Editorial

Using the journal to improve patient care

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As editors, we are keen to ensure the journal makes a difference to how wound care is practised, and thus to patient outcomes. There are many factors influencing this ultimate goal, including the quality of the articles we publish (which, in turn, depends on what is submitted), who reads them and how ready those readers are to incorporate the information into their clinical practice. A simple case study may be practice-changing for 200 readers; a detailed systematic review may influence no one.

How do we gain clinical knowledge and how does this change our practice? The political correctness of evidence-based health care, which can be defined as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients"[1] has come under some scrutiny and it is clear that other factors impact on how a clinician delivers care. Research evidence, patient preferences/actions and clinical state/circumstances all influence clinical expertise and what is actually delivered to the patient. Thus, a research review or a clinical practice guideline in this journal may feed into evidence-based practice, but this may not be actually what the clinical expert delivers to a particular patient. This, in turn, may be appropriate and best practice for this particular patient on this occasion, or it may be poor health care delivery this time. For instance, failure to use compression on a venous leg ulcer is usually not best practice but may be so in an elderly person at home who always removes her compression immediately after leaving the clinic and who declines home assistance with wound management. Similarly, a new silver- containing foam dressing may work very well for a person with a critically colonised mixed venous/arterial ulcer even if there have been no randomised controlled trials with that dressing. Banana leaves may be the best dressing in an African clinic where no other dressings are available but probably are not best practice at a Melbourne metropolitan hospital.

Faced with so many variables, it behoves the clinician to at least be in a position to deliver the best treatment on as many occasions as possible. This requires constantly updating clinical knowledge, understanding one's own clinical practice style and prejudices, being aware of and critically appraising the practice of one's peers, auditing practice and ensuring availability of resources to match budget and circumstances.

The journal can only deliver a part of this but it is our hope as editors that every article at least has the potential to influence practice. Be it a simple case study, a summary of recent literature, a systematic review, a JBI Evidence Summary or even an advertisement for a new product, all have the potential to improve practice if appraised and applied within the framework of evidence-based practice. The likelihood of such improved practice requires at least three actions from you, our readers: submit the best articles you can; read what we publish and appraise it; then – a final action – change your practice as you see appropriate.

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Reference

1. Evidence based medicine: what it is and what it isn't. Sackett DL, Rosenberg WM, Gray JA, Haynes RB & Richardson WS. BMJ 1996; 312:71–2.