

# - Pleasures and Pitfalls -

## Dietetic evidence based practice (EBP) in action

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### Background

Changing old habits and establishing evidence based practice (EBP) has proved to be just as difficult for health professionals as changing other behaviours are for clients.

Irrespective, or in fact because of, low dietitian to population ratio's, Queensland Health establishments have a special responsibility to promote the identification and dissemination of evidence based nutrition and dietetic knowledge.

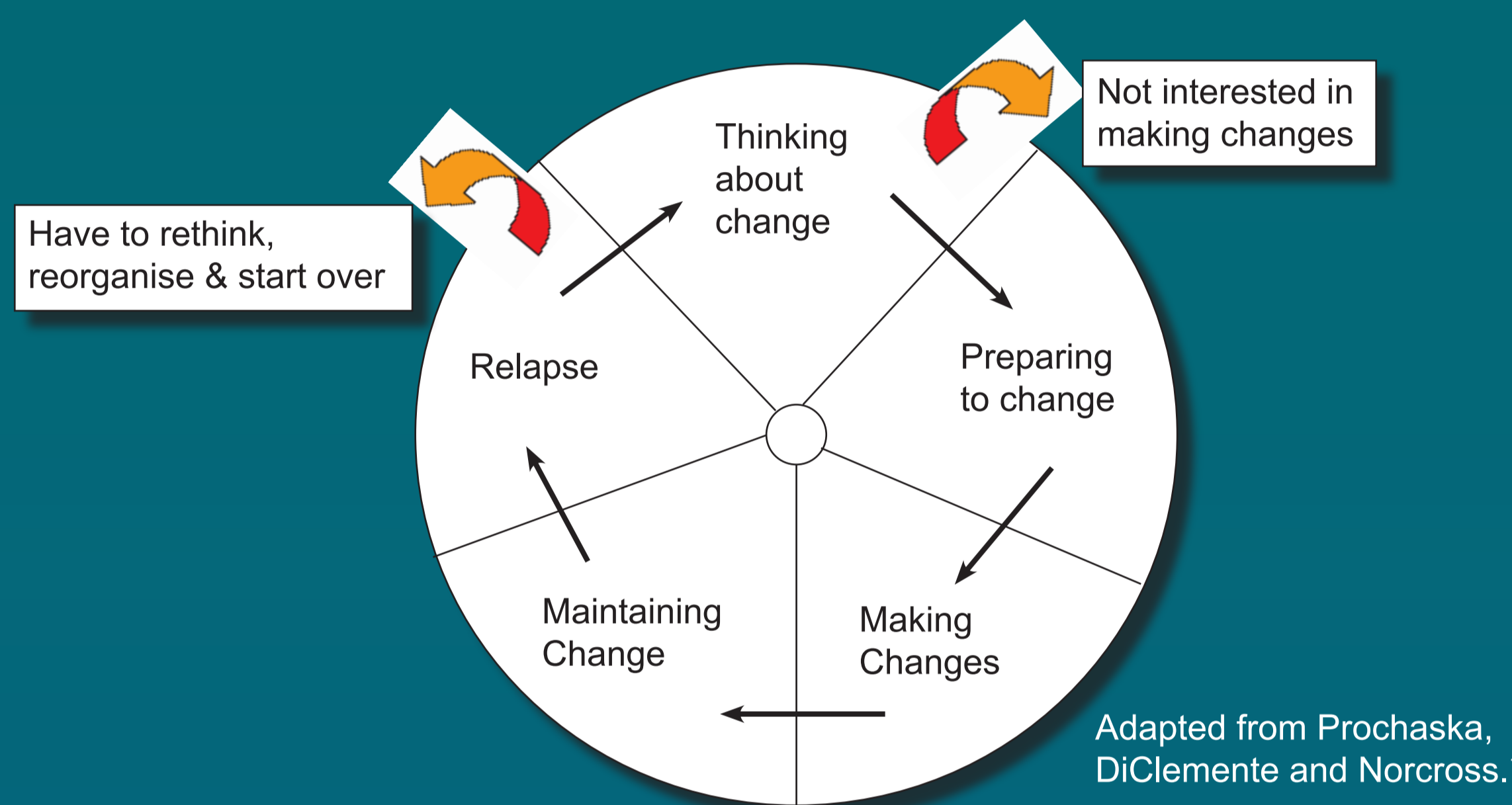
The journey of embracing EBP has been an extended process within a committed dietetics department.



### Making a change requires several stages including

1. Thinking about change
2. Preparing to change
3. Making the change
4. Maintaining change
5. Relapse .... And re-thinking about change

#### Process of change



### The lessons learnt

The lessons learnt and hints for others include:

- Blending more experienced with newer staff to build capacity
- Having a minimum of 3-4 people per group sustains activity and shares the reading workload
- Having modest goals. Searches take time!! We have moved from one or two people attempting to answer a clinical query in an afternoon or week, to teams taking several months or a year to search, read and summarize one refined PICO (Patient, Intervention, Comparison, Outcome) question.
- Building EBP into departmental professional development
- Reassuring that finding no evidence is not a failure. It took you time and effort to do, so tell others the result of your work . It can form the basis to quality activities or pilot research projects
- "More research" may be required but now know what exact details are needed
- Remember, once a search is done, reset a date 2 or 3 years in the future, and commit to rechecking for new evidence.



### The journey to date

The journey to raise awareness, upskill staff, change approaches, complete and publish reviews has transversed several years.

Stage of change	Timeline	Activities to support EBP
1.Thinking about change	1980-90's	EBP Interest growing
	2000	EBP is starting to be discussed within health arenas
2.Preparing to change	2001-2002	Allied Health Websites were not available. Director General Allied Health Workforce Dietetic Working Party Chair (AV) advocates web-access as a key step to enhance capacity and advance all allied health workforces. The Queensland Health created website now includes EBP.
	2001-2004	Dietetic EBP training commenced (Sue Ash, Director) and was completed through library's "Evidence Based Practice" (JH). QH EBP workshops commenced.
3.Making change	2004-2007	Departmental discussion of workplace and topical nutrition and dietetic questions for 30 min/week was started (WA, SC). Over time these converted to "Clinical queries" (Merrilyn Banks, Director). Staff were encouraged to search for evidence in preference to accepting empirical knowledge.
	2005-2007	New staff now independently complete Library EBP training.
	2005	Opportunity for a workshop by EBP Speaker, Dr Gordon Doig, Sydney University, was seized (2005).
	2005	Oncology EBP undertaken with Department of Physiotherapy (EP)
	2006	Professional development (PD) programme incorporates EBP (EP, SC, WA)
4.Maintaining change	2007	Four further Dietetic EBP's commenced. The aim is to complete them as EBP reviews for inclusion on the website.
5.Relapse	2007 onwards	During behaviour change, "relapse" is expected. Attempts to minimize anticipated relapse include: - Incorporation into usual departmental PD vs an "extra" job - Clinical changes by possible future inclusion into Dietetic Association updates and national website

### Future challenges

The next challenges include

- An expansion of topics to be more multidisciplinary and/or condition based
- Enhanced promotion within the profession. Exploring the dissemination of latest EBP at Queensland Dietitian Association of Australia Professional Development days.
- Access by non-Queensland Health staff

Considering principles from the Ottawa Charter for Health Promotion<sup>2</sup> principles, the library and dietetic services have, over several years

- 1) **Developed personal skill** (eg learning skills through colleagues, institutions, professional bodies)
- 2) **Created supportive environments** (through access to quality and flexible library workshops, groups of people working on one EBP review, building of skill within the department)
- 3) **Strengthened community action** (through dietetic staff setting priorities, making decisions, planning strategies and implementing actions, demonstrating empowerment).

While, ongoing Queensland Health Challenges include:

- 4) **Building policy** (to enable co-ordinated action, equity, identification of obstacles to the adoption of policy)
- 5) **Re-orientating health services** (continuing towards health care systems that contribute to the pursuit of health)

### References

1. Prochaska J, DiClemente CC, Norcross JC. In Search of how people change: Applications to addictive behaviour. American Psychologist, Vol 47:1102-1114, 1992.
2. World Health Organisation, Ottawa Charter for Health Promotion (adopted by an international conference on Health Promotion), Ottawa, Canada., WHO, Geneva November, 1986.

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