Evidence Based Process

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 There have been good results witnessed by clinicians in terms of results of treatment and therefore the need for results pursuing more in exploring other anecdotal experiences in the practice. It is such a potential of gathering new insights from within and without the profession as well as in the larger health care industry that is a great driving force. This therefore calls for practitioners engaging in research towards connecting with experienced researchers in conveying their ideas in studies through plausible research questions. It is through a limitation of knowledge on the way to respond to such questions that may affect the interaction between clinicians and the research community.

 A possible limited engagement may be as a result of the practitioners’ notion of research as well as the level of research literacy and capacity. However, with the increased demand for evidence-based approaches in the healthcare industry, there is pressure on clinicians in basing their decisions on the latest scientific evidence. As a result of the failure of clinician to be represented in research, the effect has been a possible limitation of growth as well as new developments (Melnyk, et al, 2016). In addition, the failure by clinicians to be involved in research has seen a complication in transferring of the results of findings into practical settings.

 The process of integrating the translation of knowledge is a process involving researchers and knowledge end-users who collaborate in the research project.As a result, the role of the clinician is important in helping in the formulation of the research question, interpretation of results, as well as putting the research findings into action. It is the collaboration between the two parties that help to increase the likelihood of such initiatives gaining relevance. Such research studies can integrate a randomized controlled trial (RCT) in showing how clinicians can utilize the existing literature as well as the PICOT format in formulating research questions on the efficacy of the treatment (Committee on Quality of Health Care in America & Institute of Medicine, 2001).

 Therefore, the format is important in helping to summarize the research questions in the exploration of the effects of determining the correct therapy.

**Research question**: Do Type 2 Diabetics have an increased risk of high cholesterol due to noncompliance of taking prescribed medication

**P**-Obese, Type 2 Diabetics. The study will include people with Type 2-Diabetes and exclude those with other

**I** – High cholesterol, types. The subjects will be chosen randomly for manipulation a number of times per week within the 6 months period.

**C**– Does High cholesterol levels result to diabetes? This will comparatively be used to determine if high cholesterol levels have correlation with having diabetes.

**O** – Risk of having high cholesterol.

**T** – 6 months. The outcome would be determined within a 6 months period.

 The formulated research question in this case study will help in determining the best research design to be used in the study. However, experience shows that the prospective or retrospective cohort design is an easy method in administration when compared to a RCT. However, the results are likely to be affected by confounding as a result of comparing with the non-randomized groups. Similarly, a cross-sectional surveying method can still be used in looking for associations that exist between the character of respondents and the outcomes of interest. When compared to RCT, this methodology is fast and less costly in use for it consider an individual using it in different spectrums. The only drawback with the design is its being prone to problems of recalls by respondents self-reporting information where investigators want to know about past events. Thus, the case-control study is the best in trying to identify associations between diabetic characteristics and the outcomes taking long to happen or is rare.

 Treating chronic illnesses such as diabetics mostly include the long-term use of pharmacotherapy. Despite such treatment being effective, their full usefulness may not be realized as about 50% of the patients fail to take medication as directed. Contributory factors to such cases are numerous though they include those relating to patients such as suboptimal health literacy as well as the failure to be involved in the decision–making process of their treatment. There are also those relating to physicians including prescribing of complex drug regimens, poor communication and ineffective communication of information on the adverse effects of medication, as well as many physicians providing treatment. Other factors include those relating to health care systems like the limitation of office visit time, limitation to accessing care, and also lack of health information technology (Klein and Sorra, 1996). As a result of such barriers, it becomes difficult for adherence and thus the need for solutions towards improving adherence. Therefore, the EBP aims at integration of clinical expertise, external scientific evidence, as well as client/ caregiver perspectives in the provision of high-quality services that reflect on the individual’s interests, values, needs, and choices.

**Conclusion**

 Therefore using the PICOT format helps in the representation of the factorial RCT methodology that is mostly informed by the available literature. As much as a good RCT is crucial in answering different questions relating to the efficacy of the diabetes management. This is especially expensive, time-consuming and also a challenging exercise. Thus not all questions that may be begging for answers are feasible in such a research methodology but using the PICOT format can still be applied in is still other study designs. Therefore, it is upon clinicians with interest in research to consider using literature search and PICOT format in engagement with clinical researchers (Melnyk, et al, 2016).

References

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