POSITION STATEMENT ON EVIDENCE-BASED PRACTICE

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPAN) supports the implementation of evidence-based practice (EBP). Evidence-based practice is a life-long problem-solving approach that integrates the best evidence from well-designed research studies and evidence-based theories; clinical expertise and evidence from assessment of the health consumer’s history and condition, as well as health care resources; and patient/family/group/community/population preferences and values.

When evidence-based practice is delivered in a context of caring and a culture, as well as an ecosystem or environment that supports it, the best clinical decisions are made to yield positive health care consumer outcomes (Melnyk, Gallagher-Ford, Long, & Fineout-Overholt, 2014, as cited in American Nurses Association, 2015a, p. 18).

Nursing is founded on EBP. In the mid-1800s, Florence Nightingale identified the importance of collecting observational and experiential evidence and applying the findings to nursing practice (American Nurses Association, 2015a). Evidence-based practice provides the framework for bridging the gap between research and practice (Smith & Donze, 2010).

Translating evidence, clinical expertise, and patient input into practice is recommended by regulatory bodies, accreditation groups, and professional organizations. A strong collegial relationship between nurses and physicians as clinical peers is essential to successful implementation of evidence-based practice (Smith & Donze, 2010).

RATIONALE

Nursing research and EBP contribute to the body of nursing knowledge and improve patient outcomes. The plastic and aesthetic registered nurse (RN) works with other members of the health care team to identify clinical problems and use existing evidence and patient preferences to improve practice (Spear, Hotta, Rankin, & Palmer, 2015).
According to the Institute of Medicine,

*evidence-based practice is a necessary and valuable tool for the future of health care leading the Institute to project that by 2020, 90% of all clinical decisions will be supported by accurate, timely, and up-to-date clinical information that is supported by the best available evidence* (Institute of Medicine, 2007, p. ix).

Health care has transitioned from volume-based care to value-based care; therefore, plastic and aesthetic RNs must implement practices that are cost-effective and have been shown to yield the best possible outcomes. Without EBP, clinicians may not know whether or not their practices are the most efficacious. Implementing EBP enables plastic and aesthetic nurses to standardize care based on what has been found to be the most successful approach. Nurses are also able to explain to plastic and aesthetic patients the significance of certain care instructions, and this can help to engage the patient in their care (Spruce, 2015). Because EBP is an ongoing process, it is a dynamic integration of clinical expertise, external evidence, and patient preferences in day to day practice.

**ISPAN RECOMMENDATIONS**

The plastic and aesthetic RN should

- integrate evidence and research findings into practice.
- articulate the values of research and its application relative to the plastic and aesthetic health care setting and practice.
- identify questions in the plastic and aesthetic health care setting and practice that can be answered by nursing research.
- use current evidence-based knowledge, including research findings to guide practice.
- participate in the formulation of EBP through research.
- promote ethical principles of research into practice in the plastic and aesthetic health care setting.
- appraise nursing research for optimal application in plastic and aesthetic nursing practice and the health care setting.
- share peer-reviewed research findings with colleagues to integrate knowledge into plastic and aesthetic practice (American Nurses Association, 2015b).

**REFERENCES**


**DISCLAIMER**

These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the ISPAN to assist practitioners in clinical decision-making. The information should not be relied upon as being complete and should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care. All guidelines and recommendations require periodic revision to ensure that clinicians utilize appropriate procedures, and that the materials encompass the recent critical review of literature and expert opinion. The reader must realize that clinical judgment may justify a course of action outside of the recommendations contained herein.

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