Promoting evidence–based practice in emergency

By Joanne Collins, Provincial Director, NFLD

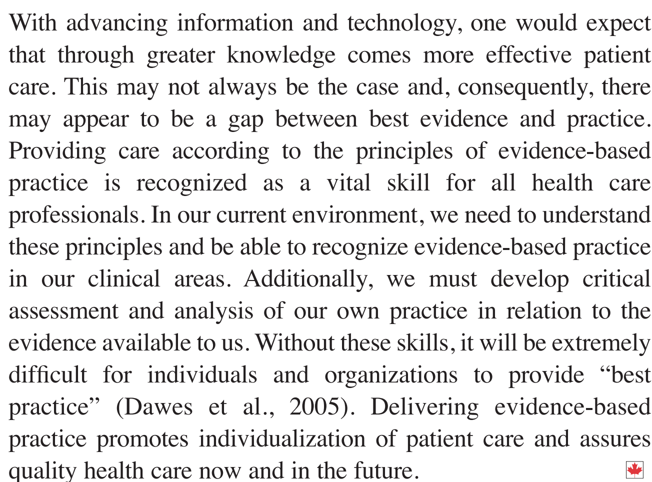
The term "evidence-based practice" has evolved over the past several years in scope and definition. In the early 1990s, when this term seems to have first appeared, it focused on the promotion of best evidence in medicine (termed evidence-based medicine). Since then, it has evolved from "expert opinion" for establishing guidelines to a more formal, quantitative and sophisticated research approach. Today, the term evidence-based practice is more widely used to incorporate a multidisciplinary approach in the provision of quality patient care.

Claiming to be "evidence-based" in today's world conveys a measure of credibility that is invaluable. Thus, it is important to be clear on what evidence-based practice really means. Fundamentally, it is important to realize that evidence-based practice begins and ends with the patient. It requires that decisions about health care are based on the best available current, valid and relevant evidence, and that these decisions are made by the patient, informed by those providing the care, within the context of available resources (Dawes et al., 2005). Ignoring research evidence risks benefit to the patient and may implicate potential harm.

"Evidence-based practice is a process of lifelong, problem-based learning which involves:

1. Converting information needs into a focused question.
2. Efficiently tracking down the best evidence with which to answer the question.
3. Critically appraising the evidence for validity and clinical usefulness.
4. Applying the results in clinical practice.
5. Evaluating performance of the evidence in clinical application".

(Evidence Based Medicine Working Group: www.uic.edu)



With advancing information and technology, one would expect that through greater knowledge comes more effective patient care. This may not always be the case and, consequently, there may appear to be a gap between best evidence and practice. Providing care according to the principles of evidence-based practice is recognized as a vital skill for all health care professionals. In our current environment, we need to understand these principles and be able to recognize evidence-based practice in our clinical areas. Additionally, we must develop critical assessment and analysis of our own practice in relation to the evidence available to us. Without these skills, it will be extremely difficult for individuals and organizations to provide "best practice" (Dawes et al., 2005). Delivering evidence-based practice promotes individualization of patient care and assures quality health care now and in the future.

References available upon request.

The application of the Standardized Field Sobriety Test in the emergency department

By Zoe Schuler, RN, Burnaby, BC

Forensic sciences has become one of the hotter topics lately, thanks, in part, to television shows like **CSI** or **Law & Order**, but also due to more high-profile court cases. The O.J. Simpson case is a good example. And while the scientific aspect of forensic health care has received a lot of attention lately, I learned this past week that there are many aspects of health care and law enforcement that use forensic principles routinely and have been using these principles for many years. Sadly, these do not receive the same amount of attention, but are just as valuable, nonetheless.

One such area in law enforcement that was of particular interest to me was the police use of the Standardized Field Sobriety Test (SPST) to assist in the detection of drug- or alcohol-impaired drivers. Having had no personal experience with the SFST, my only knowledge of it was for comic fodder in television shows, or hearing someone else recount various urban legends or myths on how to beat the SFST. My perspective on the SFST was drastically changed following a presentation by Wayne Jeffrey, and I began to believe that this aspect of law enforcement could have many implications for nursing. In particular, I believe the emergency department, especially emergency-trained doctors and nurses who are on the front line of patient care, could benefit greatly from this knowledge. It is our duty to identify symptoms and chief complaints from our patients, and quickly determine whether these symptoms are medical, psychiatric, or possibly drug-induced in nature. The ability to more accurately and quickly identify which symptoms are related to illicit drug use has many possible benefits, which will be discussed later.

A standardized program to train Drug Recognition Experts (DRE) and a standardized test was developed in Los Angeles by the Los Angeles Police Department in the early 1980s, and came to Canada in 1995 (Department of Justice [DOJ], Canada, 2004). A DRE is typically a police officer with additional specialized training as well as supervised practical experience geared towards identifying seven different classes of illicit