Title: Innovation in Graduate Nursing Education: Teaching Health Policy Using an Evidence-Informed Health Policy Model

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Session Title: Teaching Health Policy
Slot: B 14: Saturday, 28 October 2017: 3:15 PM-4:00 PM
Scheduled Time: 3:15 PM

Keywords: Evidence-based Practice, Graduate Nursing Education and Health Policy

References:


Note: References older than 2015 refer to historical reference “since turn of millennium”

Abstract Summary: Evidence-informed Health Policy (EIHP) is a model graduate nursing educators can integrate into health policy courses, to facilitate student understanding of policy and its concomitant, complex processes. EIHP
Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>1. Define the nature of the call for the use of evidence in shaping health policy</td>
<td>a. Rational for the use of evidence to drive change b. Differences between clinical contexts and health policy contexts necessitating adaptation of evidence-use models (EBP) c. Why then evidence-informed rather than evidence-based? The Intended outcome of EIHP.</td>
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<td>2. Compare the components and steps of Evidence-informed Health Policy (EIHP) to</td>
<td>a. The 8 steps of the EIHP Model (steps zero through 8) compared to the 7 steps of EBP i. Additional use for the PICOT question, for retrospective deconstruction of existing/pending policy issue for purposes of analysis b. The three Components of EIHP compared to the three Components of EBP</td>
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<td>Evidence-based Practice (EBP)</td>
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<td>3. Describe strategies for using the EIHP model effectively in graduate nursing</td>
<td>a. Understanding use of EIHP – to inform stakeholder dialogue a. Guiding students to use model’s steps for health policy analysis b. Implementing the dual uses for the PICOT question c. Using the three component model to facilitate analysis of policy complexities d. Utility of the model in mentoring students in health policy clinical settings e. Additional implications and challenges</td>
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Abstract Text:

Health policy is an essential component of the graduate nursing curricula, and educators are challenged to employ effective methods to integrate this content. Chief among the challenges encountered is employing pedagogy that stimulates students’ thinking about health policy issues and also excites them to learn about and participate in the policy process, while reinforcing theory and relevant content.

Graduate nursing education programs have incorporated evidence-based practice (EBP) into their curricula. The profession, including clinicians, educators, and now students, have moved toward a “critical mass” of nurses with EBP process competency. Because most EBP models are process-oriented, they can be useful in settings other than the clinical environments for which they were designed; the health policy milieu is one of these (Loversidge, 2016a). European countries and Canada have been credited as early adopters, and have been using evidence to inform policy since the turn of the millenium (Dobrow, Goel & Upshur, 2004; Elliott & Popay, 2000; Niessen, Grijseels, & Rutten, 2000) however the U. S. has lagged behind. The health policy arena presents some substantial differences as compared with the clinical environment, requiring EBP model adaptation. A fundamental difference is intent – in health policy, the term “evidence-informed” has been coined to acknowledge the limits of the uses of evidence, which is indirect, and to inform or mediate dialogue (Campbell et al., 2009; Morgan, 2010). To adapt EBP to the particular needs of health policy, and in particular, to facilitate its use in nursing education as well as nursing regulation, an Evidence-informed Health Policy (EIHP) model (Loversidge, 2016b) based on...
the Melnyk and Fineout-Overholt EBP model (Melnyk & Fineout-Overholt, 2015), was developed. The EIHP model, and its use in graduate nursing education pedagogy, is described.

Like EBP, the EIHP model combines three essential components: the best available evidence, issue expertise, and stakeholder values and ethics. The steps of EIHP are similar to the steps of EBP, but are modified to account for the differences in stakeholders, political forces, and settings. Other differences between clinical and health policy settings are accounted for in two major ways. First is the intended outcome; whereas EBP establishes an “evidence base” for a practice change, the hoped-for outcome of the EIHP process is to inform and leverage dialogue toward the best possible health policy agenda and outcomes. Second, the primary purpose of the PICOT question in EBP models is to drive the literature search. While it is also used for this purpose in EIHP, The PICOT is additionally used for retrospective deconstruction of pending or existing policy, permitting an in-depth analysis of the policy’s component parts (Loversidge, 2016b).

Strategies for using the EIHP model in graduate nursing education are described. These include guiding students to use the model’s steps to identify, describe, and fully analyze health policy problems, appropriately search for and synthesize the best available evidence for utilization in dialogue toward policy formation, and consider the myriad of issues, stakeholder perspectives, and political forces that affect policy design, implementation, and evaluation. Special attention is given to the use of the PICOT question as a tool for facilitating students’ in-depth analysis of an existing or pending health policy and search for relevant evidence. Consideration is also given to the three EIHP components in students’ analysis of political forces. The model additionally has utility in faculty mentoring of students engaged in health policy clinical settings. Additional implications, including challenges of teaching EIHP in a health policy core course, and positioning the importance of evidence relative to other policy processes, are addressed.