Introduction

Music begins (5 seconds)

Stacy: I'm Stacy Torian, a health sciences librarian at New York University, which is located on Lenapehoking, ancestral homelands of the Lenape people.

Jamie: And I'm Jamie Conklin, a health sciences librarian at the University of North Carolina at Chapel Hill, which occupies the ancestral land of the Shakori, Eno, Tuscarora, and Lumbee peoples and remains home today to the Occaneechi Band of the Saponi Nation.

Stacy: Welcome to our podcast, What evidence? Whose evidence? Bringing a critical pedagogy perspective to the teaching of evidence-based practice in the health sciences.

Music begins

(Music still playing, quietly)

Stacy: Evidence-based practice requires clinicians to use the best research evidence available, their knowledge of the patient's preferences and life situation, and their own clinical expertise to provide optimal care (American Physical Therapy Association, 2020; University of Maine Fort Kent, 2020). But how is "best available" defined, who is missing from the evidence, how is the evidence being obtained, and how does it "fit into" people's lives? In this podcast, we explore these questions, as well as the historical roots of evidence-based practice and the challenges of practicing it in the real world. We'll reflect on our own teaching experiences and the insights of three clinicians who practice evidence-based healthcare. We'll then propose strategies for teaching evidence-based practice through a critical librarianship lens and discuss ways you can engage in critical dialogue about the concept within and beyond the library.

Music ends

Part 1: What is evidence-based practice?

Jamie: Let's start by first defining evidence-based practice, which was initially referred to as evidence-based medicine. In their 1996 article titled, "Evidence-based medicine: what it is and what it isn't," David Sackett and his coauthors defined evidence-based medicine as "the conscientious, explicit, and judicious

use of current best evidence in making decisions about the care of individual patients" (p. 71).

The definition has expanded to be inclusive of clinical practice beyond medicine and has even expanded beyond healthcare. You may have used the concept in librarianship or in your own teaching practices.

Stacy: While David Sackett and his colleagues are often given credit for developing the most widely accepted definition of evidence-based practice, the roots of evidence-based practice, or "EBP" as it is sometimes called, go back much further. In 1972, a physician named Archie Cochrane published a book called *Effectiveness and Efficiency: Random Reflections on Health Services* in which he argues for better medical research practices to improve the National Health Service in the United Kingdom. If you work in a health sciences library you may recognize Cochrane's name from the nonprofit medical research group, the Cochrane Collaboration, or their online resource, the Cochrane Library. I should point out that although Cochrane has been called the "Father of Evidence-Based Medicine," not everyone agrees with this origin story. Researchers April Mackey and Sandra Bassendowski assert that the practice actually began in the 1800s with groundbreaking nurse Florence Nightingale, whose research contributed to improved hospital conditions for patients (Mackey & Bassendowski, 2017; University of Maine Fort Kent, 2020).

Jamie: So how do you do it? While there are many available models, we'll share the one commonly known as the 5 A's. The five steps include:

1. Ask a question
2. Acquire evidence
3. Appraise the found evidence
4. Apply the evidence in practice
5. Assess the impact

(Richardson, 2005, as cited in Goode et al. 2010)

Health sciences librarians often teach evidence-based practice and typically focus on the first 3 parts. We often use shortcuts, like using a question framework to guide people in developing their topics. A popular one is the PICO framework where each letter in PICO stands for a part of the research question: the letter P signifies the population or problem; the I the intervention; the C the comparison; and O the outcomes of interest.

Stacy: Considering the role of health sciences librarians in facilitating, teaching, and supporting evidence-based practice, it is important that we have a good grasp not just of its merits, but also of its shortcomings. *(Music begins)* To help

us with this, Jamie and I talked to three clinicians who practice evidence-based healthcare and help create evidence through their research with underserved populations. What we learned from them made us reflect on our own teaching methods and re-envision our potential roles as teachers, communicators, and advocates.

(Music ends)

Part 2: Where's the evidence?

Jamie: One of the reasons I wanted to explore this topic is that I noticed a disconnect between my teaching practice and what I was seeing with learners. I often have an hour or so to teach search skills for the step of acquiring evidence. Typically, I choose a topic, and I work with learners to select search terms and piece together a search strategy together as a group using the PICO strategy I mentioned earlier. I select a topic that has evidence so that within an hour I can show how to go from a complete search to selecting a few articles to appraise. After the session, I often meet with students one-on-one on their chosen topics. Here is where I notice my teaching strategy falls short. Some students cannot find evidence, and it has *nothing* to do with how their search is structured.

I talked with Stephanie Betancur, a doctoral student and Hillman Scholar in Nursing Innovation at the University of North Carolina at Chapel Hill, who experienced this very issue in her search for evidence.

Stephanie: So my topic is occupational exposure to antineoplastic drugs among EVS workers and, just to clarify, EVS workers are the housekeepers who clean, sanitize, disinfect hospital units. I am very focused on the oncology setting–EVS workers, and there is very little out there about this population, I mean very little, and I've done our research globally. They are simply not a priority, and so like I take this topic very personally because my father is an EVS worker. And this is why I'm interested in this population, because I have seen firsthand how much of a priority they're not. So protection from occupational exposure has been studied a lot, but the focus has been on pharmacists, nurses, physicians. That is the main focus and has been for a long time.

Jamie: Stephanie is not alone in experiencing this kind of situation. David Agor, a Doctor of Nursing Practice student at the University of North Carolina at Chapel Hill, specializes in the area of psychiatric and mental health research. He, too, ran into gaps in the literature in his undergraduate studies when doing research on sexual and gender minority populations.

David: I picked a topic on suicide prevention in sexual and gender minority populations, and then I started noticing the gap in evidence, the gap in practice-based evidence, the gap in research, and that was like an eye opener. And also it was frustrating, but also encouraging at the same time–like this is your calling–this is what you're going to do. This is here, right here. This is your moment, you know. So as frustrating as it sounds that there was lack of evidence, and there was, you know, as I was doing that as an undergraduate student, it was also exciting at the same time, because I was like, okay, there is a need. There is a gap that I can fill in the literature.

Jamie: Stacy and I reflected on some of the issues David and Stephanie encountered in their search for evidence on marginalized populations.

Stacy: So it breaks my heart when I hear stories like this about not being able to find the evidence on the population that you really care about and that you're trying to help. So one of the things I try to do as a librarian is to always leave no stone unturned, and I think most of us are like that. And when it comes to marginalized populations in particular, I think it's so important to have that orientation and to really explore beyond the databases. Go into the grey literature. Refer people to organizations. Otherwise that research just may not get done. You really have to be an advocate for getting the research done if you're trying to help people who are trying to serve underserved populations.

Jamie: Yeah, I agree, Stacy. I think that's a good point. I feel like David and I definitely went through that process of trying to leave no stone unturned as we were trying to find the evidence that he could use to move forward with his project. And I think it relates back to that factor looking at that bigger picture that sometimes we, as librarians, have to step back and get beyond just thinking, "Am I using the right search terms?" And in focusing it's more about how the evidence is structured and recognizing that these gaps exist. And I think what's really struck out to me as a white woman who falls into a lot of privileged groups is that a lot of times this evidence really does fall along lines of power and privilege. And so for me, that makes me want to be very intentional when I'm working with people to make sure that I can help overcome these biases in the literature and also to talk about them and bring them to the front, so we can talk about that. And I think that's what's missing whenever I'm talking about evidence-based practice in that one hour session–that we're not having those kinds of conversations. And talking more about who's missing from the evidence. Why is that? And how do we get their voices represented? I think it would be useful to have several students working together where they can learn from each other and go through the process together.

Stacy: I think that's a great idea, you know, having students work together. Learn from each other and checking in with them even when they don't ask us for

consults just to kind of see, you know, how things are going. How are these strategies working for them? And even asking them like, “How have your ideas about evidence changed since you first learned about evidence-based practice?” Yeah, I think that's a question we could ask when we check back in, maybe at the end of the semester, after people have had a chance to use these strategies. If we could get some time in the class, and it doesn't even have to be a whole session, but just some time to go back and ask, “How did this work for you?”

Jamie: Yeah it would sort of close the loop about the process and find out, you know, if there's still things that don't make sense and if it's because the process itself is unclear, or this is a case where the evidence-based practice cycle or process didn't work out in the way we were expecting it to.

(Music begins)

At this point, we’d like to take a moment to pose questions for our audience to reflect upon:

Are there teaching practices you partake in that are “business as usual” where you can take a more intentional approach to ensure a greater sense of belonging? And if so, how might you go about doing that?

(Music ends)

Part 3: Whose evidence?

Stacy: Both David Agor and Stephanie Betancur are working in areas where the evidence base is less than ideal. But even when there is evidence, how did that evidence come into being? As a woman who grew up in a rural community and who identifies as African American and queer, I sometimes worry about participating in a research enterprise where exploitation of people like me has often been the norm rather than the exception. At the same time, I am inspired by the researchers I work with who are challenging traditional power dynamics by using community based participatory research models that include members of underserved communities as collaborators and decision makers rather than just research subjects, and who are taking equity-centered approaches to research, such as the public health critical race praxis, which recognizes “the central role of racism” in perpetuating health inequity (Ford & Airhihenbuwa, 2010; UCLA Population Center for Population Health Research, n.d.). One of those researchers is Marjory Charlot, an oncologist and health equity researcher working to improve African Americans’ access to clinical trials. Dr. Charlot and I have worked together on literature searches related to structural racism in the

medical research space. She spoke to me recently about her research approach and the goals of her work.

Dr. Charlot: One of my research projects is focused on black women with breast cancer and so for that project, you know, I am actually working with black women who have breast cancer, who have either had a breast cancer diagnosis or are actively undergoing treatment for breast cancer. And they're working with me as research partners and not necessarily as research recipients or recipients of a research study. And so the way that works is that, you know, I engage with them truly as partners and so, you know, even the sort of writing the grant, developing the research concept and idea–all of that was done with a partnership of either patients or community members who are strong advocates for Cancer Research.

As I was thinking about this grant in terms of like how do we address the underrepresentation or frank exclusion of black women in breast cancer clinical trials, and so I met with several members of the community advisory board. I also met with members of the various community organizations– specifically the sisters network in Greensboro to get a general idea of like what is the pulse in the community like, what exactly is happening, like what are your thoughts, what are people saying, you know, what are the issues that we should be thinking about as we address this particular problem. Because I think one of the biggest faults of research specifically from a researcher standpoint is that we have these grand ideas, and we want to test them, and, you know, we want to implement these different changes into practice. But you know before doing that, we want to research it, but we're not including the people who are going to be impacted by, you know, the thing that we're researching or the thing that we're interested in understanding.

And so for me, it's been very critical to include the end user as a partner in the research because I think in order for something to be acceptable to the population that you want to focus on, they have to be involved in the research decision making. They have to be involved in the research design. And so, you know, I hopefully have been able to approach the research in a way that allows, you know, either patients or people in the community at large that may not necessarily identify as a patient or have a cancer diagnosis but be able to approach a problem in a way that allows them the agency and the power to make decisions and allows them the agency and the power to really shape and mold what these interventions should look like. *(Music fades in)* Because I also see them not only as research partners, but they're also the change agents in the community that are going to be very critical to disseminating these research results, very critical to ensuring that whatever it is that we create and do together is something that's actually going to be utilized by the population. *(Music ends)*

Stacy: Jamie and I reflected on some of the strategies that Dr. Charlot mentioned for building partnerships within the community.

I think one of the ways that students can really learn about how to engage with community is by reading about the work that other researchers are doing, you know, people like Marjorie Charlot, people like Melody Goodman, and so many others who are in this space and have been in this space for a while working with communities. I think they can draw inspiration from them, and by reading their work, see how they might actually go about doing this for real.

Jamie: Yeah, I think that's a great idea. So maybe that's a role that we have as librarians, too, to help link students and learners to the researchers. It might be something completely off their radar, right? And then, once you see one example, then you start thinking of all these other possibilities, and maybe see a future in that.

Stacy: Absolutely. I get excited, too, about some of what I read about–people in the community who maybe have not had the opportunity to participate in research before, or who haven't taken workshops, or courses on evidence-based practice. And I think that librarians have a big role to play in these community partnership efforts around training of community members, teaching people how to do these literature searches and then also hearing from them. Okay, what is it about this process that you like? What is it that you don't like? How could we make this better?

Jamie: Yeah, that reminds me of Terri Ottosen here one of my coworkers who did something similar, working with the initiative to also not only finding health information and searching the evidence, but also how to communicate what you know. And how to communicate your questions with your healthcare providers, and how to have conversations, and actually getting community members together with health care providers in a community setting–whether it's a library or somewhere else.

Stacy: That's exactly the kind of work that is needed. It's about being out there and spreading the word. And I'm really passionate, you know, about letting people know not only how to do these things that we are talking about, but that they can be health sciences librarians themselves. You know, a lot of people have not been exposed to that career path. I'm really always interested in sitting down talking with students who are interested in librarianship about the work that I do. Letting them know that they can do this, too.

Jamie: I think you're right. How do we also help more people get into the field of health sciences librarianship and maybe doing some of this work–working with

communities–that will spur some of that curiosity and have other people want to join us.

(Music begins)

Stacy: To what extent are the teaching practices at your libraries informed by the needs of and input from diverse community members?

How can librarians support the research training of community advocates?

(Music ends)

Part 4: What's the goal?

Jamie: Much of the health sciences librarian's role in evidence-based practice has been to facilitate the search for evidence. When searching for evidence is the focus, it can be easy to lose sight of the end goal of evidence-based practice: improving the health of patients. Stephanie points out how at times even the best evidence is at odds with patients' lived realities, especially those of minoritized people.

Stephanie: In order to provide optimal care via evidence-based practice, we must take into consideration, three main factors:

1. So we must look at the patient as a whole, so we're going to be looking at their social determinants of health.
2. And then we're going to consider what are the realistic goals that are achievable by the patient in regards to their health? Then how well does the evidence-based practice fit the life of this patient?
3. And then how we as clinical experts can help fit the evidence practice into the patient's life for positive outcomes? So I think those three things have to work together in order for evidence-based practice to realistically be incorporated into the patient's life. Otherwise, I don't think it would work.

If evidence-based practice says that exercise must be done this many times a week so that your hypertension is lower, but this patient is a minority patient who works two or three jobs, doesn't have time for exercising, it doesn't matter what the evidence-based practice says. I mean you kind of have to come up with a plan that, yes, is guided by evidence-based practice but also fits into that person's life.

Jamie: The challenge that Stephanie talks about–balancing what the evidence says with what the patient can actually do–points to structural factors in healthcare and in society that impact the patient's life. She thinks that one way to

address this issue would be to bring together practitioners and researchers in the classroom to help improve the connection between research and real world clinical practice.

Stephanie: I wish we had more connection between the PhD and in the DNP so that we can share because they are so clinical, you know, and we're so researchy. Actually, that would be amazing if an activity was done between a PhD student and a DNP student, and we would both merge our researchy brain with our clinical practice brain and come up with what is the best way of implementing this evidence-based practice so that it works for the both of us.

Jamie: How else can healthcare providers address the structural factors that make it so hard for them to engage in evidence-based practice and for patients to follow recommended guidelines? David, who sees a future in advocacy work, believes one answer lies in the fight for better health care policy.

David: How do we get our clinicians to be civically engaged, not for the sake of civic engagement, but for the sake of improving health outcomes? You know, because it's very challenging work. Dr. Wilmouth just published an amazing paper that I just love, and she talked about the concept of, you know, there is this thing that we say a lot in nursing, right. Two things that she highlighted that I loved so much. She started with, she said, about the concept of in policy, “If you are not at the table, you’re on the menu.” And nurses are always not at the table, and sometimes they are the full cost meal. So we need to work on that. How do we get our nurses, give them the skill sets to be involved in policy because that is sixty percent of health outcomes, right? Health policy, those things that happen in the health policy sector that affect social determinants of health. Then she also talked about that nurses are always very willing and fast to talk about that nurses are the most trusted profession. True. In twenty years and running, nurses are the most trusted profession. *(Music begins*) However, how do you translate that goodwill into a policy setting, right? Into this civic engagement setting? *(Music ends)*

Jamie: Stacy and I reflected on roles we as librarians can play to address structural factors at play with evidence-based practice.

Stacy: Yeah, I really like that idea of re-envisioning how we teach and bringing together people who don’t normally come together in a classroom, and that seems like something that librarians are just perfectly suited for. I mean, we’re always building bridges.

Jamie: Yeah, I'm part of interprofessional education and practice here at UNC, and I think that would be one way to teach–is to get, like you're saying, students from multiple disciplines together. And to, I mean, if you wanted to make it like a

case-based or to pick a particular topic, and have them research it from the different angles from what they're used to, but also having that wider conversation so they get an idea of how all of their disciplines fit together.

Stacy: And expanding the conversation to beyond just the–what we're asking them to do, you know, and really getting them to think about not just literature searching, but the database itself. And why do we have the subject headings that we have? I love the discussions that are taking place now, for example, around medical subject headings in PubMed. I always, whenever I can, try to bring that up in classes, so that people are thinking about that and questioning that, looking at that critically.

Jamie: Yeah, I think talking about how information is organized, too, and how that plays a part in all in what we're finding and not finding, as well. Returning to your earlier idea, too, also getting beyond databases.
I think also, whenever you have students from multiple disciplines, you know, social work, even education, nursing, start talking about different organizations and community groups where they may be able to find some more information outside of the published journal articles.

Stacy: Right and you know, getting into that arena, I think, exposes them more to the policy advocacy that David was talking about. Those organizations are very much involved in that, and there's a lot you can learn working with organizations like that about how to be an advocate in your own profession and for the populations that you're serving.

Jamie: Yeah, I agree. I think that's another area where we as librarians can help, too. I know a lot of us create these LibGuides that talk about how to search, but maybe bringing these larger topics to the LibGuides and having links to advocacy organizations and even documents on how to go about becoming an advocate.

Stacy: Yeah, I think a lot of times, you know, campuses we're so siloed. And there's so many opportunities for different departments to come together around these issues. We're all approaching these equity issues from different perspectives and in different ways, but we're all focused on some of the same issues. *(Music begins)* And so if we could just harness those energies together through coalitions like those interprofessional groups that you're talking about, I think that could be so much–make us so much–more effective on the policy advocacy front.

(Music ends)

Jamie: What can we as librarians do in the advocacy sphere? And in teaching our learners about advocacy, civic engagement, and policy making?

Conclusion

In her lecture titled “Social Justice and the Medical Librarian,” Elaine R. Martin (2019) said, “Like medicine, medical librarianship is not only an information science, but a human science.”

Critical pedagogy asks us to consider our humanity, which at times includes opening up to vulnerability and reflecting on ourselves. Through this podcast, we have explored how we can be more human-centered in our teaching of evidence-based practice. In our own practices, Jamie and I will continue to explore how we can re-envision our roles and take on new approaches. We hope this gave you some ideas for your teaching practices, too.

(Music begins)

Thank you all for reflecting and for following along with us on this journey to explore evidence-based practice through a critical pedagogy perspective.

(Music fades out)

Credits

Music composed and performed by Stacy Torian

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