

# Evidence-Based Practice: Challenging What We Think We Know

“It isn’t what we don’t know that gives us trouble, it’s what we know that ain’t so.” —Will Rogers

I see women with breast cancer every week. I try to keep up on the breast cancer literature to stay informed and revise my practice accordingly. I am lucky enough to have a health sciences librarian conduct a monthly search and send links to articles on breast cancer, but about 500 articles are published each month! So, she includes only those most relevant to my area of interest—survivorship care. That leaves 50–100 articles a month. I scan them and may actually read two to three of the most relevant to my practice. But what about the volume of information available to those of us who have broader practices with different types of cancer, treatment, and phases of care along the cancer continuum?

When I began my nursing career in the early 1970s, there was no evidence about our practice; we just learned the “right” way to do things. It wasn’t until the 1990s that evidence-based practice really began entering the literature (Goodman, 2002). It became a process to evaluate and grade the strength of findings about different healthcare practices. Beginning in 2006, the Oncology Nursing Society (ONS) began developing and publishing evidence-based reviews on common problems experienced by people with cancer in its Putting Evidence Into Practice (PEP) resources. Each topic is rigorously reviewed by a team of clinicians and researchers using a predetermined process and grading system (see sidebar). The *Clinical Journal of Oncology Nursing* publishes these review articles and the ONS Web site features a PEP resource section ([www.ons.org/Research/PEP](http://www.ons.org/Research/PEP)). These resources are invaluable for those caring for patients with cancer.

With this issue, we are expanding your access to evidence-based resources. In addition to the Evidence-Based Practice

column in each issue, we will publish a Cochrane Nursing Care Field review. Cochrane Reviews are structured systematic reviews of specific questions about diagnostic and intervention research in human health care and health policy ([www.cochrane.org/cochrane-reviews](http://www.cochrane.org/cochrane-reviews)). Established in 1993, Cochrane Reviews have published more than 4,500 reviews following rigorous and transparent processes that have become the gold standard of evidence-based reviews. The Cochrane Nursing Care Field Reviews are summaries of Cochrane Reviews that are most relevant to nursing practice and encourage the transfer of the findings of Cochrane Reviews into practice. We will identify current and relevant oncology nursing reviews to share in each issue.

Some of what I learned in nursing school is no longer true—such as the benefits of prolonged bedrest or the Sippy diet (i.e., drinking cream every hour to neutralize acid for stomach ulcers). Some things weren’t discovered until after school, such as the association between human papilloma virus and cervical cancer (yes, I know I am dating myself). So, my challenge is to continually question and unlearn what I thought I knew. Having these resources will help me do that. What about you?

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Goodman, K. (2002). *Ethics and evidence-based medicine: Fallibility and responsibility in clinical science*. New York, NY: Cambridge University Press.

## Oncology Nursing Society Grading System

### **Recommended for Practice**

Interventions for which effectiveness has been demonstrated by strong evidence from rigorously designed studies, meta-analysis, or systematic reviews, and for which expectation of harm is small compared to the benefits

### **Likely to Be Effective**

Interventions for which effectiveness has been demonstrated from a single rigorously conducted controlled trial, consistent supportive evidence from well-designed controlled trials using small samples, or guidelines developed from evidence and supported by expert opinion

### **Benefits Balanced With Harm**

Interventions for which clinicians and patients should weigh beneficial and harmful effects according to individual circumstances and priorities

### **Effectiveness Not Established**

Interventions for which insufficient or conflicting data or data of inadequate quality exist, with no clear indication of harm

### **Effectiveness Unlikely**

Interventions for which lack of effectiveness has been demonstrated by negative evidence from a single rigorously conducted controlled trial, consistent negative evidence from well-designed controlled trials using small samples, or guidelines developed from evidence and supported by expert opinion

### **Not Recommended for Practice**

Interventions for which lack of effectiveness or harmfulness has been demonstrated by strong evidence from rigorously conducted studies, meta-analyses, or systematic reviews, or interventions where the costs, burden, or harm associated with the intervention exceed anticipated benefit

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