EBLIP6
'Valuing Knowledge and Expertise'

Keynote Paper

“Marvin fell out of the top floor window last week”: why narrative-based practice matters.

Peter Brophy
What do users do with the books they borrow?
Evidence!!!
Evidence based Practice

DEFINITIONS

• Evidence based medicine: Sackett et al., 1996.
• Evidence based Librarianship: Eldredge, 2002.
• Evidence based Information Practice: Booth et al., 2011.
Awareness of EBP

Baby deaths inquiry will challenge NHS
The thorny politics of NIHS drug approval

Source: Prescott, E. et al. 1998}
Eat more veg!
EBM in action

- Built on worldwide research and investigation
- Collated into robust information
  - quantitative or qualitative
- Used as the basis for decision making
Alternatives to EBP?

• Random selection
Alternatives to EBP?

- Random selection
- Instinctive decision
This is ................................?
Multiple choice

You arrived from a foreign country a few weeks ago and have seen objects like this in a variety of settings. So, when showed this picture is it:

A A rabbit
Multiple choice

You arrived from a foreign country a few weeks ago and have seen objects like this in a variety of settings. So, when showed this picture is it:

A A rabbit

B A child’s toy

[ ]

[ ]
Multiple choice

You arrived from a foreign country a few weeks ago and have seen objects like this in a variety of settings. So, when showed this picture is it:

A. A rabbit  
B. A child’s toy  
C. Dinner

Answer: C
Alternatives to EBP?

• Random selection
• Instinctive decision – guided by cultural norms
Alternatives to EBP?

- Random selection
- Instinctive reaction – guided by cultural norms
- Learned behaviour
Alternatives to EBP?

- Random selection
- Instinctive reaction – guided by cultural norms
- Learned behaviour
- Experience
Evidence for professional practice

- RCTs
- Investigations
- Qualitative
- Quantitative
- Experience
- Learning
- Professional expertise
EBP – in practice

• How do you know what the problem is?
Morton's neuroma

Last reviewed: July 10, 2009.

Morton's neuroma is a thickening of nerve tissue between the toes. It commonly affects the nerve that travels between the third and fourth toes.

See also: Foot pain

Symptoms

Symptoms of Morton's neuroma include:

- Tingling in the space between the third and fourth toes
- Toe cramping
Get away from statistics. Trust the doctor

Dr Mark Salter is a consultant psychiatrist working in Hackney, east London

What’s striking about this - both the feeling of the stuff and the words of Alan Johnson and Lord Darzi - is that it’s pretty much the same sort of thing as we’ve always heard. It sounds wonderful but what the NHS needs as regards mental health services isn’t anything new and pioneering - we just need to get better at what we’ve been doing for a long time, and there is evidence we’re already beginning to do that.

We need better inpatient care, with better availability of psychiatry, and more highly motivated, energetic mental health professionals who aren’t burnt out by overwhelming caseloads. Darzi is a surgeon, so he’s accustomed to working with a branch of the medical profession where you can pull your finger on outcomes; you can say this one survived or this one didn’t.

The two branches where it isn’t that simple are general practice and psychiatry. At least 60% of patients who see a GP are there because of a psychological or social problem, and GPs look after 90% of psychiatry in the NHS.

We go to them because we’re feeling tired all the time, we feel sad, or we’re having funny thoughts. Putting it down to a simple choice and hook system is not quite so good for the real world as experienced by a GP. Doctors who belong to this branch of medicine whose outcomes can be judged to a number - such as blood pressure or the number of cancer cells are going to be much happier with this than the likes of psychiatrists and GPs who have long been accustomed to working with uncertainty.

For psychiatrists, how on earth do you go about quantifying successful outcomes for people who by virtue of illness are incapable of seeing themselves as ill?

How can you operate a system that’s based on patient choice when the patient is not even choosing to see themselves as unwell, let alone make choices about which hospital they go to?
EBP – in practice

• How do you know what the problem is?
• Is it desirable to isolate the problem?
EBP – in practice

• How do you know what the problem is?
• Is it desirable to isolate the problem?
• Does the solution fit the individual’s context?
EBP – in practice

• How do you know what the problem is?
• Is it desirable to isolate the problem?
• Does the solution fit the individual’s context?
• Does the solution fit the general context?
The use of language

“Let us imagine a language ... The language is meant to serve for communication between a builder A and an assistant B. A is building with building-stones; there are blocks, pillars, slabs and beams. B has to pass the stones, and that in the order in which A needs them. For this purpose they use a language consisting of the words 'block', 'pillar', 'slab', 'beam'. A calls them out; - B brings the stone which he has learnt to bring at such-and-such a call. Conceive of this as a complete primitive language.”

Ludwig Wittgenstein
EBP – in practice

- How do you know what the problem is?
- Is it desirable to isolate the problem?
- Does the solution fit the individual’s context?
- Does the solution fit the general context?
- Universality
EBP – in practice

• How do you know what the problem is?
• Is it desirable to isolate the problem?
• Does the solution fit the individual’s context?
• Does the solution fit the general context?
• Universality
• The value of RCTs
Suppose you give a benefit (or treatment) to one household, a placebo to another and nothing to a third next door. Suppose it works. Do you watch the people next door wither in the name of a pilot? Suppose you give a benefit to one household and nothing to the neighbour. Is it not likely that the non-beneficiary will put pressure on the recipient to share the benefit or, worse, take retributive action? In our case we were faced by a riot by those not receiving the "treatment".

There is also a bias towards evaluating policies by low-hanging-fruit criteria, rather than by wider social-effect questions that are less quantifiable. RCTs are useful tools. They are not the revolutionary breakthrough the messiahs suggest.

**Professor Guy Standing**

*University of Bath*
EBP – in practice

- How do you know what the problem is?
- Is it desirable to isolate the problem?
- Does the solution fit the individual’s context?
- Does the solution fit the general context?
- Universality
- The value of RCTs
Evidence for professional practice

- RCTs
- Investigations
- Context
- Professional expertise

Classification:
- Qualitative
- Quantitative
- Experience
- Learning
Why narrative?

• Understanding complexity
<table>
<thead>
<tr>
<th>UOVP Components</th>
<th>BA</th>
<th>Virgin</th>
<th>EasyJet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reputation</strong></td>
<td>Reliable, predictable, highly professional</td>
<td>Challenging, exciting, unconventional</td>
<td>Cheap and cheery</td>
</tr>
<tr>
<td><strong>Product/service performance</strong></td>
<td>Extensive routes, range of service, looking after the customer</td>
<td>Limited routes, innovative services</td>
<td>Fit for purpose, no frills</td>
</tr>
<tr>
<td><strong>Product brand and customer portfolios</strong></td>
<td>Strong business class sub-brand, focus on longstanding distance business traveller</td>
<td>Trades on corporate name, mostly targets “Virgin” devotees especially vacation travel. Richard Branson as ‘man of the people’.</td>
<td>Focused on budget traveller paying for own trips</td>
</tr>
<tr>
<td><strong>Networks</strong></td>
<td>Emerging global alliances deliver worldwide capability, AirMiles scheme a major part of loyalty strategy</td>
<td>Focused on “Virgin” to appeal to “Virgin” devotees.</td>
<td>Not part of the brand</td>
</tr>
</tbody>
</table>

**Unique Organisational Value Proposition**

*(after Schultz et al.)*
Why narrative?

• Understanding complexity
• Customer experience
“Having had to retire from work early due to injury, it has taken two years to build up the confidence to attend basic computer classes. I attend at High Street Library, have had only two sessions but from day one I felt great when I came home and I can’t find words to say how much these classes mean to my life. Now I am looking forward, full of confidence and hope. The one-to-one sessions I have with Jane I find eye-opening and I cannot wait for my next session. I am not treated as a school child as I expected. I am 51 years of age and now I have this new world opening up before my eyes.”
Why narrative?

• Understanding complexity
• Customer experience
• Organisational context
Why narrative?

• Understanding complexity
• Customer experience
• Organisational context
• Tacit knowledge
“What they wanted to learn ... was a certain kind of knowledge that could not be learned from books. They studied their books dutifully, preparing for the quizzes that punctuated rounds and other such events, but believed that the most important knowledge they would acquire in school was not in those books. What was most worth learning was ... ‘clinical experience’ – the sights, sounds, and smells of disease in a living person.”

Becker, 1993
Why narrative?

• Understanding complexity
• Customer experience
• Organisational context
• Tacit knowledge
• Marketing our services
Apple NewsStand – launched June 2011 – takes the hassle out of organising your subscriptions
(That’s the sizzle; the iPad is the sausage!)
“The answer is, something that preserves plausibility and coherence, something that is reasonable and memorable, something that embodies past experience and expectations, something that resonates with other people, something that can be constructed retrospectively but also can be used prospectively, something that captures both feeling and thought, something that allows for embellishment to fit current oddities, something that is fun to construct. In short, what is necessary in sensemaking is a good story.”

Weick, K.E., 1995
Being a witness – narrative as evidence

= ‘Retrospective Meaning Making’
Professional Responsibility

• a broad evidence base
“How, then, can we square the circle of upholding individual narrative in a world where valid and generalisable truths come from population derived evidence? My own view is that there is no paradox. In particle physics the scientific truths (laws) derived from empirical observation about the behaviour of gases fail to hold when applied to single molecules. Similarly (but for different reasons), the ‘truths’ established by the empirical observation of populations in randomised trials and cohort studies cannot be mechanistically applied to individual patients (whose behaviour is irremediably contextual and idiosyncratic) or episodes of illness.”

Tricia Greenhalgh
Professional Responsibility

• a broad evidence base
• acknowledge complexity

Narrative Competence
- the ability to listen to the client’s story
- to grasp and honour their meanings
- to act on the client’s behalf.
Professional Responsibility

- a broad evidence base
- acknowledge complexity
- socially-situated action
Professional Responsibility

- a broad evidence base
- acknowledge complexity
- socially-situated action
- continuous learning

Narrative Intelligence
- knowing different patterns of story
- matching pattern to context
- understanding which stories clients live
- judging their responses.
Professional Responsibility

- a broad evidence base
- acknowledge complexity
- socially-situated action
- continuous learning
- ethical conduct

Truth telling
- authenticity
- accuracy
- commitment.
Why narrative matters ......

Exhibit 1: a typical AIDS education effort in Africa, featuring posters showing patients wasting away and radio spots exhorting the use of condoms.

Exhibit 2: a long-running Tanzanian soap opera in which a man who, espousing many of the beliefs and attitudes characteristic of those who resist monogamy or safe sex practices, loses a daughter to AIDS through prostitution, a wife to a desire for a better future and eventually his own life to AIDS.