

## Fine-tuning the 5S Model into a 6S Model

Evidence is called **pre-appraised** b/c they have undergone a filtering process to include only those studies that are higher quality and are regularly updated

6S Model: *systems, summaries, Synopses of Syntheses, syntheses, synopses of Studies, studies*

5S model created by Haynes: *original single studies, syntheses, synopses, summaries, systems*

**SYSTEMS:** evidence-based clinical information system that concisely summarizes all relevant research evidence about clinical problem and is always updated + automatically links circumstances related to your patient -- results in patient-specific assessments/recommendations

**SUMMARIES:** clinical pathways/textbook summaries that integrate evidence-based information about specific clinical problems + regularly updated -- **CPG** = clinical practice guidelines are developed statements to aid in patient decision for specific clinical circumstances; high quality CPG produced by RNAO and Canadian Diabetes Association

**SYNOPSIS OF SYNTHESIS:** synthesis or systematic review with a comprehensive summary of all the search evidence relates to a focused clinical question. Involves a multi-step where the question will get formulated and the relevant studies will be identified and appraised for quality. Relevant findings will be synthesized either quantitatively or non where conclusions will be drawn. Clinicians don't have time to review a detailed systematic review, synopsis of summaries way to go

**DARE or Health-evidence.ca** - Synopses can be found in the evidence-based abstraction of journals.

**Advantage:** synopsis provides a convenient summary of the corresponding synthesis and it is often accompanied by a commentary that addresses the methodological quality of synthesis

**DATABASES OF SYNTHESIS - SYSTEMATIC REVIEW:** Cochrane Library houses syntheses about effectiveness of healthcare inventions, includes DARE database of systematic reviews

**SYNOPSIS OF SINGLE STUDIES:** provides a brief but detailed summary of a high-quality study. Can be found in evidence-based abstraction journals

**Advantages:** the assurance of the study being sufficiently high quality and clinical relevance to abstraction. The brevity of the summary. The added value of the commentary

**SINGLE ORIGINAL STUDY:** if there are no synopses of single studies available. Studies that have met critical approach criteria appear in ACPJC PLUS, EvidenceUpdates, Nursing+, these are the original articles published in journals

The View From Bed 10  
Summary

The View From Bed 10  
Summary (cont)

Gullian - Barre Syndrome (cont)

no true but treatment to ease complications

Asking Answerable Questions -  
EBN (cont)

Asking Answerable Questions -  
EBN

Sue with a rare condition called Gullian- Barre Syndrome paralyzed everything from the neck down and spoke about her time in the ICU

"many of the discomforts that ICU patients routinely experience are entirely avoidable"

doctors would do their rounds on her and essentially ignore her as the patient because she couldn't speak and directly spoke to the nurse; "did the patient get a good sleep?" Nurse said yes, but in reality, she did not have a good sleep and no one asked her

she mentioned that management would see the issues that are predominant in the ICU if they had just spent a night or so in the unit to see for themselves

one time the nurse was changing her diaper and while changing, another nurse called her and left her on the bed naked for 45 minutes; "I felt stripped of my dignity"

realized that hospitals are organized with the convenience of their staff and not of the interest of patients

first person to consider her feelings was a RT who realized her light was on at night while she was trying to sleep and people obviously want to be in the dark so he tried to turn off the light for her - the first time anyone had her interests in mind

one nurse who was clearly incompetent at her job did not like Sue because she was paralyzed and just annoying to take care of; the management knew of this, and literally said to her "I'm going to apologize for giving you nurse A but we cannot risk giving her to somebody who is really sick"

a doctor read this article, the doctor had no idea that was how patients were treated and that little things by health care workers could be so important

the surroundings are really important b/c some patients may lack support and effort of their loved ones or may not even have any and health care workers are all they have

she learned that caregivers can learn to be more compassionate, more caring etc... also management can change this and implement change onto such a discussion

people can listen without even needing to use their ears, but mainly just by paying attention to the little things and signs that a patient may show

Look Up, Look Down, Stretch Out, Look Around, Listen, Look Out the Window, Sit Down, Now Take Note

### Gullian - Barre Syndrome

Caused by infection from undercooked poultry

where cells in your nervous system attacks your nerves

it will make a person paralyzed and affect the CNS that causes you to become weak everywhere

paralysis of the entire body, unable to speak

Nurses are expected to keep their practice up to date and read publications to maintain continuing education which will place pressure and expectations of nurses. *How do you relieve this pressure?* **Evidence-based nursing** which is to include current best evidence from research in clinical and healthcare decisions. It is a **5 Stage Process**

**STAGE 1:** Information needs to be from practice and converted into focused, structured questions

**STAGE 3:** the research evidence is critically appraised for validity and generalizability

**STAGE 5:** performance is evaluated through a process of self-reflection, audit or peer assessment

**STAGE 2:** the focused questions are used as a basis for literature searching in order to identify relevant external evidence from research

**STAGE 4:** the best available evidence is used alongside clinical expertise and the patient's perspective to plan care

**EXAMPLE:** you would initially find an issue, usually gained from a clinical and managerial situations, then formulate your questions. There are 3 elements to questions: the situation, the intervention and the outcome. The situation can be: a single patient or group of patients with a similar healthcare issue, or individuals with similar demographic characteristics

the intervention is the dimension of health care of interest. For example putting wound dressings to make a wound therapeutically better

It can be difficult to find and focus on a question so you will have to read research papers. Background reading and quick and dirty searching can really help you start and initiate the question making process.

