**Evidence-based practices to guide the clinical practices**

**Term Paper**

**13th April, 2019**

EBP is the conscious, explicit and judicious use of the best current clinical research data in the personalized care of each patient. The growing use of the notion of evidence-based policy is often equated with an unimportant rhetorical clause or the defense of a normative model of public decision rooted in the theory of rational choices. This undoubtedly results from the translation problem raised by the word “evidence" and the lack of knowledge of the debates and concrete devices that have developed around these approaches. Indeed, in a growing number of decision areas, the knowledge access regime is changing profoundly, particularly with regard to knowledge from the world of research (increasing profusion of knowledge produced, difficulty of access related to the privatization of scientific databases, etc.) (Melnyk *et al,* 2014). The difficulties encountered by the actors to know what knowledge is available and to control access and use become an important issue, whether it is to support certain decisions ( evidence-based decision) , illuminate (evidence-informed decision ) or simply to be able to choose not to take it into account, but in an informed manner ( evidence-aware decision ).

**Research Objective**

* Evaluate the efficiency of organizational communications to promote EBP health care.

**Research Hypothesis**

* Whether the efficiency of organizational communications to promote EBP health care or otherwise.

**Research Questions**

* What are the main stages in the expansion of “*evidence-based health practice*”?
* What is a controlled clinical trial?
* What is the essence of randomization?
* How are evidence-based medicine and the quality of care provided?

 **Research Methodology**

This study is accepting one approach such as qualitative to achieve detailed information about the Evidence-based practices to guide the clinical practices. It is a deductive research as already existing tools have been adequately tested in various areas. The study will require extensive input with respect to both technical and theoretical data which are available in documentary sources. For this purpose, both primary and secondary sources will be utilized involving official document, books, journals, newspaper articles and open sources.

**Credibility of sources**

These sources include systematic reviews, research reports, and summaries of scientific journals that summarize clinically relevant published research and clinical practice guidelines.

**Research Findings**

It has been proven that the use of evidence-based health can improve the quality, cost-effectiveness of medical care, make more rational use of limited health resources. The quality and efficiency of medical institutions are among the most pressing problems in the management of health care, which is directly related to the final results and expenditure of resources.

 There are clinical protocols - forms of standardization of medical care, which are based on the logic that is based on algorithms and is considered the most effective at the present stage. Unlike existing in many countries, medical and economic standards, clinical protocols should be formed only on the basis of the principles of evidence-based medicine (Straus *et al,* 2018).

The use of randomized controlled studies for the purpose of testing new or already existing methods of diagnosis and treatment contributes to the formation of certainty and agreement on issues in which there is a clash of diverse, often opposing expert opinions due to the lack of weighty evidence that they are correct. The greatest costs for solving tasks of ensuring the quality of medical care should be planned not for quality examination, but for ensuring defect-free technologies of medical care and stimulation of defect-free work. Priority should be given to identifying the causes of the poor quality of medical care that is associated with the imperfection of technology inside the institution. To this end, it is necessary to monitor the process by identifying deviations from the standard (Dang and Dearholt, 2017).

**Conclusion**

On this condition, it is necessary to introduce quality management programs for the provision of health care for the skin doctor, moreover, it is worthwhile today to form a chain of the doctor’s system management decision regarding the choice of prevention method based only on evidence-based medicine data, which provides information regarding evidence-based research and taking into account the level of evidence.

**References**

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