

Combining best scientific evidence with expert clinical experience [Editorial]

By: [Leslie L. Davis](#)

Davis, LL. (2013) Combining best scientific evidence with expert clinical experience. *The Journal for Nurse Practitioners*, 9(10):A22.

*****© Elsevier. Reprinted with permission. No further reproduction is authorized without written permission from Elsevier. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.**

***** Made available courtesy of Elsevier: <https://doi.org/10.1016/j.nurpra.2013.09.006>**



© 2013. This manuscript version is made available under the CC-BY-NC-ND 4.0 license <http://creativecommons.org/licenses/by-nc-nd/4.0/>

Abstract:

Treatment for cardiovascular disease (CVD) has become complex over the past few decades in large part because of extensive clinical research emerging from the field. Moreover, technology has created an explosion of information readily at our fingertips. However, sorting through the vast amount of data is difficult for an individual nurse practitioner (NP) in a busy clinical practice.

Keywords: cardiovascular disease | nurse practitioners | guideline-directed medical therapy

Article:

Treatment for cardiovascular disease (CVD) has become complex over the past few decades in large part because of extensive clinical research emerging from the field. Moreover, technology has created an explosion of information readily at our fingertips. However, sorting through the vast amount of data is difficult for an individual nurse practitioner (NP) in a busy clinical practice.

Traditionally, NPs have used experience, observation, and guidance from authoritative sources to make treatment decisions for individual patients. Instead, NPs should augment their clinical decision making with guideline-directed medical therapy (GDMT). GDMT stems from the push for clinicians to use evidence-based practice, the deliberate use of the best scientific evidence from population research, combined with clinical expertise and patient preferences to make care decisions.¹

GDMT clinical guidelines provide one type of evidence and synthesize a large amount of evidence-based data to offer recommendations for the busy NP. Advantages of these guidelines are that they are based on large population studies, take into consideration the variability in patients and disease trajectory, are periodically updated as new research becomes available, and are readily available online or in journals in the public domain. Furthermore, these guidelines

offer a ranking system to designate the level of evidence used to support various recommendations and to determine their strength in terms of risk-benefit for patients.

However, clinical guidelines are not a mandate for treating individual patients. NPs should examine each clinical situation closely and make sure the recommendations from the guideline match the patient being treated (ie, ensure that the patient is on the same background therapy that is suggested before moving to the next level of care). Thus, it is best for NPs to combine their knowledge of the guidelines with knowledge of their individual patients.

This special issue offers readers a translation of current CV guidelines and selected research on each topic for NP practice and education. Topics were selected based on recently published or pending guidelines or those experiencing a paradigm shift in treatment. NP authors were invited based on their relevant clinical expertise, and they reviewed changes in the latest clinical guidelines to emphasize implications for NP practice. Given space limitations, each article is not intended to be a comprehensive overview but rather a brief discussion. Our hope is that readers will get an update to improve the care of their patients at risk or with CVD.

Reference

1. Facchiano L, Snyder C. Evidence-based practice for the busy nurse practitioner: part one: relevance to clinical practice and clinical inquiry process. *J Am Acad Nurse Pract.* 2012;24:579-586.