Title:
The Implementation of an Evidence-Based Practice Mentorship Program

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ACCEPTED

Session Title:
Clinical Poster Session 1 (Saturday/Sunday, 16 & 17 November)

Slot:
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Abstract Describes:
Ongoing Work/Project

Applicable Category:
Clinical

Keywords:
Clinical nurse, Evidence-based practice and Mentor

References:


**Abstract Summary:**

A mentorship program was created to increase the engagement of clinical nurses in evidence-based practice projects. Within the first three months, the number of projects led by a clinical nurse tripled. It demonstrates a focus on improving the culture of clinical inquiry through the mentoring of clinical nurses.

**Content Outline:**

I. Introduction

1. Importance of evidence-based practice (EBP)

2. Barriers to EBP

3. Gap in EBP implementation by clinical nurses

II. Body

1. Literature Analysis and Synthesis

   a) EBP mentoring had one of the strongest associations with improved EBP competencies

2. Multi-faceted Approach

   a) Mentor Education

      i. Gap analysis revealed education needs

      ii. Didactic, interactive two-hour workshop

   iii. Use of tools to help clinical nurses with each step of EBP process
b) Clinical Excellence Council Members as Mentors

c) New resources created to support EBP development and implementation
   i. EBP website on organization intranet
   ii. Access to tools for each step of EBP process
   iii. EBP step-by-step guide booklet

III. Outcomes

1. Raw number of EBP projects tripled

2. The Evidence-Based Nursing Practice Self-Efficacy Scale demonstrated improvement in mentor self-efficacy following mentor training
   a) Pre-survey prior to mentor training
   b) Post-survey immediately following mentor training
   c) Additional post-survey to be completed in December 2018

3. The Evidence-Based Practice Questionnaire
   a) Pre-survey of all nursing staff in 2017
   b) Post-survey of all nursing staff in January 2019

IV. Conclusion

1. EBP mentorship had positive impact on engagement of clinical nurses in EBP implementation

Topic Selection:
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Abstract Text:

As healthcare reform and value-based purchasing have changed the way that hospitals are reimbursed, hospitals are seeking ways to standardize practice based on evidence to reduce inconsistencies in care and improve the overall quality of care provided while also decreasing costs (Warren et al., 2016). This aligns with the Institute for Healthcare Improvement’s (IHI) Triple Aim for Population Health goals (IHI, 2018). The Institute of Medicine established the goal that 90% of clinical decisions be supported by the most accurate available evidence by the year 2020 (Warren et al., 2016). Evidence-based practice (EBP) is one approach to help reach these goals by enhancing the quality of patient care and has become an expectation since the implementation of the Affordable Care Act (Melnyk & Fineout-Overholt, 2015; Melnyk et al., 2018).

Despite the increased focus on EBP in nursing practice, Wallen et al. (2010) found that inconsistencies remain in the implementation of EBP. The most common barriers to implementation of EBP by nurses include inadequate EBP knowledge and skills, a culture that is steeped in tradition, time, nurse leaders
not embracing and facilitating EBP, and a lack of EBP mentors (Melnyk et al., 2018). Contributing to this gap is the historical focus on research rather than EBP in academic courses at the baccalaureate and master’s levels (Melnyk et al., 2018).

For this specific organization, there was a gap in clinical nurse engagement in EBP implementation. Historically, most EBP projects were led by masters-prepared nurses in non-direct care roles. To improve the engagement of clinical nurses in EBP, the organization required the completion of an EBP project for advancement on its Professional Clinical Ladder. However, the feedback was that this was intimidating to clinical nurses and was the reason that many were hesitant to participate. While a culture of inquiry existed in the healthcare system, there was no formal mentorship to support clinical nurse engagement in EBP implementation. In the first six months of 2018, there were only two new EBP nursing projects implemented by clinical nurses.

The literature analysis revealed that mentoring had one of the strongest associations with improved EBP competencies (Melnyk et al., 2018). Other findings included that mentor-led EBP supports best practice change as a means of improving patient outcomes (Morgan, 2012) and that EBP mentorship helped to improve the mentors’ knowledge and skills and not just the mentees’ (Spiva et al., 2017). In addition, nurses’ perceived barriers to using EBP research utilization in practice can be changed through mentor-led EBP implementation (Morgan, 2012). In consideration of both the literature synthesis and project implementation site, formal EBP mentorship was determined to be the best intervention to achieve the project goal of improving clinical nurse engagement in EBP implementation.

The implementation plan was a multifaceted approach that included education for the EBP mentors and the establishment of structures and processes for EBP mentorship and EBP project implementation. The Clinical Excellence Council, which consisted of masters-or-higher-degree prepared nurses in various roles, served as the mentors for the program. Clinical nurses who were interested in completing an EBP project or pursuing advancement via the clinical ladder were paired with an EBP mentor from this council to assist them with each step of the process. New resources were created to assist with this process, and all EBP projects were reviewed and approved by the Clinical Excellence Council prior to implementation.

During the gap analysis, it was identified that there was variation in the EBP knowledge and engagement levels among the members of the Clinical Excellence Council. The mentor education included a two-hour classroom-based workshop in September 2018 that reviewed the differences between EBP, quality improvement, and research. It also included the basics of EBP and resource tools available for each step of the EBP process. Tactics for successful mentoring relationships were also included. Teaching methods included didactic teaching and interactive, hands-on application. A new EBP webpage was created with all of the available resources to assist with education and implementation of new EBP projects. In addition, a step-by-step EBP booklet was created for mentors to use with their EBP mentees.

The overall expected outcomes of the project were to increase the number of EBP projects led or co-led by a clinical nurse, increase the self-identified EBP self-efficacy of masters-prepared EBP mentors, and increase the perception of organizational support for EBP projects by nurses. Within the first three months, the number of EBP projects initiated by a clinical nurse tripled, achieving the goal of the program. The Evidence-Based Nursing Practice Self-Efficacy Scale (Tucker, Olson, & Frusti, 2009) was used to survey the mentors before the mentor training and immediately following the training. Preliminary results demonstrated improvement in mentors’ self-efficacy after mentor training. Mentors
will be surveyed once more using this tool in December 2018. Improvements are expected in nurses’ knowledge, practice, and attitudes toward EBP as measured by the Evidence-based Practice Questionnaire (Upton & Upton, 2006). The nursing staff were surveyed in 2017 to establish a baseline for pre-implementation data for the project. Staff will be re-surveyed using this tool in January 2019.

The implementation of a formal EBP mentorship program in a three-hospital, not-for-profit community healthcare system helped to improve the active engagement of clinical nurses in EBP implementation. As the US healthcare system continues to change both in structure and in reimbursement methods, nurses in the hospital environment can set an example of the importance of delivering care based on evidence to ensure patients receive high quality care and an exceptional patient experience throughout the healthcare continuum. Creating a cost-effective plan utilizing resources already in place in the organization improved the sustainability of this project. As healthcare changes continue to be implemented, including more alignment of patient outcomes with reimbursement, EBP enculturation is expected to continue to grow in importance.