Effectiveness of an Evidence-Based Practice Nurse Training Program

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WellStar Health System

- ♦ Not-For-Profit 5-Hospital System ~ 1294 Beds
- Integrated Health System: 2 Health Parks, 1 Nursing Home, 2 Hospices, 8 Urgent Care Centers, 16 Imaging Centers, 1 Pediatric



- 180 Physician Offices (850+ Medical Group Providers)
- ◆ 69,900+ Discharges/year
- 9,500+ Deliveries/year
- 14,000+ Team Members
- Revenues > \$1.9 Billion



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Background/Significance

- Evidence-Based Practice (EBP) is a problem-solving approach to clinical decision-making that integrates scientific evidence from welldesigned research studies with clinical expertise and patient values.
- Despite evidence supporting EBP, research findings have not been consistently translated into practice to improve patient outcomes_{3.4}
- Recent findings from a national survey found nurse leaders had a strong belief toward EBP; however, lacked resources, support and time thus making EBP implementation a low priority₅
- An essential element to advance and sustain EBP was availability of trained EBP mentors within the organization₆₋₁₄





Project Aims

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To investigate the effectiveness of a training program on mentors' perceptions of knowledge, attitude, skill and confidence levels, and organizational readiness related to EBP and research utilization and to investigate the effectiveness of having trained EBP mentors available, delivering EBP education, and creating a formalized structure to enculturate EBP into clinical practice on nurses' perception of knowledge, attitude, skill levels, barriers, nursing leadership, organizational support related to EBP and research utilization

Phased Approach

- Phase I Identify and Train EBP Mentors
- ◆ Phase II Train Clinical Nurses
- ♦ Phase III Combine Phases I and II to Implement EBP Project (In Progress)



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What We Did

- Developed Project Charter

 - Obtained senior nurse leader support and shared governance buy-in CNO letter created and distributed to clinical nurses indicating support
- Identified and created EBP mentor responsibilities including but not
 - Helping staff learn the basics of EBP using Johns Hopkins (JH) EBP model, working with staff to generate and develop clinical practice questions, evidence search, review and critique evidence and evaluate outcomes
 - Guiding staff to resources (including librarian, funding, experts, etc.)
 - Guiding staff to incorporate research evidence in practice

 - Supporting implementation of appropriate practice changes regarding clinical issue identified Guiding staff in communicating with key stakeholders including physicians, other disciplines, and administrative leaders
 - Guiding staff in consultation with appropriate interdepartmental councils to effect change in clinical practice when issue(s) identified



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What We Did

- Education curriculum developed by a doctor of philosophy (PhD) prepared CNO, two PhD prepared nurse researchers, clinical nurse specialist, nurse manager, doctor of nursing practice (DNP) prepared nurse educators all knowledgeable in the principles of EBP and leadership development
 - Created education and delivered to mentors Created education and delivered to nurses
- Formalized structure
- Job descriptions
- Annual competency
- Performance appraisal
- Clinical advancement program
 Website with EBP resources and toolkit
- Active list of EBP mentors for staff to contact
- Academic partnership with local nursing school
- Developed application reviewed/approved by Shared Governance Council for nurses to obtain financial assistance to attend conferences and present Ql/research



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Mentor Education

Phase I Mentor Training

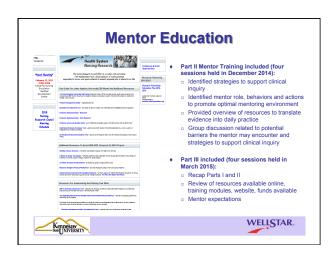
- ◆ Target Audience: clinical nurse leaders (CNL), clinical nurse specialists (CNS), clinical educators and clinical resource nurses received training in preparation to serve as EBP mentors
- ♦ Didactic instruction and discussion, webinar, in-person training, online learning to prepare a foundation to support and foster EBP
- ♦ Part I: Three-hour training (two hospitals divided training into consecutive monthly training sessions and three held training in one session); started 6/26/2013 with last training session completed 12/10/2014

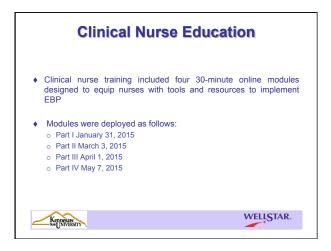


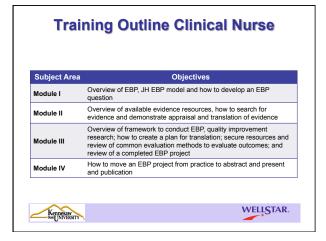


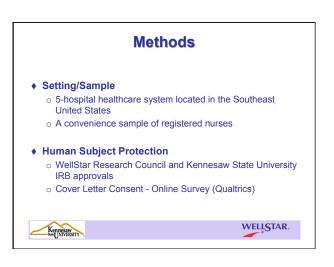
Training Outline for Mentors

Subject Area	Objectives
Introduction to EBP	Define and discuss origins of EBP, QI and research
Guidelines for Implementation	Describe JH EBP Model and PET (Practice Question, Evidence, Translation); Describe how to develop an answerable practice question
Searching for Evidence	Describe how to search for evidence and available resources
Appraising Evidence	Demonstrate appraisal of evidence; Overview of JH tools to critically appraise literature (research and non-research); Discuss essential components of a research article; Evaluate research and non-research articles using JH appraisal tools; Facilitate group appraisalelevaluation of research and non-research using the JH EBP process and tools
Summarizing Evidence and Beyond	Provide an overview of framework to conduct EBP, QI and Research Describe how to create a plan for translation, secure resources and common evaluation methods to evaluate outcomes Provide an EBP project example from start to finish including Describe how to move a project from practice to abstract to presentation to publication Identify steps needed for poster/podium presentation development List components of an abstract, poster and podium presentation Identify publication opioids.

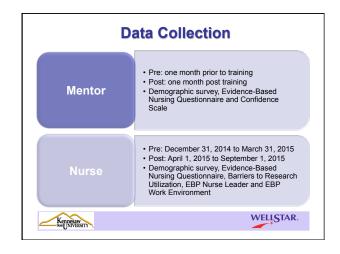


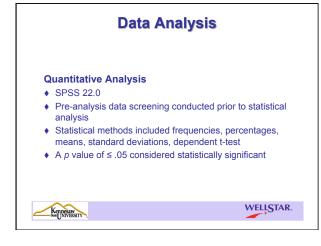


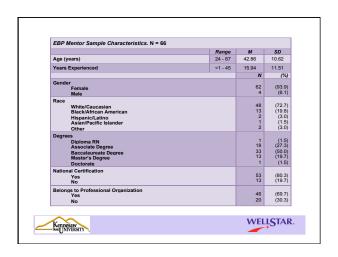


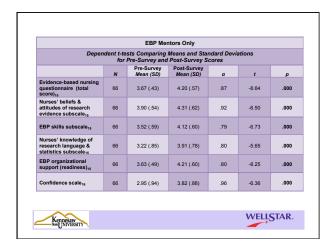


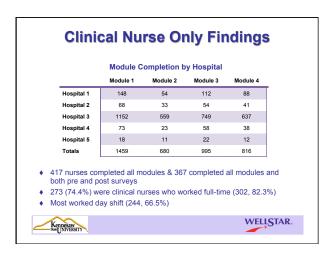
Instrument	Description
Demographic Survey	Age, race, years practice, nursing degree, etc
Evidence-Based Nursing Questionnaire 15	27 items: scale measure items that support or hinder the development or evidence-based nursing; 5-point Likert scale 1= strongly disagree to 5= strongly agree subscale mean scores range 1 to 5 and scale is psychometrically sound
Confidence Scale ₁₆	5 items: 1= no opinion to 5= to a great extent measure nurses perceived confidence in their knowledge and ability to implement EBP in practice; higher mean indicate a higher perception of confidence to implement EBP, CVI 0.90 and Cronbach's alpha 0.94
Barriers to Research Utilization ₁₇	29 items: scale measure perceived barriers to research utilization; 5-point scale 1= no extent, 4 = great extent, and 5 = no opinion and scale is psychometrically sound
EBP Nurse Leadership 18,19	10 items: scale to measure clinical nurse perception of support provided by nurse manager for EBP; 5-point scale 1= strongly disagree to 5= strongly agree; subscale mean scores range from 1 to 5 and scale is psychometrically sound
EBP Work Environment	8 items: scale to measure clinical nurse perception of support provided by organization 5-point scale 1= strongly disagree to 5= strongly agree subscale mean scores range from 1 to 5 and scale is psychometrically sound

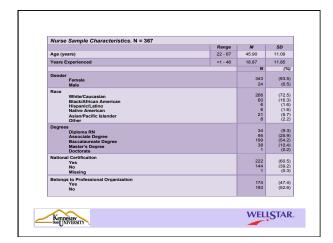


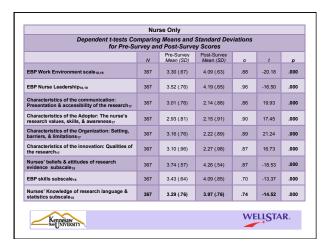












Take Away

- Mentor program effective in supporting EBP initiatives with nursing staff
- ♦ Formal structure needed to incorporate EBP into practice
 - o Job descriptions
 - o Annual competency
 - Performance appraisal
 - o Clinical advancement program
- ♦ Challenges
 - Competing nursing priorities
- Seek collaborative relationships
 - o Academic-Practice partnerships



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Project Next Steps

Phase III is currently underway at one of the hospitals which is a joint endeavor between nurse managers, nurse mentors, and clinical nurses to conduct, implement, and disseminate EBP



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