



Center for  
Transdisciplinary  
Evidence-based  
Practice

**BUILDING EVIDENCE-BASED  
PRACTICE IN A COMPLEX SYSTEM:  
THE VISIONARY APPROACH IN THE  
U.S. AIR FORCE**



Center for  
Transdisciplinary  
Evidence-based  
Practice

*CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.*



## **BUILDING A PROGRAM TO BRING EVIDENCE-BASED PRACTICE TO THE U.S. AIR FORCE NURSING ENTERPRISE**

**Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC**  
**Director; Center for Transdisciplinary Evidence-based Practice**  
**Director; Helene Fuld National Trust Institute for Evidence-**  
**based Practice in Nursing and Healthcare**  
**Clinical Associate Professor**  
**The Ohio State University**  
**College of Nursing**

# The State of Healthcare

- There are up to 400,000 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 unexplainable variation in practice and widespread quality and safety problems of overuse, underuse, and misuse of health care services are not problems caused by a few incompetent individuals but are problems of an entire delivery system.”*

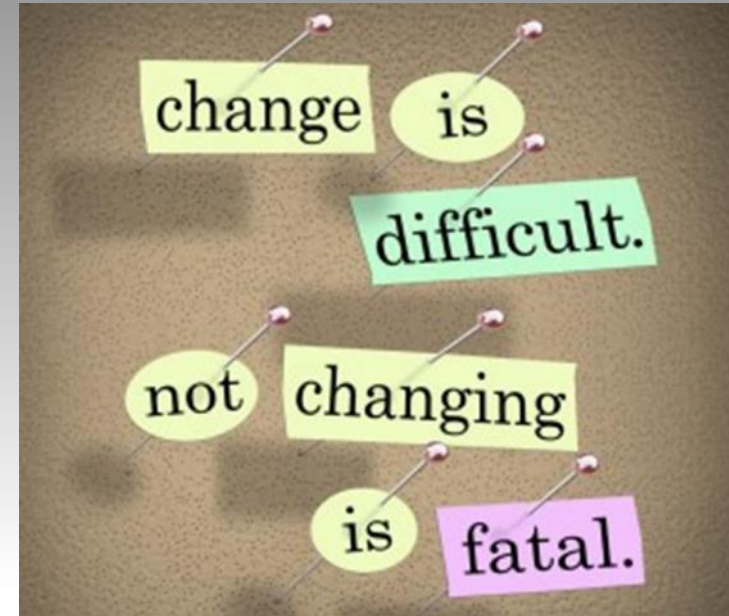
Reinertsen , J.

*Zen and the art of physician autonomy maintenance.*

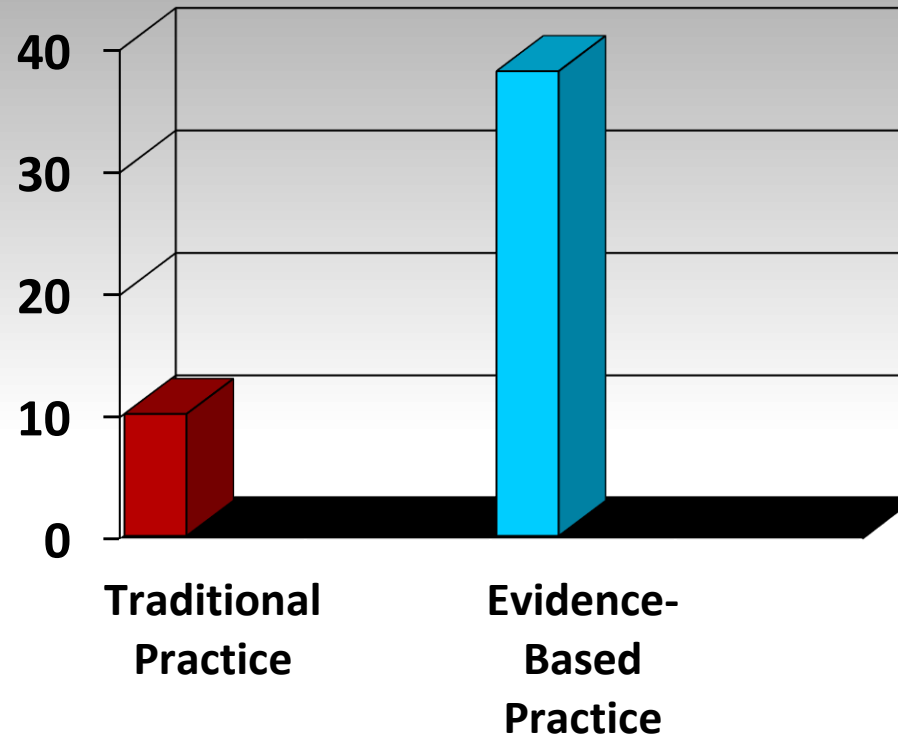
Annals of Internal Medicine.2003;138:992-995



- IOM roundtable 2003
- Future of Nursing 2010
- High Reliability Organizations
- Culture of Safety
- Joint Commission (JCAHO)
- Magnet
- CMS and other payers
- STTI
- Professional Nursing Organizations
- Patients and their families



# Patient Outcomes IMPROVE With Evidence-Based Practice







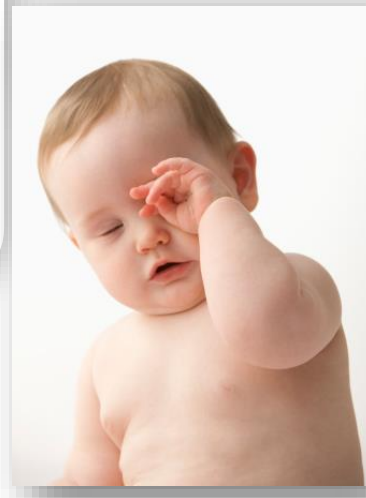
**“It is the responsibility of nurses to deliver care based on evidence, for nurses to be able to access, evaluate, integrate, and use the best available evidence in order to improve practice and patient outcomes”.**

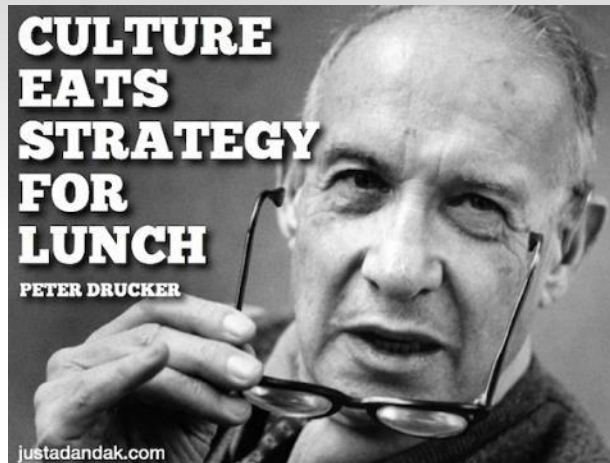
STTI’s policy statement (2008);

The answers to most of our question are  
already known!

We just don't go get the answers!











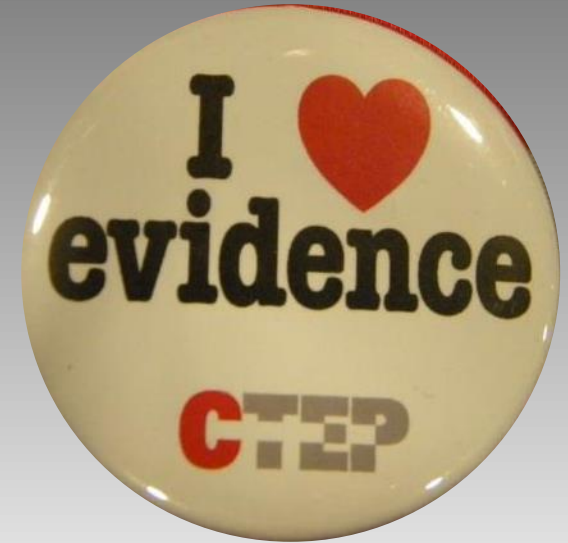


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# CTEP Mission

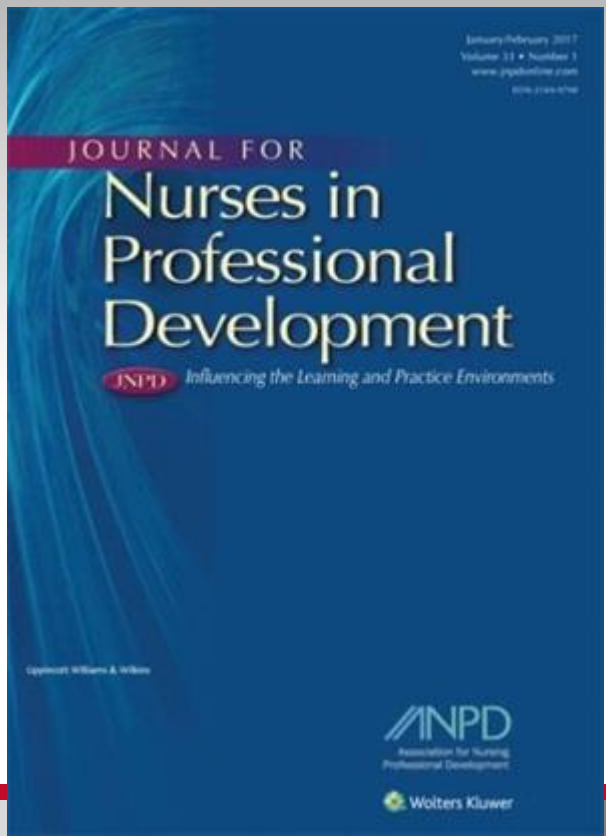
**CTEP is an innovative enterprise that fosters EBP for the ultimate purpose of improving quality of care and outcomes.**

- Enhance **EBP knowledge and skills** across disciplines to improve quality of care and outcomes
- Facilitate **organizational change** toward a sustainable EBP culture
- **Synthesize and disseminate evidence** to enhance evidence-based care
- Shape **health policy** through advocacy for EBP and application of the best evidence
- Assist clinicians and healthcare organizations in **rapidly translating research-based interventions** into real world practice settings to improve healthcare quality and patient/family outcomes
- **Conduct dissemination/implementation research**



# So....What's the evidence?

## WORLDviews on EVIDENCE-BASED NURSING™



**EXECUTIVE SUMMARY**  
The opportunity for leaders to collectively and boldly advance evidence-based practices as standard for healthcare is before us. This advisory research-based report and its recommendations provide insights on making this a reality.

## Findings from our Recent EBP Study with U.S. Nurses; 2011

The State of Evidence-Based Practice in US  
Nurses: Critical Implications for Nurse Leaders  
and Educators

Melnyk, Bernadette Mazurek PhD, RN, CPNP/PMHNP, FNAP, FAAN;  
Fineout-Overholt, Ellen PhD, RN, FNAP, FAAN;  
Gallagher-Ford, Lynn PhD, RN;  
Kaplan, Louise PhD, RN, ARNP, FNP-BC, FAANP

JONA: September 2012; Volume 42 (9)







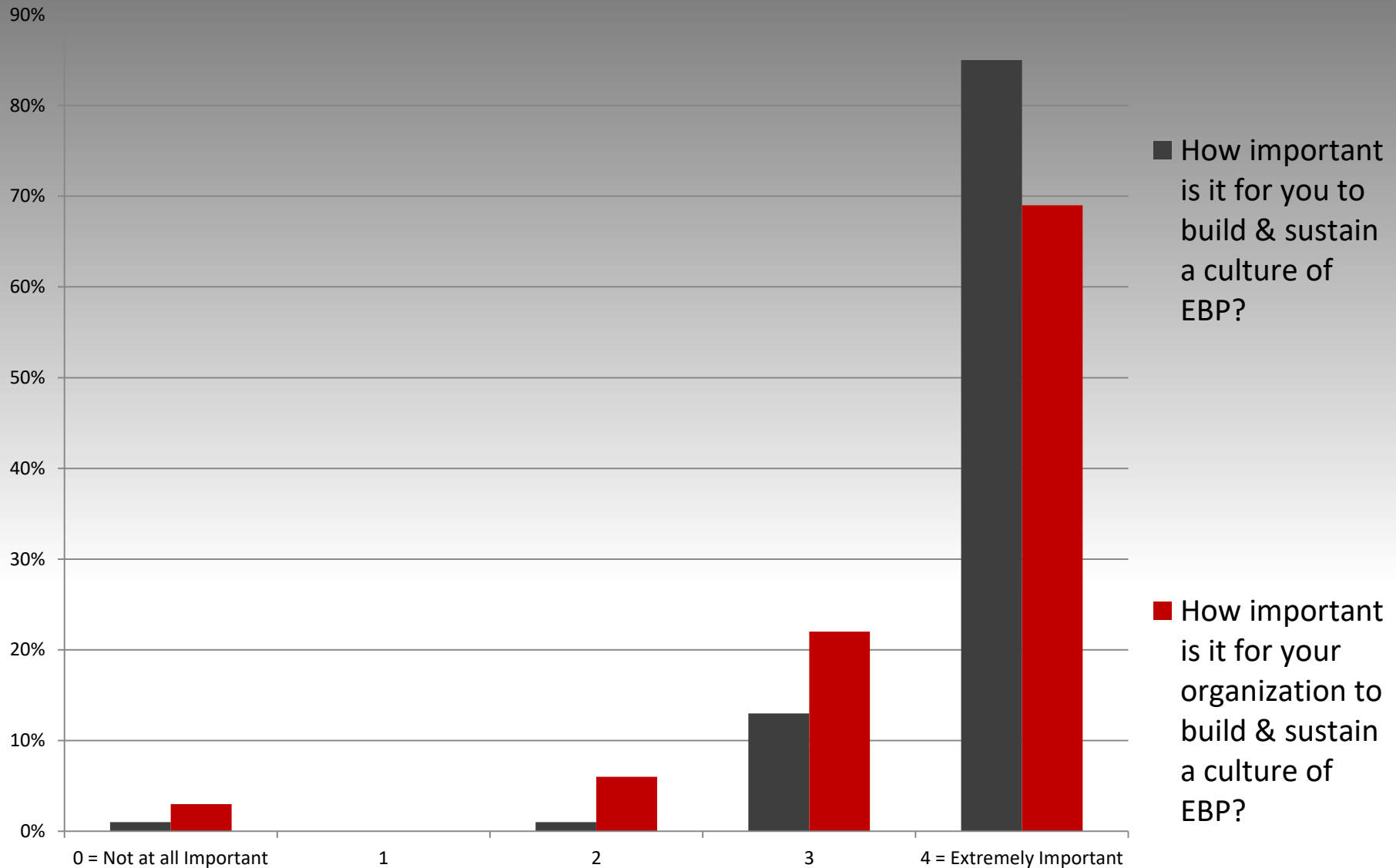
	<b>%</b>
EBP is consistently implemented in my healthcare system	53.6
My colleagues consistently implement EBP with their patients	34.5
Findings from research studies are consistently implemented in my institution to improve patient outcomes	46.4
EBP mentors are available in my healthcare system to help me with EBP	32.5
<b>It is important for me to receive more education and skills building in EBP</b>	<b>76.2!!</b>

<b>1. Time</b>	<b>151</b>
<b>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</b>	123
<b>3. Lack of EBP knowledge/education</b>	61
<b>4. Lack of access to evidence/information</b>	55
<b>5. Manager/leader resistance</b>	51
<b>6. Workload/staffing, including patient ratios</b>	48

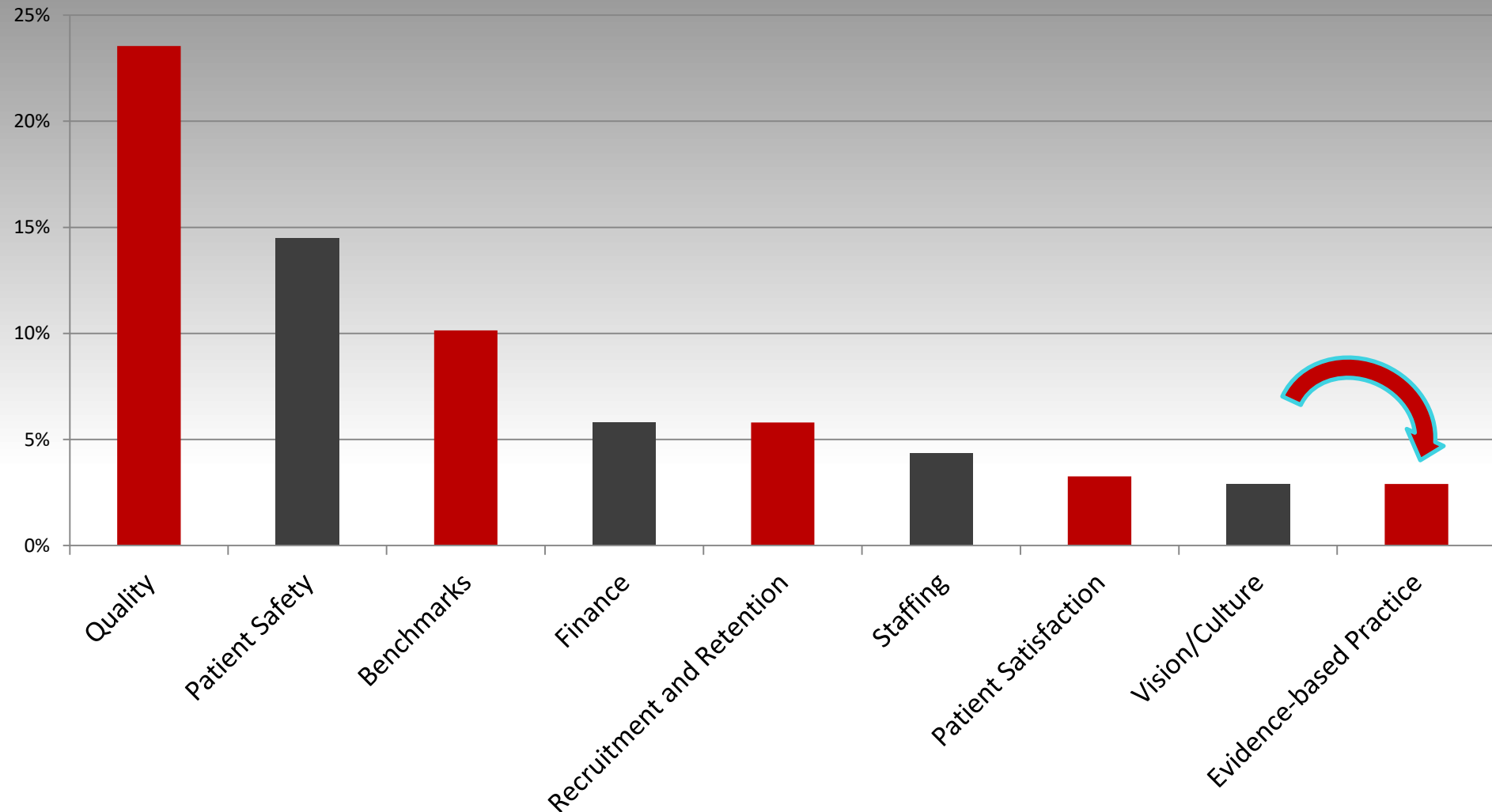
## Other Findings

- **More highly educated nurses** reported being more clear about the steps in EBP and having more confidence implementing evidence-based care
- **The more years in practice**, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP

# Chief Nurses: How Important in EBP?



As a CNO/CNE, what are the top priorities that you are currently focused on in your role?



# EBP Competencies

## Practicing Registered Nurses

4. Searches for external evidence

1. Questions practice for the purpose of improving the quality of care

2. Describes clinical problems using internal evidence

12. Disseminates best practices supported by evidence

13. Participates in activities to sustain an EBP culture

10. Implements practice changes based on evidence, expertise and pt. preferences

9. Integrates evidence from internal and external sources to plan EB practice changes

11. Evaluates outcomes of EB practice changes

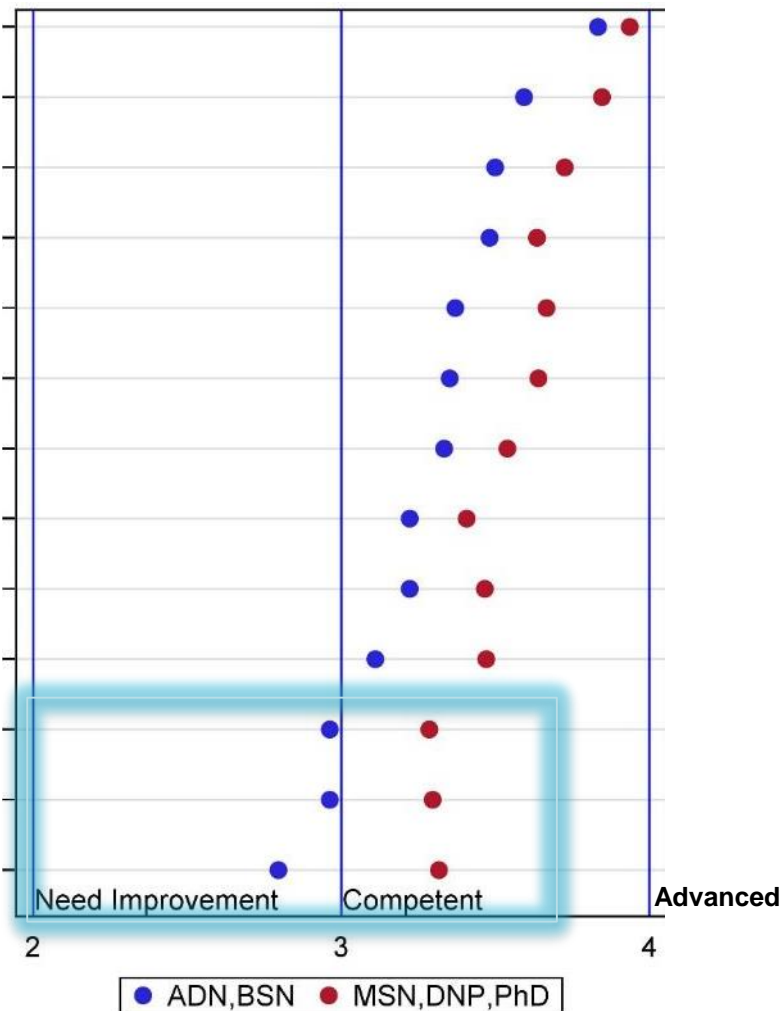
8. Collects practice data systematically as internal evidence

5. Participates in critical appraisal of pre-appraised evidence

7. Participates in the evaluation and synthesis of a body of evidence

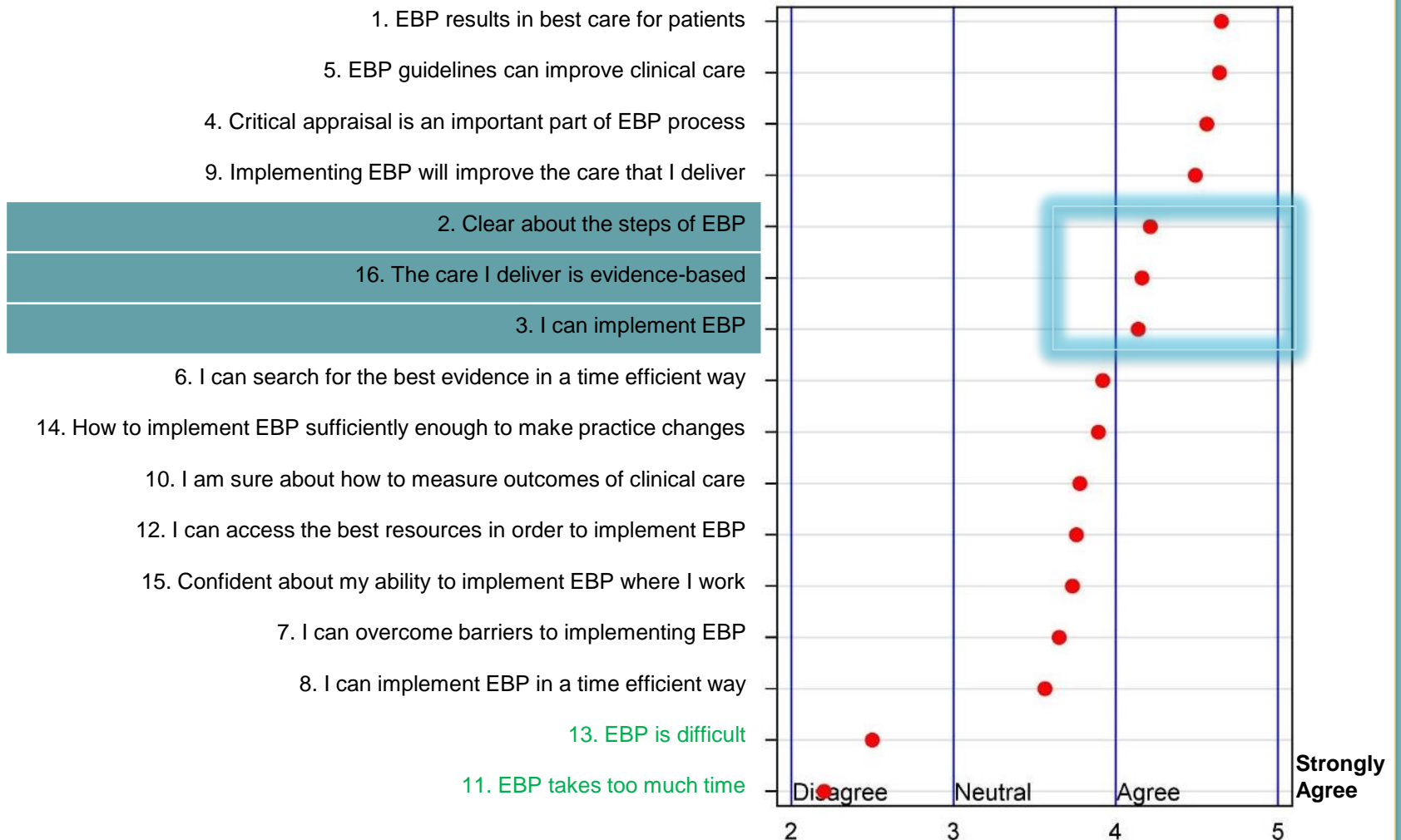
6. Participates in critical appraisal of published research studies

3. Participates in the formulation of clinical questions using PICOT format



# EBP Beliefs

I believe....

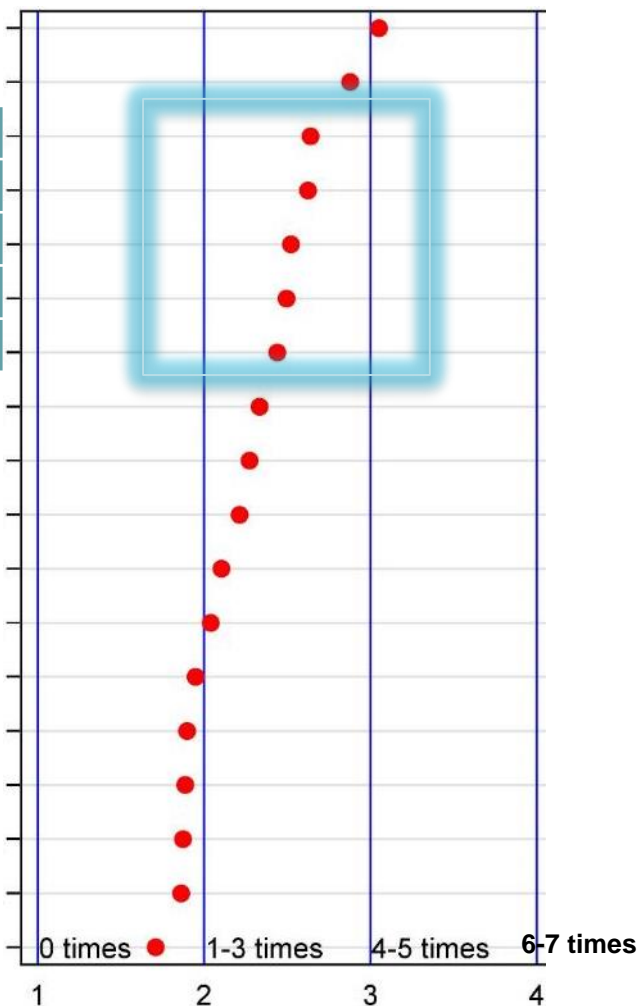


# EBP Implementation

The same things they rate themselves least competent in...they are doing quite frequently!

In the past 8 weeks I have:

- 18. Promoted the use of EBP to my colleagues
- 4. Informally discussed evidence with a colleague
- 1. Used evidence to change practice
- 8. Shared an EBP guideline with a colleague
- 2. Critically appraised evidence from a research study
- 11. Read and critically appraised a clinical research study
- 6. Shared evidence from studies in the form of a report/presentation with colleagues
- 5. Collected data on a patient problem
- 7. Evaluated the outcomes of a practice change
- 10. Shared evidence from a study with a multi-disciplinary team member
- 14. Used an EBP guideline to change clinical practice or policy
- 16. Shared the outcome data collected with colleagues
- 15. Evaluated a care initiative by collecting client outcome data
- 13. Accessed the National Guidelines Clearinghouse
- 12. Accessed the Cochrane database of systematic reviews
- 9. Shared evidence from a research study with patient/family member
- 17. Changed practice based on client outcome data
- 3. Generated a PICO question about my practice in my organization





## We never learned it is school!





# The Challenge

Providing a comprehensive learning experience about EBP to a diverse learning community.



## Challenges:

Outcomes driven education programs require intensive uptake of new information, and tremendous skill building acquisition by the learners.

The program must resonate for every learner.



- Learners are from **multiple generations**.
- Learners are from **varied disciplines**.
- Learners arrive with **varied backgrounds** in EBP.
- Learners arrive with **varied interest** in EBP.



## Adult learners are not like children

### Children:

- Learning is continuous and varied.
- Learning is their job
- Little opportunity to attach learning to a skill or task.
- Learning “just for the sake of it”.



### Adults:

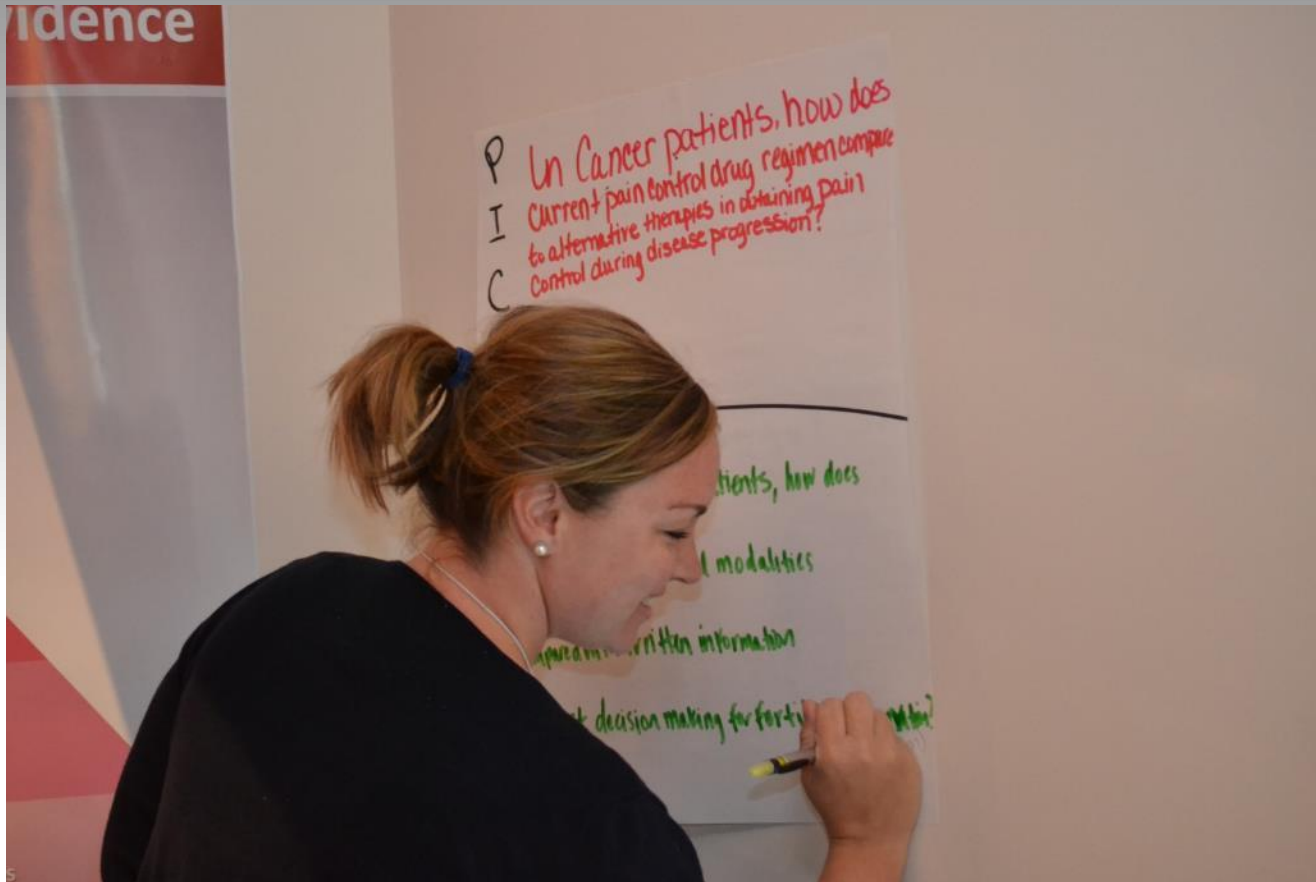
- Learning is “in the moment”
- Opportunity to apply learning to work/skills.
- Often do not have the scaffolding or support to do so.

Adults tend to want to learn  
“in the moment”;  
*they seek out learning that is **relevant for them**  
at that time.*



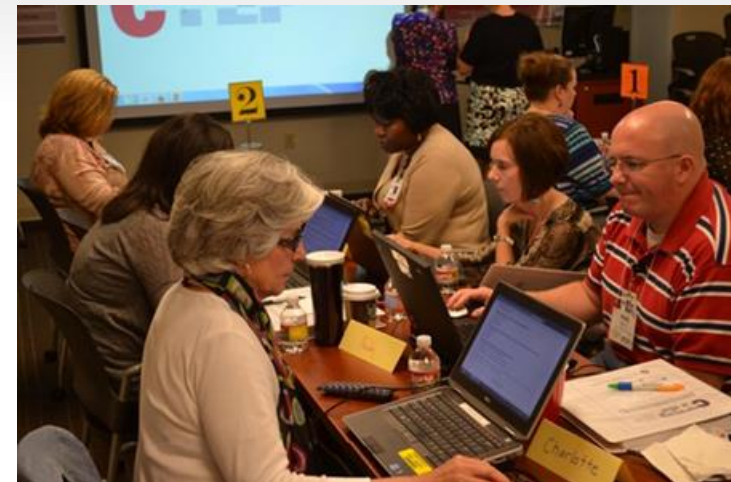
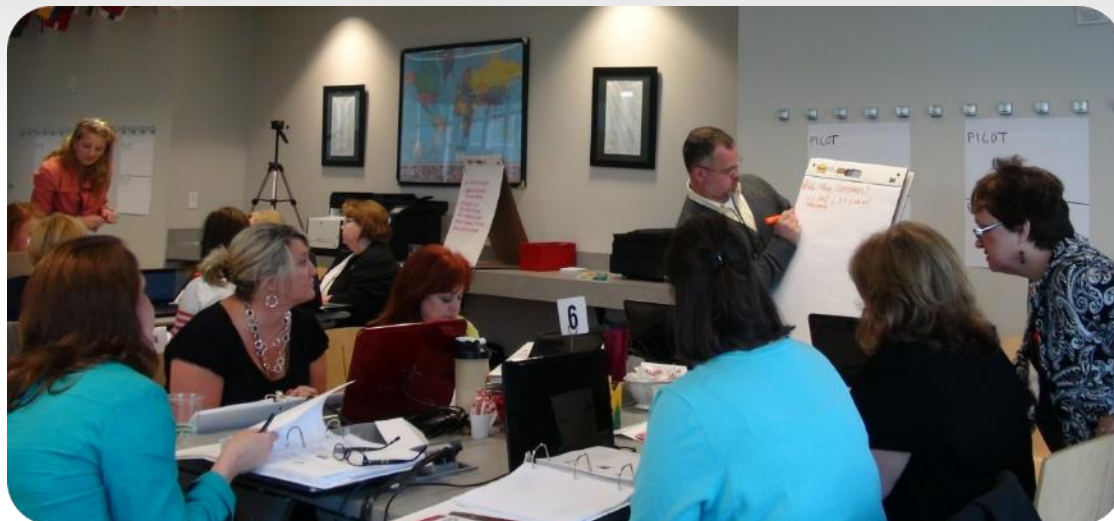


# Adults learn best by participation





*When adult students are active in their learning they are able to develop critical thinking skills, receive social support systems for the learning, and gain knowledge in an efficient way. (Karge et., al 2011).*

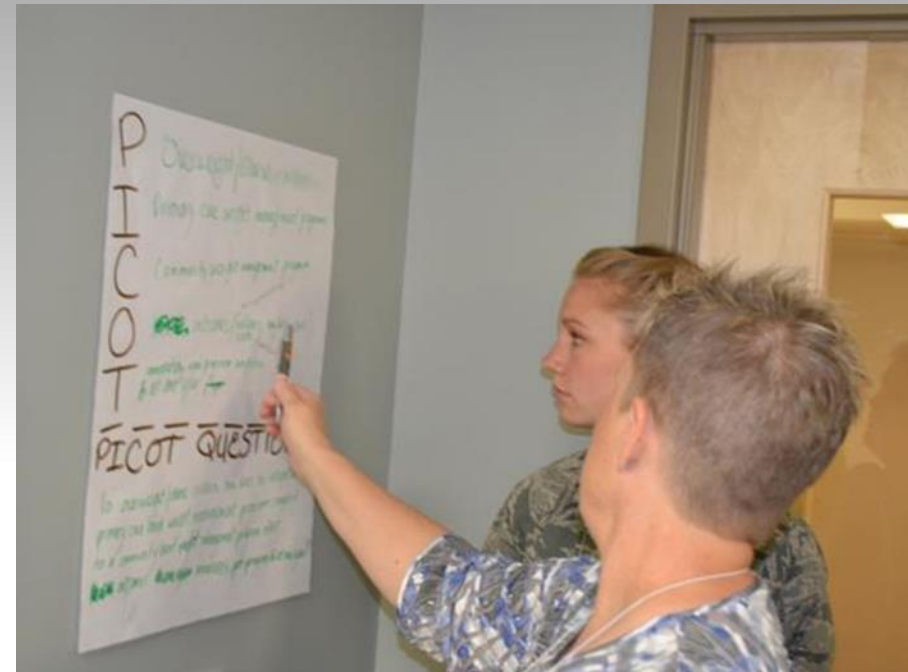


## Application of Learning

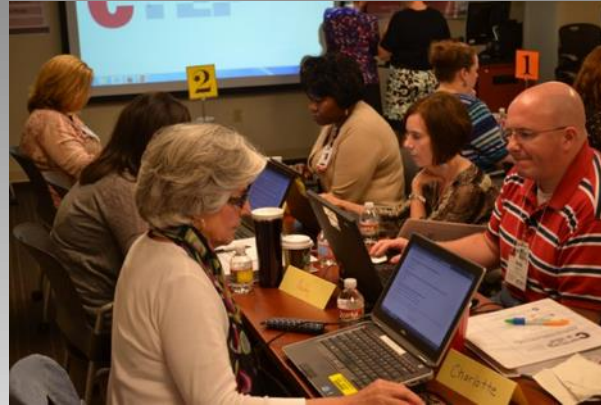
The need for immediate application of theory to practice.

- *Focus on problems* as opposed to just context.
- Assignments should be *individualized and personalized*.
- Doing assignments that *pertain to their real life situation* allows natural generational preferences to occur.

What's ***YOUR*** PICOT question?



## Adults are self-directed.



## Teachers are *facilitators*.





## The "sage on the stage"

- Traditional teacher-centered approach.
- Teacher's expertise is the center of the course.
- Student's role is to assimilate the knowledge by listening, watching, reading, and studying.

... *"death by power point"*



## The "guide on the side"

- Student-centered approach.
- Teacher's role is like a coach who facilitates the student's learning.
- Knowledge is transferred regarding techniques and strategies.
- Student is expected to develop those skills through practice and experience.
- Students **construct rather than receive** knowledge.





Adults are ***far less tolerant*** of bad classroom training and/or poorly constructed learning experiences.

Adults ***quickly and easily judge*** the value of the learning and its relevance to their lives/needs to acquire particular skills or knowledge.





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**THE OHIO STATE UNIVERSITY**  
COLLEGE OF NURSING

A CTEP IMMERSION WORKSHOP

# Evidence-based Practice

Making it a reality in your organization

*A transformational journey to improve healthcare quality and patient outcomes*



Our 2017 workshops: July 10-14, October 2-6 in Columbus, OH

This unique program provides a "deep-dive" immersion into evidence-based practice. Participants will learn the step-by-step evidence-based practice process as well as effective strategies for integrating EBP in clinical and academic organizations of any size or level of complexity. Participants will return from this experience with an action plan for implementing and sustaining evidence-based practice changes and transforming their organizational culture. Bring your practice partner to collaborate on improved outcomes.

Participants can choose one of three specialty tracks: 1. Mentor 2. Leader 3. Faculty

The half-day specialty tracks in the 5-day EBP immersion program include content specifically focused on responsibilities of individuals in these unique roles.

In addition to five days of intensive education in EBP and 37 contact hours of continuing education for nurses, participants will have access to The Ohio State University library resources for one year, lifetime access to monthly EBP webinars, EBP listserv membership, access to CTEP EBP resources and an opportunity for networking with like-minded individuals.

If you are looking for a single program to ignite and sustain the evidence-based practice shift in your organization.... this is it!



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CTEP is your partner in achieving and sustaining  
improved healthcare quality and patient outcomes.

[ctep-ebp.com](http://ctep-ebp.com)

**THE OHIO STATE UNIVERSITY**  
COLLEGE OF NURSING

A CTEP IMMERSION WORKSHOP

Monday	Tuesday	Wednesday	Thursday	Friday
Introduction to EBP	Review of research methods	Critical appraisal: systematic reviews and facilitated breakout sessions	Communications styles (DISC)	Dissemination of EBP projects
Making the case for EBP	Effective searching for evidence	Evaluation and synthesis of evidence	<b>Mentor Track</b>	Dreaming past the possible
Assessing your organizational culture	Search strategies and techniques	Mentored EBP project work	<b>Leader Track</b>	Presentation and awards ceremony
Clinical Inquiry and PICOT questions	Introduction to critical appraisal of evidence	Managing your bibliography	<b>Faculty Track</b>	Closing remarks
Mentored EBP project work		Integrating evidence into decision making	Creating a vision for EBP	
		Understanding, measuring, and evaluating outcomes	Putting it all together	
			Mentored EBP project work	

**Registration fee** for this workshop is \$2,100 per participant; \$1,850 per participant for groups of three or more. Fee includes daily light breakfast, lunch and snacks. No refunds can be given; payment may be applied to a different immersion date within one year.

**For further information** or questions about this workshop, accommodations, or pricing, contact Lynn Ellingsworth, CTEP program manager, at [ellingsworth.1@osu.edu](mailto:ellingsworth.1@osu.edu) or Lynn Gallagher-Ford, CTEP director, at [gallagher-ford.1@osu.edu](mailto:gallagher-ford.1@osu.edu).

**To register**, please visit [ctep-ebp.com](http://ctep-ebp.com).

**Please note:** To participate in this workshop, you must bring a laptop computer (and we suggest a separate mouse) with Windows XP or higher, or Mac 10.5 or higher.

**Expert EBP faculty to include** (upon availability):

**Bernadette Mazurek Melnyk**, PhD, RN, CPNP/PMHNP, FNAP, FAAN, associate vice president for health promotion, university chief wellness officer, and dean of The Ohio State University College of Nursing

**Lynn Gallagher-Ford**, PhD, RN, DPNAP, NE-BC, director of the Center for Transdisciplinary Evidence-based Practice, and clinical associate professor, The Ohio State University College of Nursing

**Cindy Zellefrow**, DNP, MSEd, RN, LSN, APHN-BC, assistant director of the Center for Transdisciplinary Evidence-based Practice, and assistant professor of practice, The Ohio State University College of Nursing

This program will award 37 contact hours of continuing education for nurses.

**Continuing Education Disclosure Statement**

The Ohio State University College of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Nurse Planner and Planning Committee have no conflicts of interest to disclose.

Dr. Lynn Gallagher-Ford and Bernadette Mazurek Melnyk are nationally known experts in EBP and co-authors of books about EBP. The content they present will be free from bias.

There was no commercial support or sponsorship for development of this program.

To successfully complete this program and receive contact hours, you must attend at least 80 percent of the course.



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The Ohio State University College of Nursing

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Our CTEP partners:



The James

# Intensive 5-day EBP Immersion

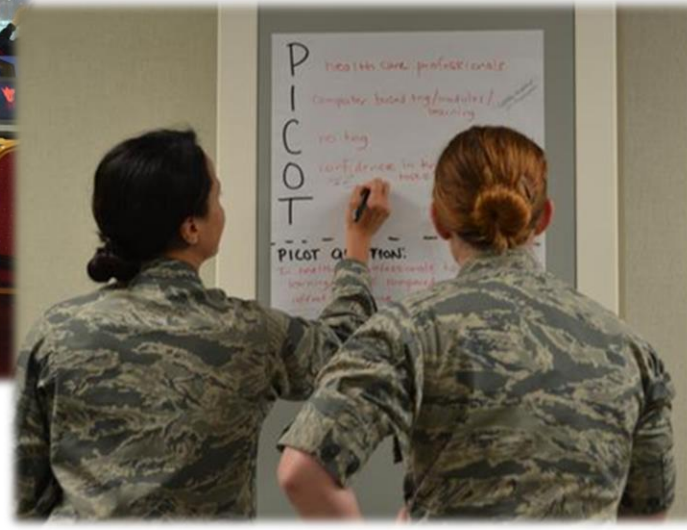


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# The CTEP Classroom











# 3 Tracks; Mentor, Leader, Academic

The Ohio State University College of Nursing

5 Day EBP Immersion

SCHEDULE

Thursday (Leadership Track)

- 8:00 to 10:00 Communication Styles (DISC) & Group Activity
- 10:00 to 12:15 Leading EBP – Part 1
- 12:15 to 1:00 Lunch
- 1:00 to 2:00 Leading EBP – Part 2
- 2:00 to 2:45 Creating a Vision for EBP
- 2:45 to 3:15 Putting it All Together
- 3:15 to 4:45 Mentored EBP Work in Groups
- 4:45 to 5:00 Wrap-up (PowerPoint Check-in), Evaluation & Planning for tomorrow



The Ohio State University College of Nursing  
5 Day EBP Immersion

SCHEDULE

Thursday (Academic Track)

- 8:00 to 10:00 Communication Styles (DISC) & Group Activity
- 10:00 to 11:00 Nursing Education and EBP: Where does it fit in?
- 11:00 to 11:30 Activity: Leveling EBP Across Programs
- 11:30 to 12:00 Reimagining your Curriculum
- 12:00 to 12:15 Mentored Work Time
- 12:15 to 1:00 Lunch
- 1:00 to 1:30 Mentored Work Time
- 1:30 to 2:00 Exemplars and Strategies to Engage Students
- 2:00 to 2:45 Creating a Vision for EBP
- 2:45 to 3:15 Putting it All Together
- 3:15 to 4:45 Mentored EBP Work in Groups
- 4:45 to 5:00 Wrap-up (PowerPoint Check-in), Evaluation & Planning for tomorrow



The Ohio State University College of Nursing  
5 Day EBP Immersion

SCHEDULE

Thursday (Mentor Track)

- 8:00 to 10:00 Communication Styles (DISC) & Group Activity
- 10:00 to 11:00 Implementing a Practice-Change
- 11:00 to 12:15 The Mentor Role: Leading & Imbedding Change – Part 1
- 12:15 to 1:00 Lunch
- 1:00 to 2:00 The Mentor Role: Leading & Imbedding Change – Part 2
- 2:00 to 2:45 Creating a Vision for EBP
- 2:45 to 3:15 Putting it All Together
- 3:15 to 4:45 Mentored EBP Work in Groups
- 4:45 to 5:00 Wrap-up (PowerPoint Check-in), Evaluation & Planning for tomorrow





# Placing the learning *within or close to the workplace setting* means;

The learning experience can be coupled with the learner's work role

Likelihood that the learning will be transferred into practice is increased

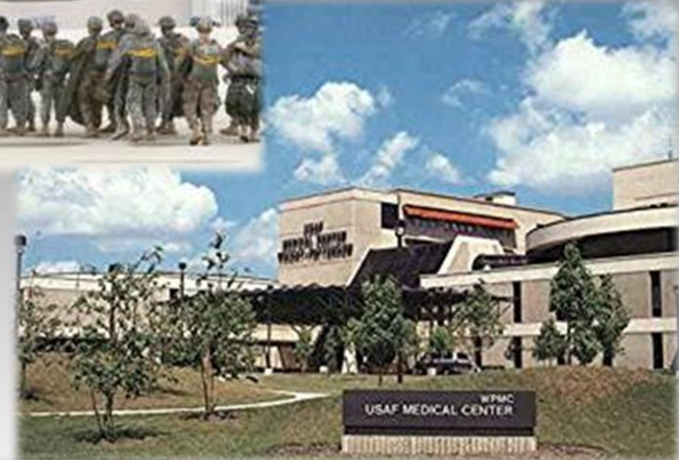
There will be motivation and meaning attach to the learning



**That's why...we are on the move!**



- Customized planning and program
  - audience mix (disciplines, roles)
  - size of the group
- Ability to modify program
- Managing logistics!
- Unique needs/goals incorporated
- Alignment with strategic initiatives
- Ongoing support
- EBP capacity building
- Customized follow-up



Change is the  
only constant.









## Coming Soon...after 10 years of persistence!

**The Helene Fuld National Institute  
for Evidence-based Practice in  
Nursing & Healthcare at  
The Ohio State College of Nursing**

First National Summit:  
Transforming Healthcare through  
EBP

October 18-20, 2017  
Columbus, OH.

**SAVE THE DATE!**

