

# CLINICAL INQUIRY: IGNITING AND LEADING NURSING RESEARCH

Carol Howland RN MSN NE BC CSPHA

Chief Nurse Executive

Kaiser Permanente SCAL

Baldwin Park Medical Center

# INTRODUCTION

The Institute of Medicine (IOM) report states that patients should receive care based on the best available scientific knowledge and should not vary.

The IOM identifies five essential core competencies for practice:

1. Provide patient-centered care
2. Work in interdisciplinary teams
3. Employ evidence-based practice
4. Apply quality improvement
5. Utilize informatics



# STRATEGY

## Five Step Strategy

**Step 1** Ask a clinical question using a simple to complex method

P population of interest

I intervention

C compare

O outcome

T time

Example: In adult patients over 65 receiving blood transfusions using benzodiazepines prior to blood administration is less effective than other interventions and supports changing practice protocols in order to meet the needs of this vulnerable population.

**Step 2** Search for the best evidence

Is the evidence Accurate, Current, Objective and designed by experts in the field.

**Step 3** Critically appraise the evidence

Journal clubs can be created for ongoing appraisal

Nurse Scientists can be integrated into the council to act as Role models

Internal Consultants can be tapped such as librarians and regional experts such as a Community of Practice .

External Consultants can be established such as The National Guideline Clearinghouse or speaker's bureaus

Mentoring programs can be established through [www.mentoring.org](http://www.mentoring.org)

**Step 4** Integrate evidence into practice through policy

Sustains the evidence explored

## **Step 5** Validate and evaluate the outcomes

Asking questions such as :

Did the question result in change?

What was the clinical outcome?

How was the change disseminated? Important to share through: Staff meetings, Skills days, Nursing Grand Rounds, Poster and podium presentation, local conferences

Barriers to Evidence Based Practice

Knowledge related to the practice

Access to the literature

Lack of skill or resources in developing critical appraisal

# CASE SCENARIO

A staff nurse began the day shift with two patients requiring blood transfusions.

This nurse noticed that the patients on the unit seem to have a higher acuity level requiring increased blood transfusions.

The nurse saw an article about a recently published study in the literature about why Benadryl should not be administered prior to blood transfusion.

The study found positive outcomes during blood transfusion when Benadryl in the elder population was not given.

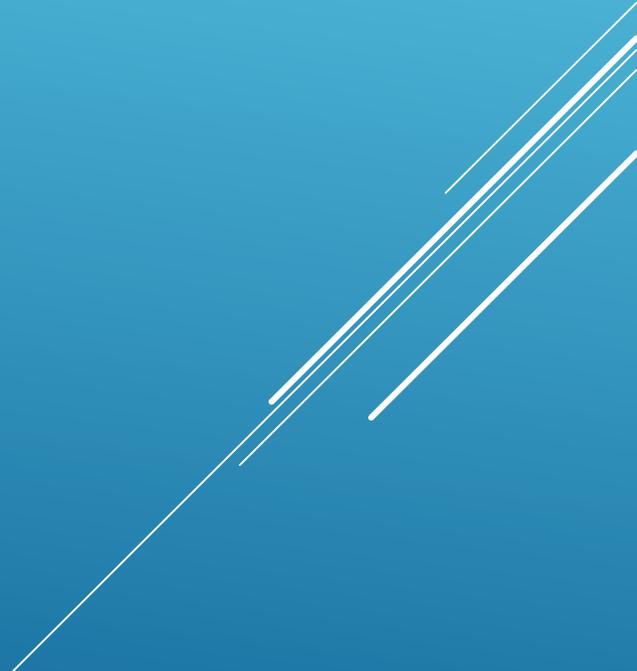


# CASE SCENARIO (CONTINUED)

The nurse was impressed with the findings so brought the article to the EBP and Nursing Research Council at the medical center.

The nurse chair of the council was excited about the findings and encouraged members of the EBP and Nursing research council to complete the steps outlined and to search for more evidence to support this practice.

The search ignited further exploration and review of the policy.

A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

# OUTCOME

The five-step approach was established.

Step 3 was most significant and created positive resources for the team to continue the appraisal.

The result was revision of the policy to advocate for the population identified from the PICOT question.

Everyday a nurse performs nursing interventions that will stimulate questions as to whether there is evidence to support the intervention. As our patients present with higher acuities thereby our nursing staff must stretch to improve quality patient outcomes. We must reexamine our practice through reflection.

Where will you ignite Clinical Inquiry in your practice?

# REFERENCES

Creating Clinical Research Protocols in Advanced Practice: Part I, Identifying the Fit and the Aim AACN Adv Crit Care July 1, 2016 27:338-343

Groves, P. S., Manges, K. A., & Scott-Cawiezell, J. (2016). Handing Off Safety at the Bedside. *Clinical Nursing Research*, 25(5), 473–493.

Hanrahan, Kirsten & Wagner, Michele & Matthews, Grace & Stewart, Stephanie & Dawson, Cindy & Greiner, Joseph & Pottinger, Jean & Vernon-Levett, Paula & Herold, Debra & Hottel, Rachel & Cullen, Laura & Tucker, Sharon & Williamson, Ann. (2015). Sacred Cow Gone to Pasture: A Systematic Evaluation and Integration of Evidence-Based Practice. *Worldviews on evidence-based nursing / Sigma Theta Tau International, Honor Society of Nursing*. 12

4. Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington DC: The National Academies Press; 2011. <http://www.thefutureofnursing.org/IOM-Report>