

Title:

Evidence-Based Practice Development for Practicing Nurses Across the Career Continuum

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Session Title:

Innovative Strategies for Leading Evidence-Based Practice Change

Keywords:

Evidence-based practice, competencies and training programs

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Abstract Summary:

This presentation will demonstrate building a foundation for evidence-based practice (EBP) and creating EBP development for practicing nurses across the career continuum. Participants can use the concepts and strategies shared to build EBP culture, structures, and processes and also develop tools, resources, and programs in their own organization.

Content Outline:

1. Background
2. Purpose
3. Synthesis of Evidence
 1. Academic preparation
 2. EBP Competencies
 4. EBP Foundations
 1. Culture
 2. Structure
 3. Process
 5. EBP training across the career continuum
 1. Preceptors and Orientation
 2. New Graduate Nurse Residency
 3. Experienced Nurse Fellowship
 4. EBP Change Champions
 5. EBP Staff Nurse Internship
 6. Clinical Leadership Development Academy
 7. Executive Leadership Academy
 8. Advanced EBP
 6. Evaluation and return on investment
 7. Implications and Conclusion

Topic Selection:

Innovative Strategies for Leading Evidence-Based Practice Change (25484)

Abstract Text:

Nurses have responsibility for providing, leading, and sustaining evidence-based high quality healthcare (Institute of Medicine, 2010). Yet, healthcare as a whole is falling short on the goal for 90% of care being evidence-based by 2020. In order to have a greater impact on healthcare and organizational outcomes, more frontline nurses with EBP competencies and experiences are needed (Warren et al., 2016).

Academic preparation provides foundational knowledge, skills, and attitudes supporting adoption of evidence-based practice (EBP) (Quality and Safety Education for Nurse

(QSEN), 2018) across a spectrum of degrees and specialties. Practicing nurses come from a variety of academic programs with vast differences in EBP experiences and training. The inclusion of EBP content in curriculums has changed and expanded over time, creating a paradoxical situation where new, less experienced clinical nurses are likely to have more EBP training and experience compared to nurses with longevity who are highly experienced but may have had little or no formal EBP training in their academic curriculum or over the course of their career. Traditional EBP development in the clinical setting has focused on experienced staff nurses (Cullen & Titler, 2004; Gawlinski & Becker, 2012; Mick, 2014) although programs targeting new nurses are emerging (Hosking et al., 2016). One 800-bed academic medical center has a rich 30-year history of nurse-led EBP. Building on a strong EBP foundation, EBP development for practicing nurses across the career continuum will be described as a model for other organizations. Foundations that support EBP work include culture, structures, and processes.

EBP culture is created by leadership and owned by frontline staff. A culture of inquiry, where questions are not only tolerated, but promoted, is necessary. Strategies for creating culture include: organizational vision and strategic plans that reflect a value for EBP; standards for EBP (such as Magnet®); and recognition for EBP work through performance reviews, awards, and celebrations.

Structures are the organization's architecture that can be developed and used to support EBP. Strategies for creating a strong structure for EBP include: shared governance, a professional practice model, and an academic partnership.

EBP processes provide a clear path for EBP, delineating standardized action steps for students and practicing nurses. Selecting an EBP process model for the organization is critical. Strategies for developing standardized processes include shared governance structure supporting approval and reporting of EBP updates (Cullen, Wagner, Matthews, & Farrington, 2017) along with student project and institutional ethics review to manage risks. Tools and resources used across academia, practice, and development programs will standardize the process, facilitate communication, and increase efficiency. More than 40 tools and a text that cover every step of the EBP process are readily available for all clinicians at this academic medical center (Cullen et al., 2018). Consultation and mentoring for EBP is also provided with additional resources accessible through partnerships with the university's College of Nursing and Health Science Library.

A series of EBP training opportunities have been developed over time to address the needs of practicing nurses. Basic EBP training begins with unit-based preceptors and didactic discussion of the organization's EBP process model and resources during orientation. A 12-month Commission on Collegiate Nursing Education (CCNE) accredited nurse residency program engages small groups of new graduate nurses in unit-based EBP change projects under the direction of the residency coordinator (Hosking et al., 2016). Experienced nurse fellows participate in a didactic lecture about the EBP process model, change and ways to get involved. A self-guided EBP learning module is also available to provide basic EBP education. An innovative EBP Change Champion Program was developed to engage influential practicing nurses in a 12-hour program focused on EBP basics and implementation work on priority topics of the organization. Experienced staff nurses are eligible to apply for an 18-month EBP Internship (Cullen & Titler, 2004) which provides three days of EBP coursework, 12 paid

work days, and attendance at an annual National EBP Conference. Small grants are available, through collaboration between the Office of Nursing Research and EBP and the university's College of Nursing, for staff with EBP competencies or identified mentoring to conduct independent projects. EBP training focused on the role of leaders and implementation is offered as part of the Clinical Leadership Academy and Executive Leadership Academy. Advanced EBP competencies are developed through a 3-day immersion workshop that engages local leaders as well as external participants in focused work and consultation on the most challenging steps in the EBP process (e.g., implementation, evaluation) (Cullen, Titler, & Rempel, 2011). External programs can be used to fill any training gaps.

Metrics for EBP programs should be regularly reported to senior leaders. An EBP evaluation framework can help provide standardized metrics for demonstrating a return on investment for EBP programs (Cullen & Hanrahan, 2018; Cullen et al., 2018).

Processes for making improvement are measured by assessing knowledge, attitudes/perceptions, and behaviors/practices. The impact of EBP is measured by organizational and healthcare outcomes and must include relevant balancing measures to explain outcome variation but more importantly to reflect avoidance of undesirable consequences from competing practice recommendations. Finally, all EBP work should include cost analysis.