Student-led promotion of evidence-based healthcare

By Michael Daldry ⁽¹⁾ and Lorna Burns ⁽²⁾

(1) Year 1, Dentistry, Peninsula School of Medicine and Dentistry, Plymouth University

(2) Lorna Burns. Lecturer in Evidence Based Healthcare, Peninsula School of Medicine and Dentistry, Plymouth University

NICE Evidence is a search engine designed for healthcare professionals and practitioners. It provides access to selected, authoritative evidence across all disciplines of healthcare, public health and social care. It draws upon trusted sources such as Royal Colleges, BNF, Cochrane and GOV.UK. It is freely available without requiring a login at: www.evidence.nhs.uk.

The NICE Evidence Student Champion Scheme is a national programme managed up by NICE. Students receive bespoke training and support to enable them to disseminate information about NICE Evidence Search to their fellow undergraduates.

As we strive to practise evidence-based healthcare (see insert), the NICE Evidence search engine is an invaluable resource for both students and professionals. It provides guick and simple access to a vast range of information through a single search engine, which saves the time and effort of searching multiple websites and sources. Realising this, I took the opportunity to learn more about the scheme and applied to become a NICE Evidence Student Champion at Plymouth University.

Attending the workshop to become a NICE Evidence Student Champion was highly enjoyable and rewarding to learn how the scheme could further both my development and that of my fellow students. Moreover, the scheme is open to all year groups across both medical and dental undergraduate courses and this interdisciplinary aspect provided us with the opportunity to discuss and share ideas about the scope and use of the scheme across different areas of practice. The workshop provided helpful advice and guidance about facilitating teaching sessions. We were given time to practise delivering a teaching session about the uses of NICE Evidence, receive feedback, and thereby further develop our teaching and presentation skills. We were provided with a set of learning resources for our subsequent teaching which could be tailored to suit the audience. Having the opportunity to work with students from other year groups was fantastic.

The highlight of the day was the practice teaching scenarios, involving some highly entertaining role play. They showed the diversity of teaching methods that we could use for our future sessions.

Having made connection at the workshop, Student Champions are encouraged to collaborate with each other in future. I have since worked with a fellow champion and provided peerto-peer teaching sessions, both for first year dentists and medics, with positive feedback, including "why wasn't this incorporated as a lecture into the course?".

NICE Evidence has proved to be beneficial for many students, including first year medics writing their special study unit reports. Personally, I have found it to be an invaluable tool for easy access to the BNF, especially in clinic, when time is limited and a user-friendly interface is essential. NICE Evidence is indispensable for selfdirected learning, and is now my first port of call when investigating clinical topic areas.

We students need to know that the resources we use are both reliable and up-to-date. NICE Evidence brings together a range of high guality evidence including guidance, policy, systematic reviews, evidence summaries, patient information and ongoing trials. It is continually updated; much of this occurring automatically, directly from source. Students and professionals alike can therefore be confident in using the evidence to make better decisions and provide the best and most up-to-date care for their patients.

The NICE Evidence Student Champion Scheme initially focused on schools of medicine and pharmacy. More recently, however, the scheme has invited schools of dentistry, nursing and midwifery to participate. In 2016, 302 student champions from 26 schools nationwide were trained to deliver peer-to-peer teaching sessions to over 2000 fellow students. In addition, champions write a short reflective report on their experiences and are invited to the NICE London headquarters for a special event to meet, celebrate and learn about NICE. I would recommend the scheme to others who are interested in evidence-based practice and developing their teaching skills. I shall continue to use NICE Evidence and highlight its benefits to my colleagues. I can see this resource will become more and more relevant as I do increasing amounts of clinical work throughout my studies and beyond into my career.

References

- 1. Sackett DL, Rosenberg WMC, Gray JAM, et al. Evidence-based medicine: what it is and what it isn't. BMJ 1996;312(7023):71-2.
- 2. IASTM. The STM report: An overview of scientific and scholarly journal publishing. The Hague: International Association of Scientific, Technical and Medical Publishers; 2015.
- Glasziou PP, Del Mar C, Salisbury J. Evidence-3. based practice workbook, 2nd edition; BMJ Books, 2007.
- 4. Heneghan C, Badenoch D. Evidence-based medicine toolkit: BMJ Books; 2008.

Evidence-based healthcare provides a process for decision making which enables us to integrate the best available evidence into our practice.¹ Due to the increasing volume of information that is published each year², it is impossible for practitioners to stay abreast of every new development in their field. Evidence-based healthcare therefore takes a 'just in time' approach to using evidence, finding the best available information as and when the clinical questions arise.³ Evidence-based healthcare provides a framework for responding to a clinical guery consisting of five steps:

- Formulating an answerable question; 1.
- 2. Finding the best available evidence;
- Appraising the evidence for validity, relevance and applicability; 3.
- 4. Individualising the findings with clinical expertise and patient values;
- 5. Evaluating one's performance.^{3,4}

It is vital, however, that clinical decisions are based on being able to access the highest quality evidence possible, through reliable, trustworthy resources.

Lorna Burns

