in this book we have used QR codes to enable you to reach websites quickly and easily. Download a QR reader/scanner onto your smartphone, scan the code and it will take you instantly to the relevant website.

PREFACE TO THE SECOND EDITION

The NMC is responsible for setting standards of proficiency that define the overarching principles of being able to practise as a nurse, and must be achieved before students are eligible to join the register. The aim of this handbook is to highlight and address many of the key issues which surround these standards of proficiency and relate them to working knowledge you require in the practice setting.

The handbook has been written primarily for student nurses, return to practice nurses and those who trained overseas, but it is envisaged that students undertaking Further Education access courses and Qualifications and Credit Framework (QCF) courses in health care will also find the information helpful. The content is also relevant for Health Care Assistants and Assistant Practitioners.

The information within the book is relevant to all areas of nursing, and all branches of nursing. It is designed so that you can utilise individual chapters as a quick source of reference, although along with the activities and further reading, it may serve as a starting point for more in-depth study. Where websites are identified, these are only suggested sources of further information and others may be found through general search engines such as www.google.co.uk. Although the emphasis is mainly related to healthcare in England, we do refer to Scotland, Wales and Northern Ireland when appropriate.

Wendy Benbow and Gill Jordan

ABOUT THE AUTHORS

Wendy Benbow: Following qualification as a registered nurse in 1969, Wendy worked for two years in genito-urinary surgery and major spinal injuries before moving into community nursing. Over a fourteen-year period Wendy was involved in a variety of roles that included community nursing sister, practice work teacher and nurse manager, as well as time seconded for research and coordinating pre-registration student placements for the local acute hospital. After a year out to complete her teaching qualification, Wendy began working full-time in education in 1985. She was involved in both teaching on and managing a range of pre- and post-registration courses, programme development, regionally funded research and national project development. Wendy has now retired from working in healthcare.

Gill Jordan: On qualifying as a registered nurse in 1978, Gill completed her Orthopaedic Nursing Certificate and moved to New Zealand where she worked in a large orthopaedic teaching hospital, ultimately as a ward sister of a trauma orthopaedic ward. On her return to the UK in 1988, Gill moved into nurse education. Since then, she has been involved in a variety of courses and professional development programmes, as both a teacher and programme leader. These have included courses leading to professional registration, Return to Practice, Overseas Nurses Programme, conversion courses and various post-registration undergraduate and postgraduate programmes. Gill has now retired from working in healthcare.

Anneyce Knight: Anneyce is currently a Senior Lecturer in Adult Nursing at Bournemouth University and Programme Leader for the Return to Practice (Nursing) course. She qualified as a registered nurse in 1982 and worked in orthopaedics and oncology, then trained as a midwife. She continued to practise in a variety of nursing and midwifery clinical settings before moving into Higher Education in 2000. Prior to taking up her current role in 2015, Anneyce

was the Course Lead for the innovative Foundation Degree in Health and Social Care (clinical) for Associate Practitioners, a joint NHS and Southampton Solent University collaboration. Previously she was at the University of Greenwich, where she held a number of positions. She is passionate about the need for compassionate care, thereby enhancing the quality of patient care, particularly at the end of life. Her primary research interests focus on Public Health and Wellbeing, areas in which she has published and presented nationally and internationally.

Sara White: Sara qualified as a registered nurse in 1986, after which she worked in Acute Trauma and Orthopaedics before moving to Intensive care (ICU) and Coronary care. She worked in a number of ICUs in London and the south of England and gained multiple qualifications (including General Intensive Care Nursing, Principles of Intensive Care (Paediatrics), BSc (Hons) Nursing Studies and Diploma in Health Service Management). Having spent ten years as an ICU Sister she moved into Higher Education (HEI) where she has been for twenty years. During her time in HEI she has facilitated the learning of many thousands of students at both undergraduate level and postgraduate level, whilst at the same time continuing her own education to Doctorate level. She believes that as a nurse educator she should strive to enable students to fuse their learning and integrate education, professional practice and research in order to develop as future nurses and enhance the care they offer patients.

07 EVIDENCE-BASED PRACTICE

The aim of this chapter is to remind you about the importance of understanding research and evidence-based practice as it underpins your nursing role every day in ensuring that you provide safe and effective care, both as a nursing student and when you are a registered nurse with the NMC.

LEARNING OUTCOMES

On completion of this chapter you should be able to:

- understand the concept of evidence-based practice
- appreciate the need to consider the evidence base when carrying out nursing care and issues related to its implementation

» Introduction

Historically nursing and, specifically, clinical procedures were based on rituals and traditions rather than research (Dougherty and Lister, 2015). An example of this was the use of egg white and oxygen in the 1970s to treat small pressure ulcers. However, since the 1990s, the term 'evidence-based practice' has become commonplace within the nursing profession, as nurses are required to justify the decisions they make and the care they deliver.

Evidence-based practice in nursing has evolved from the concept of evidence-based medicine. Sackett *et al.* (2000, p. 2) defined this as "the conscientious and explicit use of current best evidence in making decisions about the healthcare of patients". Subsequently, many authors have sought to define the specific meaning of evidence-based practice within nursing. For example:

- Cullum *et al.* (2008, p. 2) suggest that evidence-based nursing is "the application of valid, relevant, research-based information in nurse decision-making".
- Ingersoll (2000, p. 152) proposes that "evidence-based nursing practice is the conscientious, explicit and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients with consideration of individual needs and preferences".

- Aveyard and Sharp's (2013, p. 4) definition also identifies the importance of the patient/service user's perspective: "[Evidence-based nursing] is practice that is supported by a clear, up-to-date rationale, taking into account the patient/client's preferences and using your own judgement". This aligns with the concept of person-centred care and also relates directly to a nurse's responsibility and accountability, as set out in by the NMC *Code* (2018a).

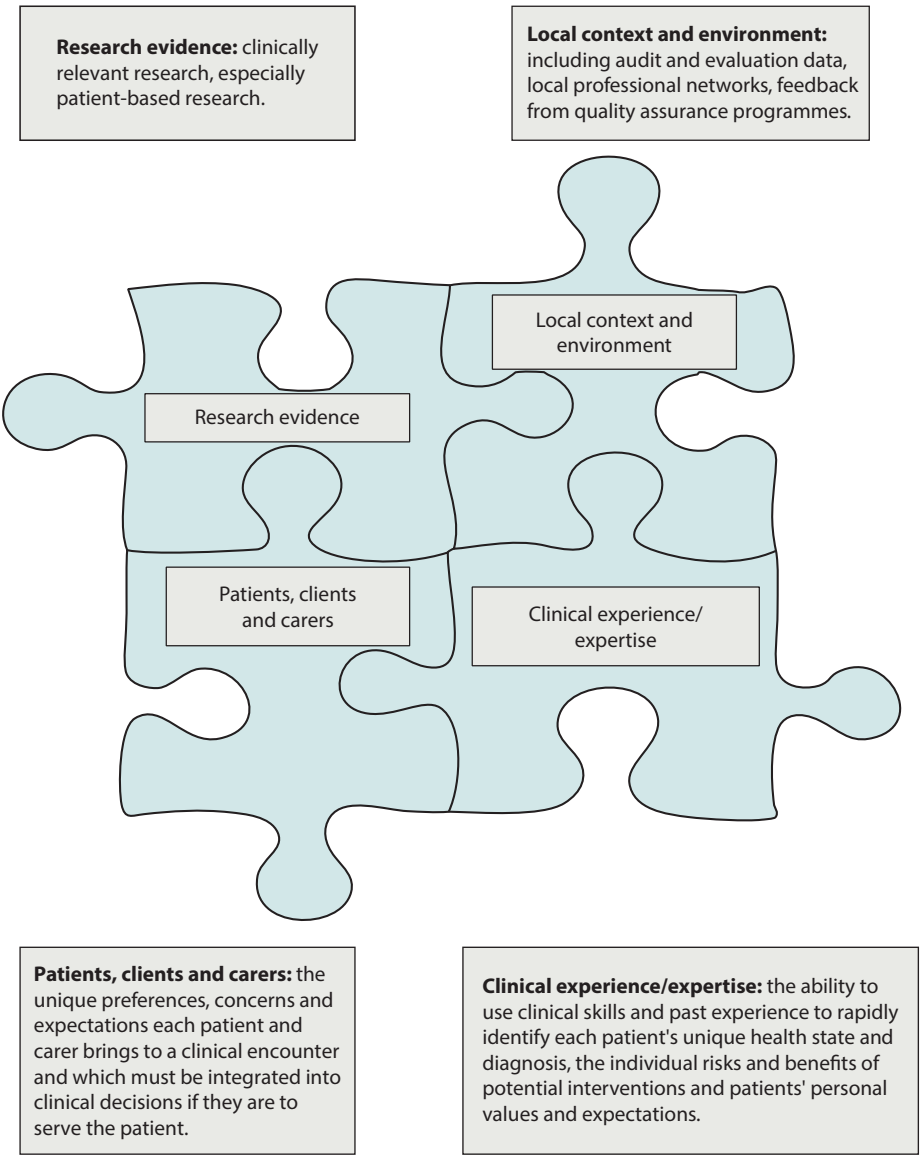

Figure 7.1: *Components of evidence-based practice (adapted from Rycroft-Malone* et al.*, 2004).*

Parahoo (2014) identifies a clear process for undertaking evidence-based practice. This includes identifying a question that relates to practice or policy, followed by searching for pertinent research studies which are analysed (appraised). After completing this, the findings from the identified studies are disseminated and implemented. Important skills for nurses to develop are not only the ability to undertake a systematic literature review but also to make "... use of evidence, clinical expertise and patients' views to make clinical decisions" (Parahoo, 2014, p. 393).

Figure 7.1 provides an example of the four key components of evidence-based practice and the relationship between them (from Rycroft-Malone *et al.*, 2004). This is covered in more detail later in this chapter.

In summary, the central principle of evidence-based practice is that nursing students, nurses and other health and social care practitioners combine their clinical or practice expertise and their knowledge of the client or patient with the high quality evidence from research (Sackett *et al.*, 1996). Heaslip and Lindsay (2018) emphasise that to provide the best possible care in practice, students must not only perform skilfully but also support their actions by referring to, and using, evidence; that is to say, practice is based on trustworthy data and factual information. Thus, evidence-based practice bridges the gap between research and practice.

» **Evidence-based practice bridges the gap between research and practice.**

» Evidence-based practice in nursing

Nurses need to understand how information derived from research is turned into 'evidence' and thus informs practice. The NMC (2018a) clearly identifies that nurses have a responsibility to deliver care on the basis of the best evidence available and best practice. Thus, a nurse must:

- "make sure that any information or advice given is evidence-based including information relating to using any health care products or services", and
- "maintain the knowledge and skills you need for safe and effective practice".

Indeed, according to the *NHS Constitution for England* patients expect nurses not only to work in partnership with them but also that decisions about funding drugs and treatments "be made rationally following a proper consideration of the evidence" (NHS England, 2015, p. 7). See also: *Healthcare Principles* for Scotland; for Wales, *The Core Principles of NHS Wales* and for Northern Ireland, *The Charter for Patients and Clients*.

As already noted, evidence-based practice in nursing has its roots in the evidence-based medicine movement but in nursing, as we have seen, definitions of the

term give prominence to the patients' views of effectiveness. The RCN (1996a) emphasised this by saying:

> *"Evidence-based health care is rooted in the best scientific evidence and takes into account patients' views of effectiveness and clinical expertise in order to promote clinically effective services. This is essential in ensuring that health care practitioners do the things that work and are acceptable to patients, and do not do the things which don't work."*
>
> (RCN, 1996a, cited in McClarey and Duff, 1997, p. 33)

Williamson *et al.* (2008) who developed the work of Bury and Mead (1998), identified the 'Six Rs of clinical effectiveness', as set out in *Figure 7.2.*

The right person	Was the person delivering the care competent, with the right skills and knowledge?
The right thing	Was there evidence to support the intervention, and was the patient agreeable?
The right way	Was an intervention used correctly, with correct skills and competence, or did it meet national guidelines and priorities?
The right place	Could the patient have been treated at home, or was there a more appropriate place based on specialist equipment or staff?
The right time	Was the intervention timely – would it have been more effective without a six-month wait?
The right result	Did it do what was intended?

Figure 7.2: *Six Rs of clinical effectiveness (Williamson* et al., *2008, adapted from Bury and Mead, 1998).*

More recently, the values and behaviours known as the 6Cs – Care, Compassion, Competence, Communication, Courage and Commitment (Cummings and Bennett, for the Department of Health, 2012) – underline the importance of implementing and delivering evidence-based practice. Within the 6Cs, it is recognised that patients/service users expect the right care to be given, that those caring are able to do the right thing and are competent to deliver care and treatments effectively based on evidence and research, and that there is a commitment to improve the care (see also *Chapter 3*).

Such statements by the RCN and the expected values and behaviours identified in the 6Cs highlight the importance of evidence-based practice in nursing. Parahoo (2014) points out that nurses represent the largest group of healthcare professionals throughout the world and spend considerably

» **Nurses spend considerably more time with patients than any other health professional group.**

more time with patients than any other health professional group. Therefore, as a profession, nursing must build its body of knowledge and skills on solid evidence. However, Craig and Smyth (2012) issue a note of caution to this – the huge range of settings and people that nurses work with can be detrimental to implementing evidence-based practice; the settings in which nurses work are so varied that research cannot possibly be relevant to all. So, what is the right thing, and what are the choices available? Consequently, Craig and Smyth (2012) believe that the concept of evidence-based practice is particularly challenging for nurses.

Heaslip and Lindsay (2018, p. 4) outline what they consider the most important reasons for practice to be based on evidence:

- The public no longer trusts health and social care professionals to do what is best (consider the Francis Report of 2013 and the report on Gosport War Memorial Hospital of 2018).
- Professionals are conscious of the risk of being sued and want clear evidence for their practices.
- Emerging health and social care professions want to create their own evidence for their roles.
- Governments demand clear evidence before funding expensive new treatments or care strategies.

Evidence-based practice underlies all seven platforms of the NMC (2018b) *Future Nurse: standards of proficiency for registered nurses*. These standards set out the importance of applying research findings to "promote and inform best nursing practice" (ibid., Clause 1.7). This also means that evidence-based practice underpins all daily person-centred care/family-centred care. This is to ensure the delivery of clinically effective and safe treatments that improve the patient/service user's health outcomes in whatever field or areas of nursing you deliver care in. According to the NMC (2018b) a registered nurse is required to have "the confidence and ability to think critically, apply knowledge and skills, and provide expert, evidence-based, direct nursing care" (NMC, 2018b, p. 3). For nurses to deliver evidence-based practice, the NMC (2018b) clearly states that nurses need to be able to understand research methods as well as the ethics and governance processes involved in undertaking research. This is so they can "critically analyse, safely use, share and apply research findings to promote and inform best nursing practice" (ibid., Clause 1.7).

In addition the NMC (2018b, p. 16) states that registered nurses lead the provision of "evidence-based, compassionate and safe nursing" care and need to "ensure that [the] care they provide and delegate is person-centred and of a consistently high standard". As a nurse you will work in a range of care settings where you will need to "work in partnership with people, families and carers to evaluate whether care is effective and the goals of care have been met in line with their

wishes, preferences and desired outcomes" (ibid., p. 16). This means that as a nurse you are required to:

- question
- critically appraise evidence
- take into account ethical considerations
- take into account the individual preferences of the person receiving care, their family and carers
- use evidence to support arguments.

There are many reasons why using evidence-based practice in nursing is important; the list below is not exhaustive but is a starting point:

- establishes justifiable, defensible reasons for nursing actions
- ensures patient safety
- increases cost-effective practice
- enhances clinical effectiveness
- is a basis for assuring quality care delivery (clinical governance)
- improves the patient's experience
- provides evidence of what does not work
- provides evidence to support resource allocation
- supports managing risk
- encourages academic and professional development.

(Heaslip and Lindsay, 2018)

RECAP

- Clinical nursing procedures are no longer based on custom and tradition but on evidence – this is known as evidence-based practice.
- The NMC and RCN both emphasise the need for evidence-based practice (EBP), and EBP is a constant theme of the NMC *Future Nurse* standards.

» Carrying out evidence-based practice

As noted in the introduction to this chapter, several authors, such as Parahoo (2014), Williamson *et al.* (2008) and Sackett *et al.* (2000), suggest a sequence of events has to take place before information can be considered 'evidence-based'. This is summarised in *Figure 7.3*.

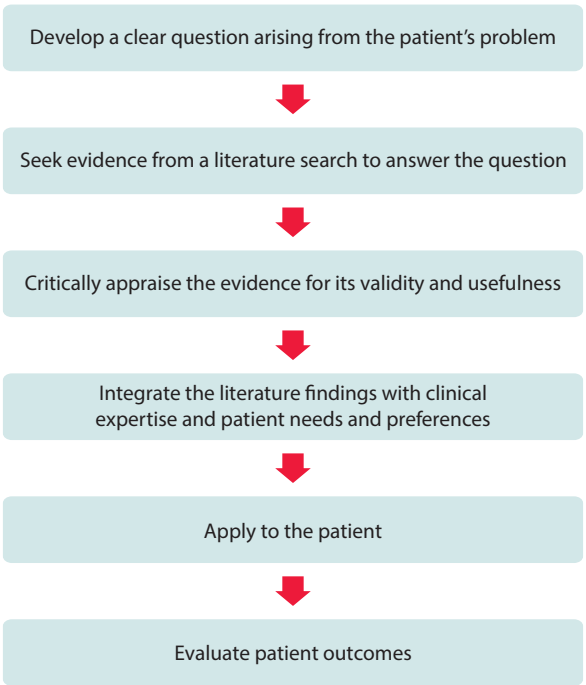

Figure 7.3: *The sequence of evidence-based practice.*

What is evidence?

In the past, supporters of evidence-based practice have focused on research derived from quantitative methods (data collected in the form of numbers and analysed statistically), as they were deemed the only studies worth considering. There was little or no recognition of research gathered by qualitative means (data collected in the form of words, with a focus on experience and feelings) (Ingersoll, 2000). Dougherty and Lister (2015) believe this is worrying when, within nursing, qualitative research is the prevalent design used. However, this is changing as increasingly evidence is recognised as coming from many different areas (as shown in *Figure 7.1*) with changing research methodologies including the use of mixed methods (using both quantitative and qualitative data) and the use of non-research evidence, such as audits and narratives of patients' experiences.

» **Evidence is increasingly recognised as coming from many different sources.**

Credibility is key in evidence-based practice but there is little consensus about how evidence is assessed before it is used to inform practice, mainly because making such judgements about evidence is complex and difficult to achieve (Dougherty and Lister, 2015). In some instances government bodies have developed nationally accepted guidelines as a result of expert researchers undertaking research

trials – examples of these are the NICE (National Institute for Health and Care Excellence) guidelines and National Service Frameworks (NSFs), which were developed to achieve consistent clinical standards across the NHS.

In other instances, hospitals have created their own nursing guidelines, where procedures are regularly reviewed and updated. An example of this is the Royal Marsden Hospital's *Manual of Clinical Nursing Procedures* (Dougherty and Lister, 2015). These are then published, thereby enabling other healthcare professionals and patients to benefit from the work.

ACTIVITY 7.1

Choose one aspect of nursing care. List the sources of evidence needed to ensure the delivery of evidence-based practice to deliver high quality and safe nursing care.

Critical awareness

Society's healthcare needs and expectations are rapidly changing, which requires nurses to have an understanding of not only anatomy and pathophysiology but also sociology and psychology. They need to keep their knowledge up to date if they are to provide the best possible care to patients based on the best available evidence which they need to be able to critically review (NMC, 2018a). Equally, nurses need to challenge everyday practices to ensure they are safe for use with patients, as nurses are their patients'/service users' advocate (NMC, 2018a).
A major part of keeping care up to date is reviewing or evaluating literature on a subject. Evaluating research sounds rather daunting for the inexperienced but it can be broken down into a number of simple steps.

First, all research needs to be reliable (truthful) and valid (transferable), but not all research is necessarily relevant or applicable (Heaslip and Lindsay, 2018). Evidence sought needs to be linked directly to nurses' practice and to inform that practice, thereby making it relevant and applicable. Not all research is generalisable (applicable to other settings); an example of this is a project where the use of ordinary tap water for wound cleansing was advocated. However, the study was carried out in a developed country where water is purified – in some countries the water is not purified and may be contaminated, so using tap water in these areas would be unsafe.

Secondly, nurses need to be critical and questioning of the evidence they seek to use to inform their practice, as it is important for them to decide the value or worth of a piece of research, given the purposes for which it is intended. Aveyard and Sharp (2013, p. 111) explain that this involves not just accepting what is

written at face value but being able to "interpret what is read", be "selective and critical" and use "best available evidence".

Therefore, thirdly, nurses need to know how to evaluate a research article (Aveyard and Sharp, 2013). As a nurse you are individually accountable (NMC, 2018a), so you need to decide on the reliability and validity of the research. In order to do this it is necessary to develop the skills to evaluate the research evidence in a critical way. Below is guidance for evaluating research articles. This guidance is comprehensive, but you may not be able to address all the points – it depends on the focus of the research article.

The article

The title – is it informative, interesting and to the point? In other words, does it address the question that you want answered?

The authors – what do you know about the authors? Do they have a vested interest in the conclusions of the study?

The abstract – does it summarise the main points of the study adequately and accurately? Be careful, as sometimes abstracts promise more than that which is written in the rest of the paper.

Introduction – is the problem or purpose of the study clearly stated?

The questions – are they stated clearly and concisely? Do they follow logically from the problems? Are they worth answering? Are they answerable?

The literature – is the background information adequate? Does the author appear to know their subject? Do they appraise related research and authoritative statements? Or have they strung together citations and quotes which support their proposal without consideration of antagonistic arguments? Are specific theories used in order to put the study and potentially the findings into context? Does this theory seem relevant?

Relevance – is the study placed in the context of current professional knowledge? What is the potential contribution of the study to practice?

Aims – are the aims stated clearly, concisely and precisely? Are they logically related to the original question(s)? How were they formulated; for example, does evidence from the literature support intuition, instinct and experience? If treatment is being investigated, are the aims related to efficacy and safety?

Methodology

Design – is the study descriptive or experimental? Is it described adequately? Does the chosen design seem appropriate to you? A hypothesis or set of

hypotheses is necessary for an experimental design. Does it follow logically from the original problem and theories?

Assumptions – are any assumptions being made? Is their use explained? Are they justifiable and appropriate? Was a pilot study completed, i.e. was a questionnaire or special report pre-tested for validity and reliability? Were modifications made? What were they and why were they made?

Ethical considerations – has the author considered the ethics of the method? Is the proposed method ethically acceptable? For example, will all service users receive the treatment/intervention they need rather than the treatment needed for the study? Will a control group be required to receive a bogus or dummy treatment of dubious efficacy?

Participants – how were people selected? Are individuals allocated to alternative treatment/intervention groups? Is this ethical? Is there an account of how each person was chosen? Were specific criteria used to include people in the study, or exclude them from it? Are these criteria clearly stated? Is the reasoning behind them apparent and sensible?

Samples – was a specific size of sample chosen (for example, for statistical purposes)? Does it seem adequate to provide sustainable results? If the author aims to make general comments about a population on the basis of the findings, who forms this population? Is the sample representative of this population?

Data collection – is the method described adequately? Could you replicate it from the description? Are the reasons for the choice of method stated? If special report forms, assessment forms, questionnaires or interview schedules have been used, are copies provided with the paper or is an address given for copies?

Findings

Analysis – is the method of analysis understandable? Have statistical tests been used? Are reasons for choice given which explain their appropriateness? Do you understand and accept the explanation?

Results – are results intelligible enough for you to interpret them and draw your own conclusions? Are they relevant to the stated problem? Does your background knowledge and common sense indicate that they are realistic and feasible? Is 'raw' data given, or only proportions, percentages, etc., after manipulation? Are histograms, pie charts and other graphic representations explained? Are the tables helpful? If results are based on responses to a questionnaire or interview schedule, what is the response rate? Are statistical results included? Are they meaningful? Is the statistical probability of results by chance included? Is it appropriate?

Discussion – are the results interpreted in relation to the original questions? Are the original questions answered? Have the aims been fulfilled? Does the author discuss any weaknesses in the methodology and factors which may have affected validity or reliability? For example, should sample selection be discussed? If criteria of inclusion and exclusion need clarification, is the explanation acceptable? Should the advantages and disadvantages of the method of data collection be discussed? Are they? Have you noticed anything that was omitted? Has the author referred to it or ignored it? Have the findings been related to the existing body of knowledge and relevant theory? Are the clinical implications discussed? Was the project funded? By whom? Might the results be biased because of the interests of the financing body?

Conclusions – are the author's conclusions logical, valid and reliable according to the data and the findings presented?

Recommendations – are the recommendations self-evident from the reported results? Could you attempt to implement them, and should you? Is this study an end in itself, or does it suggest further research?

References – is the length of the list more impressive than its quality? Are any references conspicuous by their absence?

There are also tools to evaluate research readily accessible, such as the Critical Appraisal Skills Programme (CASP) tools and checklists and the Understanding Health Research appraisal tool. These are available online – see the *Useful websites* at the end of the chapter and *Activity 7.2*.

RECAP

- Evidence can come from different sources and via different methods, including quantitative, qualitative and mixed methods. Evidence may also come from non-research sources such as clinical audits and patient experiences.
- Nurses must be critical and questioning of evidence, including being able to evaluate research articles.

ACTIVITY 7.2

Find a research article in any nursing journal relating to your chosen aspect of nursing care. Review this article using the suggested guidance above or consider using a formal tool or checklist (CASP, available at www.casp-uk.net/appraising-the-evidence or Understanding Health Research, available at www.understandinghealthresearch.org).

» Clinical effectiveness and evidence-based practice

The term 'evidence-based practice' is often linked with clinical effectiveness. Williamson *et al.* (2008) believe clinical effectiveness is concerned with using treatments or care that have been shown to work, and it is important that what nurses do is effective because "the NHS is a publicly funded service and it would be financially wasteful, pointless and immoral ... to be using particular clinical interventions if they were not known to be effective" (Williamson *et al.*, 2008, p. 82).

The link between evidence-based practice and clinical effectiveness is identified within the Department of Health's definition, as cited by the RCN (1996, p. 1) where it is concerned with "applying the best available knowledge, derived from research, clinical expertise and patient preferences, to achieve optimum processes and outcomes of care for patients" – a definition not dissimilar to the definition of evidence-based practice.

Clinical effectiveness is also linked to clinical governance (see also *Chapter 6*) which was introduced by the Department of Health in 1998 to ensure that care provided is of high quality and has effective outcomes. Indeed, all four countries of the UK have identified safe and effective care as part of their individual health strategies (Welsh Government, 2012; Department of Health, Social Services and Public Safety, 2011; Scottish Government, 2010). This can only be achieved by using current evidence to provide patient care in clinical practice.

» Implementing evidence-based practice

As discussed in this chapter, it is imperative for every nursing student and registered nurse to understand and use evidence-based practice to provide clinically effective and safe patient care. However, Dougherty and Lister (2015) point out that, on the whole, delivering evidence-based care can be demanding and needs determination and time. Craig and Smyth (2012) summarise the findings of the review by Kajermo *et al.* (2010) of 53 studies that used the Barriers Scale (Funk *et al.*, 1991). They state that "the barriers most consistently highly ranked featured the inaccessibility of evidence (whether due to incomprehensible statistics, poorly synthesised or publicised findings), nurses' research skill deficits and lack of authority, resources and support to support change" (ibid., p. 292). Thus, obstacles can include:

- the language of evidence
- poor skills in evaluating evidence
- organisational factors such as workload and staffing

- the inability to change
- the possibility that there is no evidence available
- the possibility that the evidence is not transferable from one clinical setting to another.

Nevertheless, despite these challenges it remains incumbent on nurses to use current best evidence when providing information and care and to be able to justify this (NMC, 2018b, p. 7); thus, delivering evidence-based practice is every nurse's role. Nurses need to be motivated to find strategies to overcome these barriers within their day-to-day practice. This includes individual nurses developing the skills to search for the evidence and being able to critically appraise/evaluate it, as well as developing an understanding of how to effect change. As Gerrish and Lathlean (2015, p. 542) emphasise, "commitment is needed from individual nurses together with support from colleagues within the multidisciplinary team and from managers".

» **Delivering evidence-based practice is every nurse's role.**

Finally, it is important to remember that within the delivery of evidence-based nursing practice, person-centred care is given. Accordingly, the patient/service user is a partner in their care, so the assessment of their clinical situation and their preferences needs to be taken into account.

ACTIVITY 7.3

In *Activity 7.1*, you were asked to choose one aspect of nursing care and list the sources of evidence needed to ensure the delivery of evidence-based practice to deliver high quality and safe nursing care. Read the sources of evidence you have found and reflect on what you have observed in practice. Is there a difference? If so, what would you do about it? Consider the NMC (2018a) *Code: professional standards of practice and behaviour for nurses, midwives and nursing associates* in your reflection.

CHAPTER SUMMARY

- All care given should be based on evidence-based practice and be non-discriminatory.
- The care must be appropriate for the individual patient/service user (person-centred).
- Evidence-based practice is often linked with clinical effectiveness, clinical governance, patient safety and health outcomes.

Further information

This chapter does not attempt to discuss research methodologies, nor how to seek out literature – there are many textbooks that can help you with that. An example is Vanessa Heaslip and Bruce Lindsay's 2018 book, *Research and Evidence-Based Practice: for nursing, health and social care students* (Lantern Publishing).

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Useful websites

https://casp-uk.net/casp-tools-checklists/ (accessed 2 May 2019)
www.nice.org.uk (accessed 9 April 2019)
www.thecochranelibrary.com (accessed 9 April 2019)
www.understandinghealthresearch.org (accessed 9 April 2019)