Complex questions in the art of evidence-based practice

Evidence-Based Health Promotion is an excellent book, concerned with the art of the possible. It claims to increase the skills and confidence of professionals involved in health promotion by encouraging them to adopt an evidence-based approach to their work. The book would be a valuable resource for any library or setting in which staff or students are engaged in health promotion.

Although this is not a text of instructions about how to deliver evidence-based health promotion, the book does examine the complex implications of evidence-based practice. Chapters include a lively discussion of the most appropriate ways to provide health promotion based on sound evidence.

The contributors help to inform practice by reinforcing the professional standpoint and encouraging realistic expectations, an open-minded and reflective attitude and the development of support networks in the field.

Designed to be dipped into according to the reader’s needs or interests, the book is divided into three parts: theories of evidence-based practice; evidence-based work settings; and gathering, assessing and using evidence. Readers will discover how to assess existing evidence, how to collect new evidence and how to find practical solutions in situations where there is no evidence.

The topics covered range from monitoring and evaluation in cardiac rehabilitation, child accident prevention, workplace stress and integrating research into nursing practice. Some sections of this book are presented through personal accounts and opinions of practitioners, while other sections will help readers to consider the underlying issues.

Jennifer Percival RGN, RM, HV Cert, London

Unequal Partners, User Groups and Community Care
Marion Barnes, Stephen Harrison, Maggie Mort, Polly Shardlow (Editors)
The Policy Press
114pp
£13.99

This important book reports on a research study designed to examine the strategies and impact of self-advocacy agencies and user groups on the joint planning and provision of mental health and disability services. As well as exploring the views of staff working in these two sectors, the study examines the perspectives of self-organised user groups.

The researchers’ aims were two-fold: to describe the relationship between user group activity and new forms of agency management as defined in the 1991 NHS and Community Care Act, and to identify the notions of consumerism and citizenship so as to understand better the importance of user groups.

The book presents a complex subject in an easy to read form. It begins with a description of the policy context of user involvement in service development. The authors then describe the study design and methodology, and compare and contrast the impact of user groups on health and social care services.

The authors are particularly interested in the continued imbalance of power between users and professionals. The study also examines how groups can empower themselves so that they see themselves not only as consumers but as citizens active in achieving change.

This is an interesting and worthwhile read for health and social policy makers, practitioners, lobby and pressure groups, students and academics as well as users. It contains significant messages and lessons, particularly in the area of local government.

Rosemary Tidy RNMH, Kent

The Symptom Sorter
Keith Hopcroft, Vincent Forte
Radcliffe Medical Press
395pp
£19.95

Once in a while, a book is published that hits the proverbial nail on the head in its applicability to clinical practice and this book is one of them.

Written by two practising GPs, it provides a clear and logical approach that will be an aid to any nurse involved in physical assessment. Although nurse practitioners in primary health care are the target audience, this is a practical resource for any nurse developing their diagnostic skills.

The book is presented in a user-friendly and accessible style. For example, differential diagnoses are ranked by their relationship to the relevant symptoms. The section on possible investigations and information tips offers direction for action, while a list of ‘red flags’ highlights danger areas or pitfalls in the diagnostic process.

Symptoms are indexed according to body region so the book provides a rapid reference source to be accessed at leisure – or while your patient is undressing behind the screens!

My only criticism is that in the pursuit of brevity, there is sometimes an excessive use of abbreviations which requires reference to other sources for interpretation.

Despite this, it is a highly readable, applicable text for practice and must be recommended as an aid to the development of diagnostic skills.

Stuart Cable MSC, BAI(Hons), RGN, Dundee
Ignorance is hampering success of nursing degrees

My daughter is an RGN with a BSc(Hons) in nursing sciences. I despair over the ignorance that many of her colleagues display over degree courses. Not only do people undertaking such courses study, they are attached to hospitals from the word go. The amount of time spent nursing on the wards increases as they finish each academic year. They do not enjoy long university holidays, they pursue a placement of several weeks where they gain managerial skills as well as emptying the bedpans. I have heard nurses who should know better say that a degree is a fast track, and that nurses with degrees get more money.

None of this is true. How do these nurses think that the RGN qualification is achieved if they haven't done full training? In fact, they spend more time on the wards than Project 2000 nurses. Two thirds of degree nurses leave the profession because of the prejudice, and many others go abroad to work - a catastrophe when one thinks of the money and time which has gone into their training.

Please can we stop the fairytales which are being spun and recognise the fact that degree nurses want to nurse and develop their careers like anyone else.

Anne Salisbury
Lancashire

A different view on psychopathic disorder

On the subject of psychopathic disorder (Perspectives March 3), I would like to put an opposing view. The term or its equivalent should remain in mental health legislation. It is currently not attracting much research. In the past, the few attempts at understanding and treatment tended to be resource intensive, time consuming and expensive.

The last government made short work of anything that had longer term costs! There were centres making some progress in this field, for example the Henderson Hospital project, which was sadly closed by the health secretary of the day.

The psychopathic group of disorders is approaching pandemic proportions. They are a major factor behind much of the anti-social behaviour we see daily in media reports and sadly, such themes are even peddled as entertainment by the media.

They should attract funding to enable quality research to take place. A specialty within psychiatry should be established. After all, we have psychiatrists with the necessary experience in the treatment of mental impairment and reference is made to them in the Code of Practice.

Another is forensic psychiatry. Why not psychopathic disorder? Some people with personality disorders can suffer from mental illness too. Treatment for the latter may falter because the underlying personality affects outcome.

The hidden cost of 'doing nothing' is apparent when one examines the resources involved in the reactive work with individuals, families and their vulnerable dependants by various agencies across the spectrum of care. Few permit pro-active work.

Mike Coupland
York

Lack of money is a barrier to furthering education

I am writing to agree with Jill Axcell's letter (April 14) on students attending conferences. I am a first-year adult nursing student with epilepsy and I too felt that the RCN/JEC conference 'Epilepsy: improving the quality of life' would be of benefit to myself as I want to find out more about this disorder on a personal level and also because it would benefit me in my nursing career. When I sent an e-mail requesting information, I wasn't told about the 40 per cent reduction for students so I had to disregard the conference straight away.

I completely agree that there should be funding for students who wish to attend conferences as it would be a more rewarding way of learning, rather than reading literature on the subject.

Myself, Ms Axcell and many other fellow nurses have unnecessarily missed out on expanding our knowledge about a subject that we feel has great importance to us, and isn't that what nursing's about?

Amy Andrews
Wirral

An RCN spokesperson replies: 'The RCN wants to encourage students to take part in conferences and will now ensure all publicity material and information includes details about special reductions on full conference fees for pre-registration students who are RCN members.'

Improve or scrap the ENB998 course

The news that NHS money has been wasted on irrelevant courses for nurses was timely (News April 7).

Of all courses, the ENB998 was singled out.

The ENB (or its replacement) ought to tighten up the 998 and ensure that course participants are trained to teach and assess properly. Some nurses who have taken the City and Guilds' course on teaching adult learners claim it is a far more appropriate and helpful course.

Andrew Koh
Stoke Newington