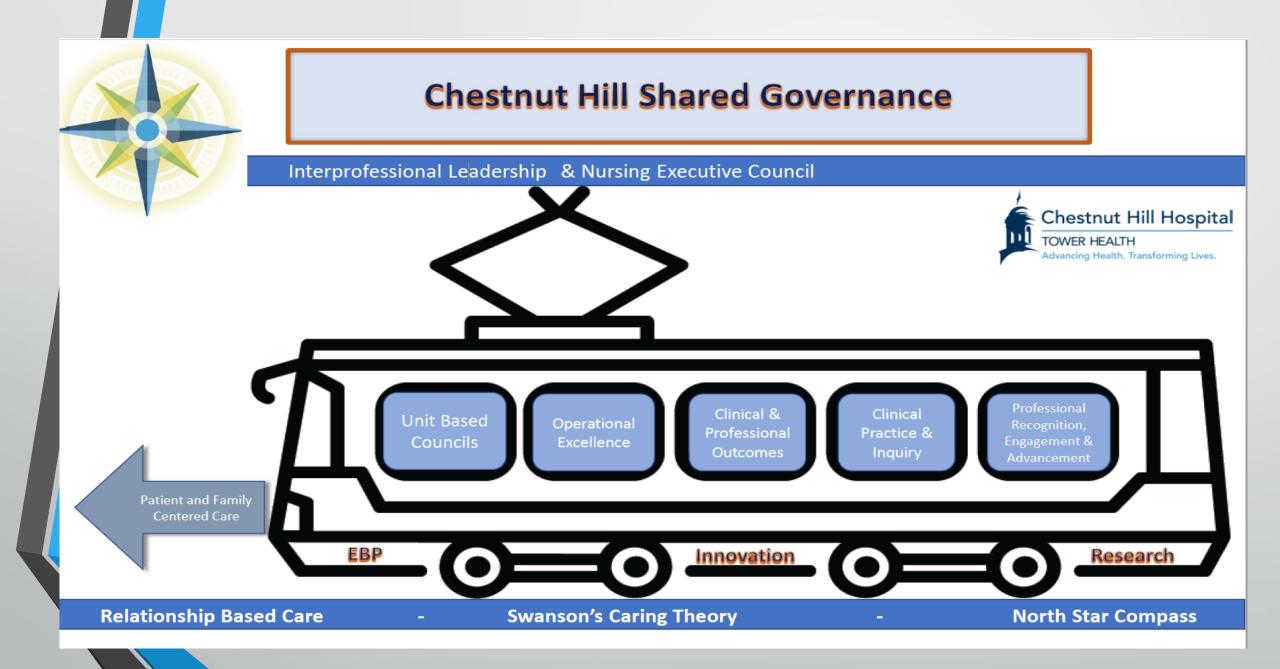


# Increasing Evidence-Based Practice Capacity

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### **Barriers**

- Buy in/workplace resistance
- Lack of knowledge
  - of research process, critique research, awareness of research
- Mentors
- Lack of time to implement ideas
- Organizational culture

- "The way we always did it"
- Lack of support of practice change
- Feeling a lack of authority to chnge practice
- Lack of access to research
- Lack of awareness of educational tools

(Black, et. al., 2015; Carter, et al., 2018; Cronin, et al, 2019; Melnyk, 2012)

### Facilitators

- Education
- Mentors at bedside
- Research training programs
- Organizational support
- APNs
- Research nurses
- Educators
- Research internship/fellowship
- Designated nurse researchers
- Academic relationships
- Research interest groups

- Point-of-care research training
- Mentoring
- Funding
- Journal clubs
- Collaboration with other hospitals, educators, etc. Regional/system-wide symposium
- Provide infrastructure to support EBP
- Clinical Nurse Scientists
- NRP
- Magnet Recognition Program ®

(Black, et. al., 2015; Carter, et al., 2018; Cronin, et al, 2019; Melnyk, 2012)

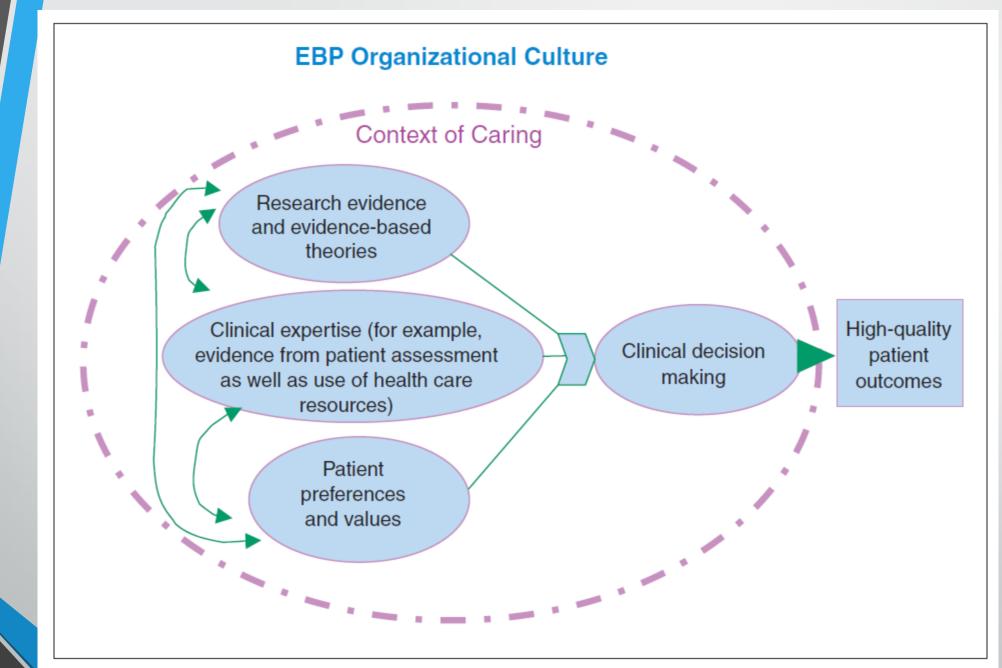


Figure 1. The EBP Paradigm: the merging of science and art. EBP within a context of caring and an EBP culture results in the highest quality of health care and patient outcomes. © Melnyk and Fineout-Overholt, 2003.

### **Benefits of EBP**

- Improve patient safety
- Improve clinical outcomes
- Reduce healthcare costs
- Decrease variation in patient outcomes
- Substantial changes to participants' critical thinking and awareness of the interrelatedness of research and practice (Black, et al., 2015)
- For nurse residents, promotes teamwork and autonomous decision-making skills, professional development, assists in transition to practice (Cochran, 2017)
- Advances scholarly work
- Help meet Magnet ® requirements in economical way (Cronin, et. al., 2019)

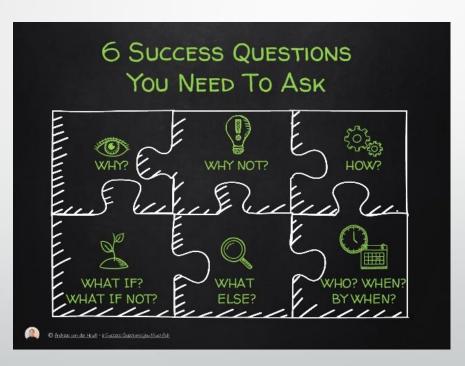
#### Resources

- Ohio State University Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare
- Johns Hopkins Center for Evidence-Based Practice
- University of Iowa -
- Health System EBP Internship
- EBP project in Nurse Residency
- EBP projects part of the nurse ladder program
- EBP Council/Board

#### **Evidence-Based Practice**

 problem-solving approach to clinical care that incorporates the conscientious use of current best practice from well-designed studies, a clinician's expertise, and patient values and preferences

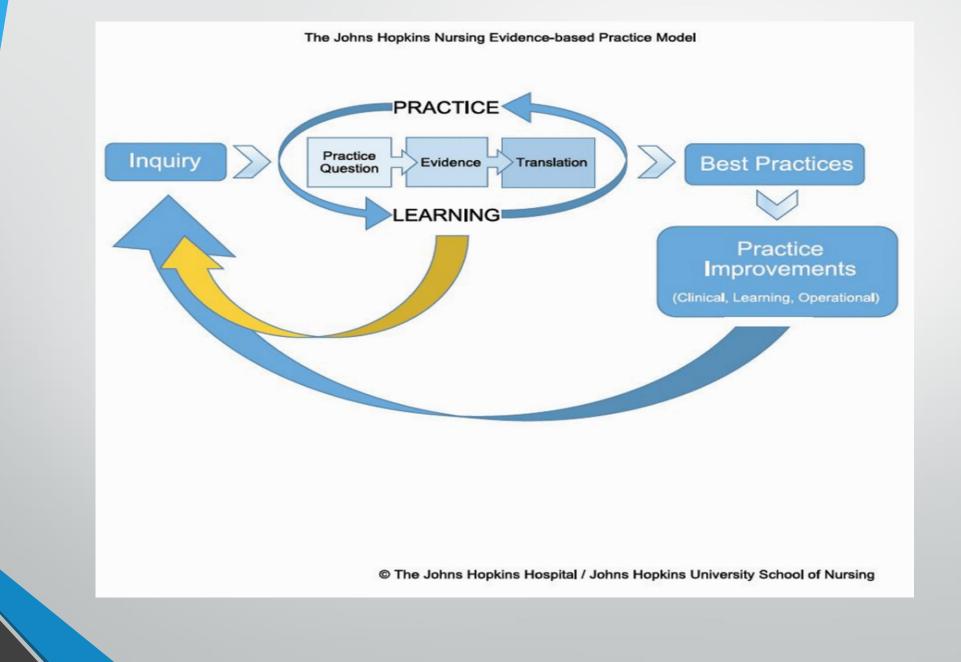
## Spark a Spirit of Inquiry



### **Culture of Inquiry**

#### Critical to EBP

- An environment characterized by nurses actively
  - reviewing evidence to seek answers to clinical questions that they have identified
  - integrating this evidence into practice when data are sufficient to support practice change or
  - conducting research when existing literature is scant.
- Nurses' questioning of practices is supported, valued, and understood to result in the recognition, implementation, and generation of best practices, thus advancing the nurse work environment, patient care, and patient outcomes



### **Questions that Spark a Spirit of Inquiry**

- Who can I seek out to assist me in enhancing my evidence-based practice (EBP) knowledge and skills and serve as my EBP mentor?
- Which of my practices are currently evidence based and which don't have any evidence to support them?
- *When* is the best time to question my current clinical practices and with whom?
- *Where* can I find the best evidence to answer my clinical questions?
- *Why* am I doing what I do with my patients?
- *How* can I become more skilled in EBP and mentor others to implement evidence-based care?

#### **Outcome Measures**

- Nurse library use
- Nurse knowledge, attitudes, and practice towards EBP

(Carter, et al., 2018)

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