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).

With changes in reimbursement, hospitals are seeking ways to standardize practice based on evidence (Warren et al., 2016).

Despite the increased focus on evidence-based practice (EBP) in nursing, there are inconsistencies in the implementation of EBP (Wallen et al., 2010).

Engaging more clinical nurses in EBP as part of a culture of inquiry is essential to the continued growth of high-quality, safe, and cost-effective patient care (Melnyk et al., 2018).

To establish a formal EBP mentoring program using current Shared Governance structure.

Overall goal: increase the number of EBP and QI projects led or co-led by clinical nurses.

EBP mentorship had one of the strongest associations with EBP competency (Melnyk et al., 2018).

Overall, the evidence indicates that EBP mentors helped to improve EBP knowledge, attitude, skill level, and organizational readiness to EBP implementation (Abdullah et al., 2014; Brekenridge-Sproat, 2015; Friesen, Brady, Milligan, & Christensen, 2017; Hauck, Winsett, & Kuric, 2013; Kim et al., 2016; Morgan, 2012; Spiva et al., 2017; Wallen et al., 2010; Warren et al., 2016).

Nurses’ perceived barriers to using EBP can be changed through mentor-led EBP implementation (Morgan, 2012).

A two-hour mentor workshop (didactic and interactive teaching methods)

Creation of a Mentor Checklist and Mentor Log

New EBP webpage developed on hospital intranet with EBP Resources

• EBP Booklet with step by step instructions

• Johns Hopkins EBP Model tools

• Online portal to submit clinical questions, possible project ideas, or request a mentor

Use of Clinical Excellence Council to pair mentor dyads, approve EBP projects, and track outcomes. EBP mentors provide updates each month.

Among Clinical Nurse Specialists/ Clinical Specialists on a Clinical Excellence Council in a three-hospital community healthcare system (P), how does a formal EBP mentoring program (I), compared to current use of informal mentors (C), affect the number of evidence-based practice or QI projects led or co-led by clinical nurses (O) within the first six months of implementation (T)?

The number of EBP projects led or co-led by a clinical nurse increased by 6 (comparing 6 months pre- and 6 months post-implementation).

Self-identified EBP self-efficacy of EBP mentors increased as measured by pre/post Evidence-Based Nursing Practice Self-Efficacy Scale [EBPSES] (Tucker, Olson, & Frusti, 2009).

Increased EBP knowledge, skills, and utilization by nurses as measured by the EBPQ (Upton, & Upton, 2006).

Average confidence scores improved from pre (72.7%) to mid (87.1%) to post-intervention (90.8%).

Standard deviation decreased over time (from 20.1 to 12.4 to 10.7), representing decreased variability in scores over time.

ANOVA of means of all three time periods indicated a significant difference (p < 0.01).

Paired t-tests of means from all time periods were all significant (p < 0.01).

Contact
Tanya Lott: tanya.lott@rsfh.com