



Center for
Transdisciplinary
Evidence-based
Practice

The Development of New Evidence-based Practice Competencies for Practicing Registered Nurses and Advanced Practice Nurses

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The State of U.S. Healthcare

- There are up to 200,000 unintended patient deaths per year (more than auto accidents & breast cancer)
- Patient injuries happen to approximately 15 million individuals per year
- Only 5% of medical errors are caused by incompetence where 95% of errors involve competent persons trying to achieve right outcomes in poorly designed systems with poor uniformity
- Patients only receive about 55% of the care that they should when entering the healthcare system

The Cost of Poor Quality Healthcare

- Poor quality healthcare costs the United States billions of dollars annually
- Wasteful healthcare spending costs the healthcare system 1.2 trillion dollars annually
- The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare

A Culture of Patient Safety Essential Components

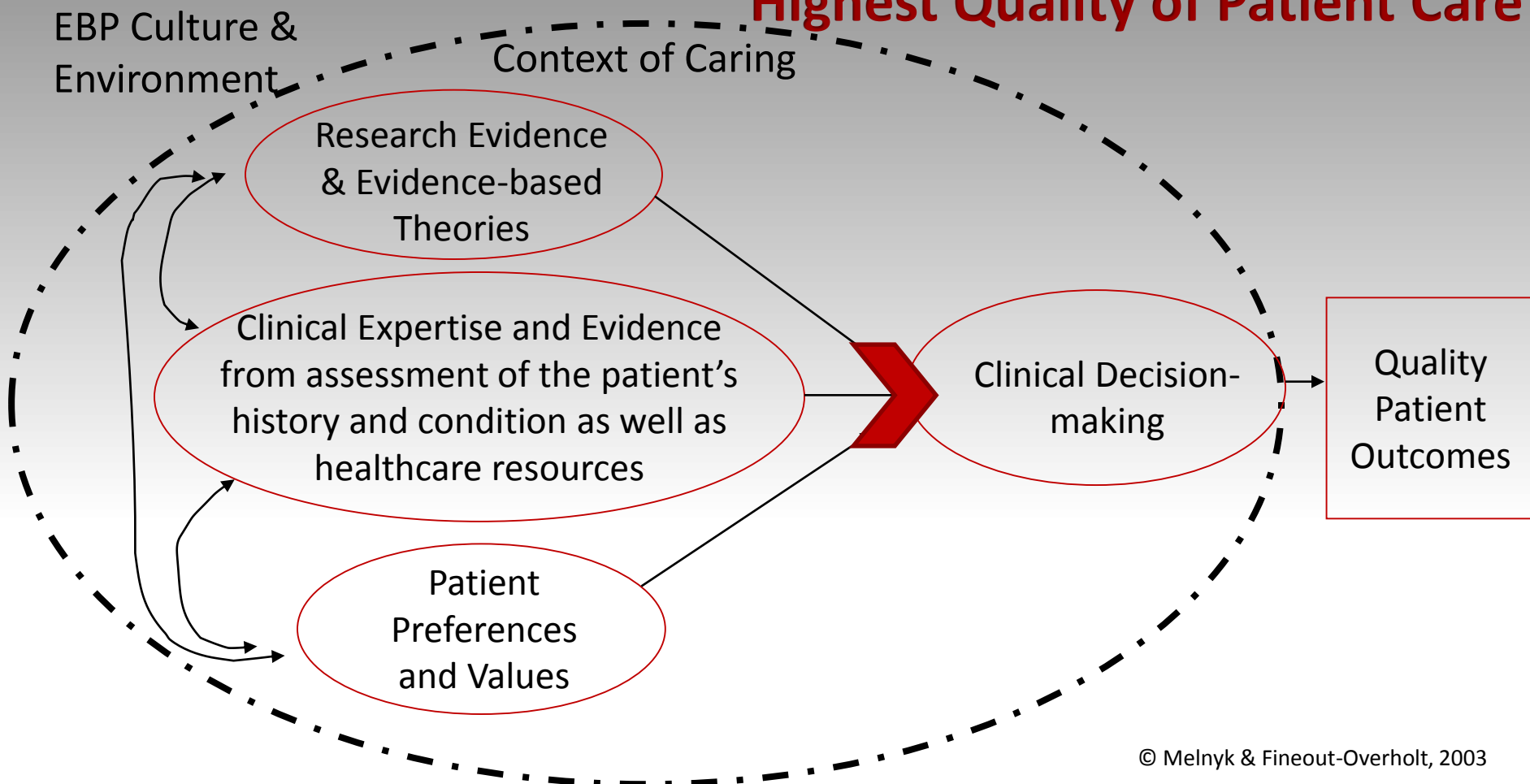
(Sammer et al., 2010)

- Leadership
- Teamwork
- **Evidence-based**
- Communication
- Learning
- Just
- Patient-centered

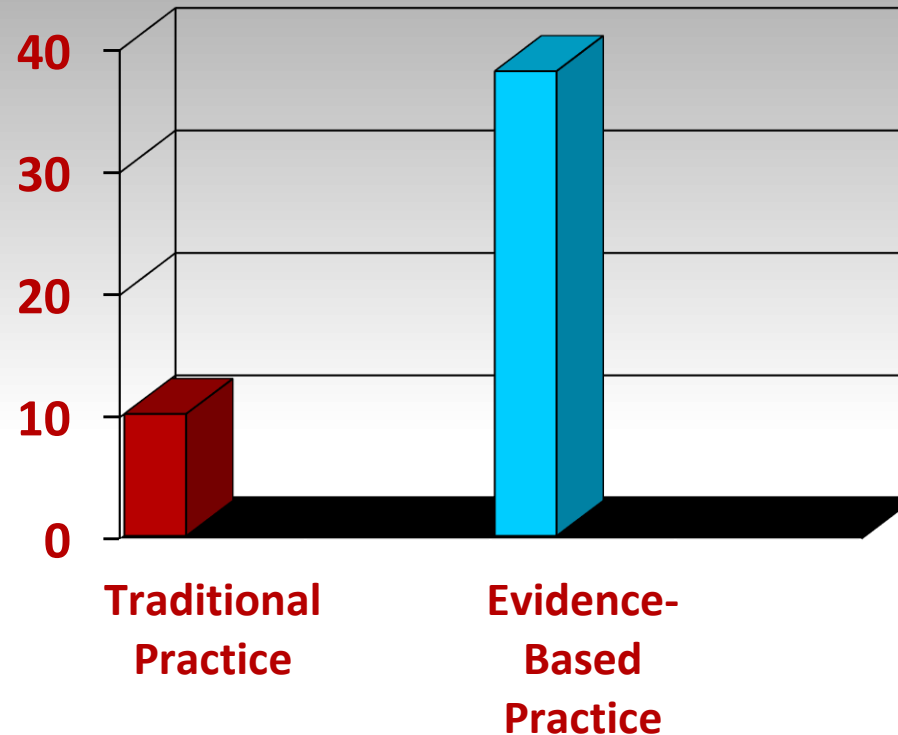
The Merging of Science and Art: EBP within a Context of Caring & EBP Culture Results in the Highest Quality of Patient Care

EBP Culture & Environment

Context of Caring



Patient Outcomes With and Without Evidence-Based Practice



Research supports that evidence-based practice (EBP) promotes high value healthcare, including the “Triple Aim”

- enhancing the patient experience, including quality and reliability of healthcare
- improving health outcomes
- reducing costs

Even with its tremendous benefits, EBP is not the standard of care throughout the United States and globe.

There is a ***general expectation*** of healthcare systems globally for nurses to engage in EBP.

Much uncertainty exists about ***what exactly that encompasses.***



Lack of clarity about EBP expectations

and

Lack of specific EBP competencies

impede institutions from attaining high-value, low cost evidence-based healthcare

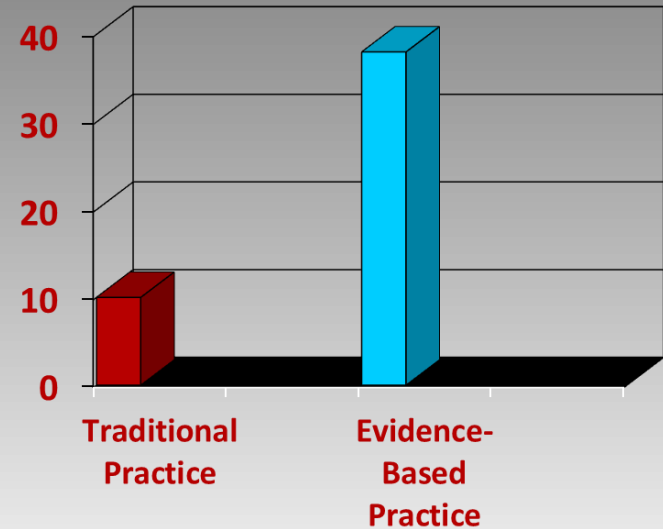


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A new tool in your EBP Toolbox!



**Evidence-based Practice
Competencies
for
Practicing Registered Nurses
and
Advanced Practice Nurses**



The development of clearly articulated EBP competencies that align with the EBP process are a **valuable contribution** that healthcare **organizations can integrate** to support an environment where **EBP is the measurable expectation** for all.

Competency “attempts to capture the myriad of personal characteristics or attributes that underlie competent performance of a professional person” (Gonzi, et al., 1993).



Competencies are *holistic entities* that are carried out within clinical contexts and are *composed of multiple attributes* including **knowledge**, **psychomotor skills** and **affective skills**.

The aim of this study was to develop a set of **clear EBP competencies** for registered nurses and APNs **working in real world clinical settings,**

To be used by **healthcare institutions** in their quest to achieve high performing systems that **consistently implement and sustain EBP.**

Seven national EBP leaders developed an initial set of competencies through a consensus building process.

Next, a Delphi survey was conducted with 80 EBP mentors across the United States to determine *consensus and clarity* around the competencies.

The expert participants for this Delphi survey were:

- individuals who attended an intensive continuing education course or program in EBP and
- who identified themselves as EBP mentors.

The EBP mentors were asked to respond to two questions about each EBP competency on a five-point Likert scale: 1 = *Not at all*, 2 = *A little*, 3 = *Somewhat*, 4 = *Moderately so*, and 5 = *Very much so*.

#1. “To what extent do you believe the EBP competency is essential for practicing registered professional nurses.”

(i.e., how essential is the competency?)

#2. “Is the competency statement clearly written?”

(i.e., is it written clearly?*)

*If participants answered “no” in response to whether the statement was clearly written, they were asked how they would rewrite it.

Results

Two rounds of the Delphi survey resulted in total consensus by the EBP mentors, yielding a final set of 13 competencies for practicing registered nurses and 11 additional competencies for APNs.

Practicing Registered Professional Nurses

1. **Questions clinical practices** for the purpose of improving the quality of care.
2. **Describes clinical problems** using internal evidence.*
(internal evidence*= evidence generated internally within a clinical setting, such as patient assessment data, outcomes management, and quality improvement data)
3. **Participates in** the formulation of clinical questions using PICOT* format. (*PICOT=Patient population; Intervention or area of Interest; Comparison intervention or group; Outcome; Time).
4. **Searches for** external evidence* to answer focused clinical questions. (external evidence*= evidence generated from research)

Practicing Registered Professional Nurses

5. **Participates in** critical appraisal of pre-appraised evidence (such as clinical practice guidelines, evidence-based policies and procedures, and evidence syntheses).
6. **Participates in** the critical appraisal of published research studies to determine their strength and applicability to clinical practice.
7. **Participates in** the evaluation and synthesis of a body of evidence gathered to determine its' strength and applicability to clinical practice.
8. **Collects** practice data (e.g., individual patient data, quality improvement data) systematically as internal evidence for clinical decision making in the care of individuals, groups and populations.

Practicing Registered Professional Nurses

9. **Integrates evidence** gathered from external and internal sources in order to plan evidence-based practice changes.
10. **Implements practice changes** based on evidence and clinical expertise and patient preferences to improve care processes and patient outcomes.
11. **Evaluates outcomes** of evidence-based decisions and practice changes for individuals, groups and populations to determine best practices.
12. **Disseminates best practices** supported by evidence to improve quality of care and patient outcomes.
13. **Participates in** strategies to sustain an evidence-based practice culture

Advanced Practice Nurses

All of the Competencies for the Practicing Registered
Professional Nurse



11 Additional Competencies

Note the difference in action verbs!

Advanced Practice Nurses

14. **Systematically conducts** and exhaustive search for external evidence* to answer clinical questions. (external evidence*: evidence generated from research)
15. **Critically appraises** relevant pre-appraised evidence (i.e., clinical guidelines, summaries, synopses, syntheses of relevant external evidence) and primary studies, including evaluation and synthesis.
16. **Integrates** a body of external evidence from nursing and related fields with internal evidence* in making decisions about patient care. (internal evidence* = evidence generated internally within a clinical setting, such as patient assessment data, outcomes management, and quality improvement data)

Advanced Practice Nurses

- 17. Leads transdisciplinary teams** in applying synthesized evidence to initiate clinical decisions and practice changes to improve the health of individuals, groups, and populations.
- 18. Generates internal evidence** through outcomes management and EBP implementation projects for the purpose of integrating best practices.
- 19. Measures processes and outcomes** of evidence-based clinical decisions.
- 20. Formulates** evidence-based policies and procedures.

Advanced Practice Nurses

- 21. Participates** in the generation of external evidence with other healthcare professionals.
- 22. Mentors others** in evidence-based decision making and the EBP process.
- 23. Implements strategies** to sustain an EBP culture.
- 24. Communicates** best evidence to individuals, groups, colleagues, and policy-makers.

- The new EBP competencies should be integrated into healthcare system orientation programs, clinical ladders, and performance appraisals
- Incorporating the competencies into real world practice settings will assist healthcare systems in improving quality, safety, and patient outcomes as well as reducing costs!

Critical Components of an EBP Culture to Support the Competencies

A Philosophy, Mission and Commitment to EBP:

- there must be commitment to advance EBP **across the organization**; administration as well as other disciplines

A Spirit of Inquiry:

- health professionals are encouraged to continuously review and analyze practices to improve patient outcomes

EBP Mentors:

- who have in depth knowledge and skills in EBP, mentoring others, and overcoming barriers to individual and organizational change

Critical Components of an EBP Culture to Support the Competencies

Administrative Role Modeling and Support:

- leaders who value and model EBP as well as provide the needed resources to sustain it

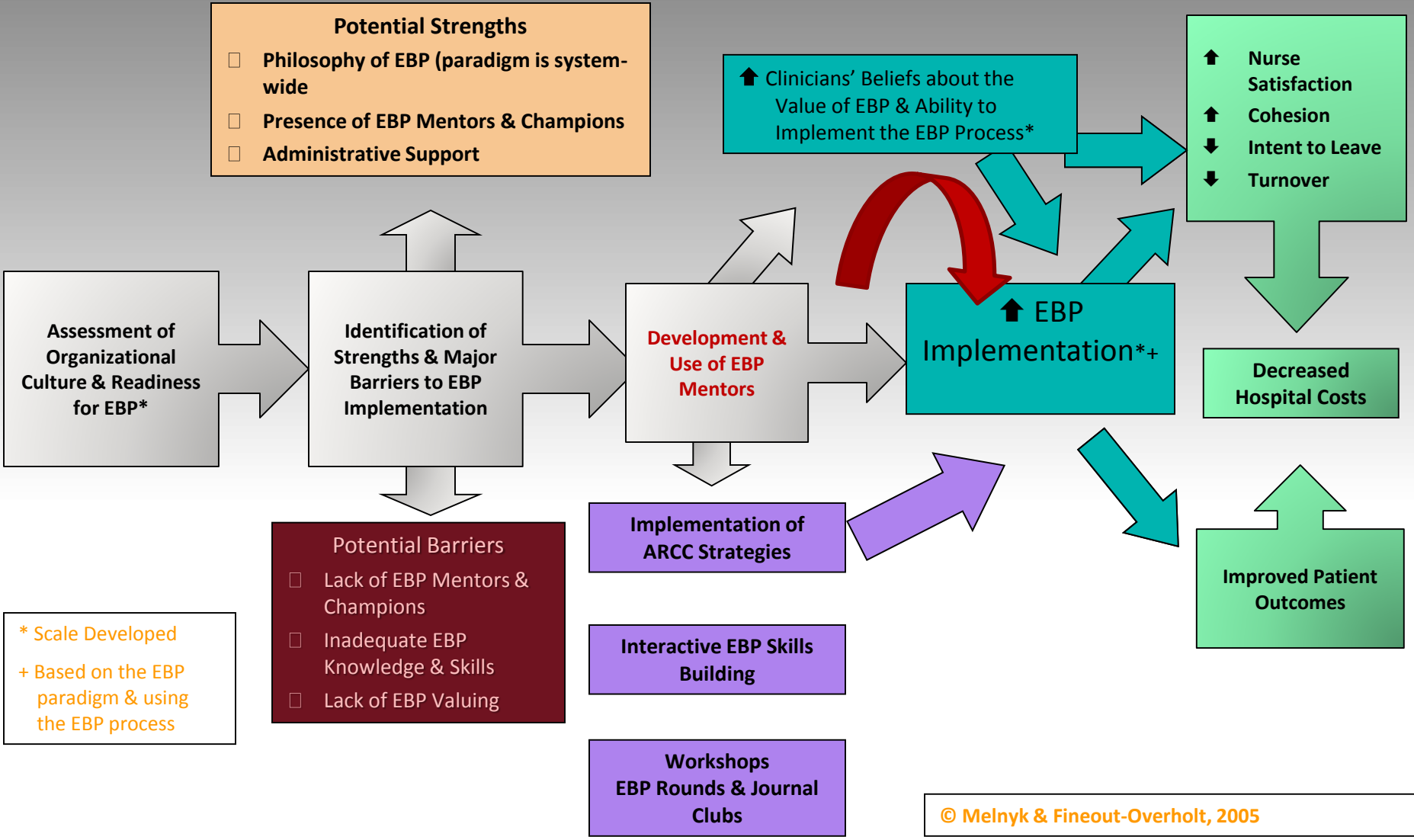
Infrastructure:

- tools and resources that enhance EBP across the organization; computers for searching, up to date data bases, library resources

Recognition:

- individuals and units are rewarded regularly for EBP

The ARCC Model



The Next 2-3 Years

What would you do tomorrow and in the next 2 to 3 years if you know that you could not fail?

What is the smallest EBP change that you can make next week that will make the most positive impact on your patients' outcomes?

Shoot for the moon, even if you miss, you will land amongst the stars!

-Les Brown

There Is A Magic In Thinking Big!





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