Evidence-based practice (EBP) is a life-long learning technique that may help healthcare practitioners continue to improve practice methods and approaches to patient care. Sackett et al originally described the fundamental principles and the 5 steps of EBP that are described in this editorial. These steps are similar to the basic underlying principles of the continuous quality improvement (CQI) cycle. The CQI cycle typically begins with an identified need and a desire for improvement. The next steps include a search for the most appropriate information/solution, evaluation to make sure that the information/solution is appropriate, application of the appropriate information/solution to the situation, monitoring the effects of implementation practices to make sure that an improvement has been made, then incorporating this information into regular practice. Most people are familiar with the concept of CQI and may subconsciously apply these steps during daily activities. However, consciously applying these steps in clinical practice may help us achieve even better patient care.

Evidence-based practice contains the following 5 steps (Fig 1). The first step establishes a need to improve clinical practices/procedures and/or a question about how to help a particular patient. Taking the time to formulate a detailed and clearly worded question is important because these words typically will be used when performing a literature search. If the question is more detailed, it is more likely that an answer will be found.

In step 2, one searches for the best possible evidence in the peer-reviewed literature and other high quality sources (e.g., Cochrane database). During the information gathering phase, it is important to seek out the best available evidence and avoid limiting the search to those articles or sources that only support preconceived ideas. By broadening the search to include all relevant high-quality articles, one will more likely find the best answer to the question. The search should also target the highest possible levels of evidence. For example, one should select a high-quality randomized clinical trial over a case report if both address the answer to the clinical question. Not all questions can be answered. For certain questions, there is an extensive amount of literature, but for others, there may be only a few or no articles available. Once the best possible articles have been identified, the complete articles are retrieved from the internet, local library, or other legitimate sources.

**Fig 1.** The 5 steps of evidence-based practice based upon the Sackett et al model.2
The third step is critical appraisal and thoughtful evaluation of the articles by the doctor to ensure their quality. This step also helps identify if the information is applicable to the patient and/or clinical setting. Throughout the critical appraisal process, one should read the papers and balance new information with one’s own clinical experience and patient values. In this step, the best evidence is selected from the appraised information.

The fourth step is the application of the best evidence and relevant information to the patient and/or clinical setting. This step should combine the new information with one’s clinical experience while paying attention to the patient’s values. The selected information/solution is implemented and then observations about its effects are made.

The fifth step evaluates the outcomes. Was the application of the new information or procedure effective? Should this new information and/or clinical practice procedure continue to be included in day to day applications? How could any of the 5 processes (e.g., questioning, search for information, critical appraisal, application, and evaluation of outcomes) improve the next time a question is asked? This fifth and final step completes the continuous quality improvement cycle. With conscientious application of these 5 simple steps, each time the cycle completes a turn, patient care and clinical practice can improve.

REFERENCES