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# Applying skills and knowledge: Principle of Nursing Practice F

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## Summary

This is the seventh article in a nine-part series describing the Principles of Nursing Practice developed by the Royal College of Nursing (RCN) in collaboration with patient and service organisations, the Department of Health, the Nursing and Midwifery Council, nurses and other healthcare professionals. The article discusses Principle F, the application of skills and knowledge to person-centred nursing care.

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## Keywords

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THE SIXTH Principle of Nursing Practice, Principle F, reads:

‘Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.’

A range of stakeholders was consulted in the development of the Principles of Nursing Practice. As part of this process, respondents stated not only that one of the Principles should address evidence-based practice, but also that nurses should have the ability to implement that evidence. This could be through up-to-date training and skills or the use of clinical reasoning – the ability to apply evidence according to the needs or context of the individual patient. In the wording of the Principle, clinical

reasoning becomes intelligence, insight and understanding (RCN 2010a).

## Using information to inform best practice

A crucial component of nurses’ knowledge and skills in delivering quality health care is basing practice on information emerging from the best available evidence. There have been numerous definitions of the term ‘evidence-based practice’, but perhaps the most helpful and enduring was developed by Sackett *et al* (1996) who described it as ‘the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients’.

Sackett *et al*’s (1996) definition emphasises clinical expertise or clinical reasoning and the integration of this expertise with best available evidence. Having access to the latest research in itself does not constitute evidence-based practice. It is the appropriate use of this information for the individual patient and individual context that marks the transition from evidence being simply information to being best practice. Sackett *et al* (1996) referred to the danger of practice becoming ‘tyrannised by evidence’. This happens when evidence is indiscriminately put into practice without using clinical reasoning skills to consider whether an approach is applicable or appropriate to a particular patient or setting.

Discussion of aseptic technique illustrates this point. An effective aseptic technique prevents direct and indirect contamination of a person, object or area by microorganisms. The technique can be applied to all clinical procedures, and nurses are taught the principles of sepsis and their underpinning evidence early in their careers.

However, while the principles of asepsis may be the same, there are various techniques for making use of these principles, resulting in different

procedures being used in different healthcare settings. While procedures and protocols are used for asepsis, these are not standardised and not all are evidence based, which may lead to confusion and poor practice. Further problems arise when practice becomes ritualistic, clinical reasoning skills are lost and the balance between evidence and practice is distorted. In the case of asepsis this might be, for example, when the use of gloves becomes a substitute for good hand hygiene.

Nurses therefore, like all healthcare professionals, have a threefold responsibility – to be aware of the latest evidence, to ensure that evidence is applicable to the particular healthcare setting and practice being undertaken, and to work with colleagues to implement evidence appropriately.

### Identifying the latest evidence

There are many resources that nurses can use to identify evidence, for example the publication of clinical guidelines by the National Institute for Health and Clinical Excellence ([www.nice.org.uk](http://www.nice.org.uk)), Scottish Intercollegiate Guidelines Network ([www.sign.ac.uk](http://www.sign.ac.uk)) and the Guidelines and Audit Implementation Network ([www.gain-ni.org](http://www.gain-ni.org)).

The RCN (2009a) has supported the development and implementation of a range of clinical guidelines of specific relevance to nursing as part of its clinical effectiveness work. Nurses may also further develop their skills in understanding and applying latest research evidence through becoming involved in the development of national clinical guidelines (RCN 2009b). This involvement may be through reviewing draft consultation documents or through direct participation as part of a guideline development group in a particular topic area. By being involved in these activities, nurses play a crucial role in ensuring that guidelines include a nursing perspective. Involvement in guideline development also gives invaluable experience and insight into the process of identifying, appraising and analysing the latest available research evidence and developing recommendations for practice based on this process.

Nurses should take advantage of local and national information providers, for example a hospital or trust-based library and the support of its specialist librarians. The RCN's (2009c) UK library services offer assistance in identifying and acquiring the latest evidence. The RCN (2011) has also published an information literacy competence framework to help nurses develop skills in retrieving information and applying it to practice.

### Developing measures for the Principles

To demonstrate that quality nursing practice is being achieved, it is important that clearly defined sets of measures are developed for each of the Principles of Nursing Practice. Griffiths *et al* (2008) have suggested that considerable work is needed to develop robust, practical, valid and useful measures of nursing practice. This is key to demonstrating how effective the implementation of evidence has been and helping healthcare professionals, managers and the public to recognise quality nursing care.

The RCN (2010b) conducted a scoping study to identify existing and evolving measures for each Principle, as part of the development of a range of projects supporting the implementation of the Principles of Nursing Practice. The study consulted with nurse experts to ascertain a set of key available measurements linked to each Principle (RCN 2010b). The college also has an endorsement process that ensures and sanctions good quality measurements (RCN 2009d).

An example of how measurements can be developed based on latest evidence is the National Patient Safety Agency (NPSA) (2009a) 'cleanyourhands' campaign, which uses several methods to encourage hand hygiene awareness and compliance among staff. This approach educates and prompts healthcare workers to clean their hands at the right time during patient care. There are posters to remind staff of this and to highlight hand hygiene champions. Hand rubs and handwashing facilities are readily available, and patients and users of the campaign are involved and engaged in producing user-friendly resources and audit tools to measure compliance.

One approach to measuring compliance is through the use of simple, consistent and reliable observation audits. There are a variety of tools available for auditing hand hygiene, such as the Lewisham Tool and the Feedback Intervention Trial (NPSA 2009b). However, nurses should recognise that observation in itself may be insufficient or inappropriate in all healthcare settings. Therefore it is important to choose the most appropriate measure for the particular setting, using evidence and clinical reasoning.

### Case study

A nurse-led service in the East Midlands that performs surgery for carpal tunnel syndrome is a good example of a service that has improved patient outcomes using the best available evidence. The service in Leicester was developed to help the high numbers of patients, with a presumptive diagnosis of carpal tunnel

syndrome who were considered a low priority and therefore subject to considerable waiting times from referral to discharge. A rapid access carpal tunnel service was developed, based on evidence that supported efficacy, cost savings and improved outcomes for patients (Cook *et al* 1995, Finsen *et al* 1999).

The service is nurse-led and provides a fast and effective treatment pathway for people with carpal tunnel syndrome, undertaking surgery in GP practices and therefore closer to patients' homes. As a result of the service, a previous 16-20 week referral-to-discharge rate has been reduced to 12 weeks. The service providers also evaluate the service to measure ongoing efficacy (Newey *et al* 2006).

## Conclusion

Nurses have a pivotal role in ensuring that patients receive safe, effective person-centred care, based on the best available evidence. The ability to apply a combination of technical expertise, clinical reasoning and evidence appropriate to a range of healthcare settings develops over time, and as a result of formal

teaching, experiential learning, effective mentorship and reflective practice **NS**

## USEFUL RESOURCES

### Sources of evidence

- ▶ **NHS Evidence** – free access to accredited clinical and non-clinical local, regional, national and international information, including evidence, guidance and government policy. [www.evidence.nhs.uk](http://www.evidence.nhs.uk)
- ▶ **Cochrane Collaboration** – an international network that produces a library of Cochrane Reviews, systematic reviews of primary research in health care and health policy. [www.cochrane.org](http://www.cochrane.org)
- ▶ **Royal College of Nursing (RCN) library services and archives** – one of the largest specialist nursing libraries in the world. [www.rcn.org.uk/development/library](http://www.rcn.org.uk/development/library)
- ▶ **Centre for Evidence Based Medicine** – based at the University of Oxford, the website includes tools for identifying and critically appraising evidence. [www.cebm.net/index.aspx?o=1023](http://www.cebm.net/index.aspx?o=1023)

### Clinical guidelines

- ▶ **National Institute for Health and Clinical Excellence (NICE)** – [www.nice.org.uk](http://www.nice.org.uk)
- ▶ **Scottish Intercollegiate Guidelines Network** – [www.sign.ac.uk](http://www.sign.ac.uk)
- ▶ **Guidelines and Audit Implementation Network** – [www.gain-ni.org](http://www.gain-ni.org)
- ▶ **RCN NICE consultation gateway** – providing support for nurses with an interest in guideline development. [www.rcn.org.uk/development/practice/nice\\_consultation\\_gateway](http://www.rcn.org.uk/development/practice/nice_consultation_gateway)

(all website last accessed: March 29 2011)

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