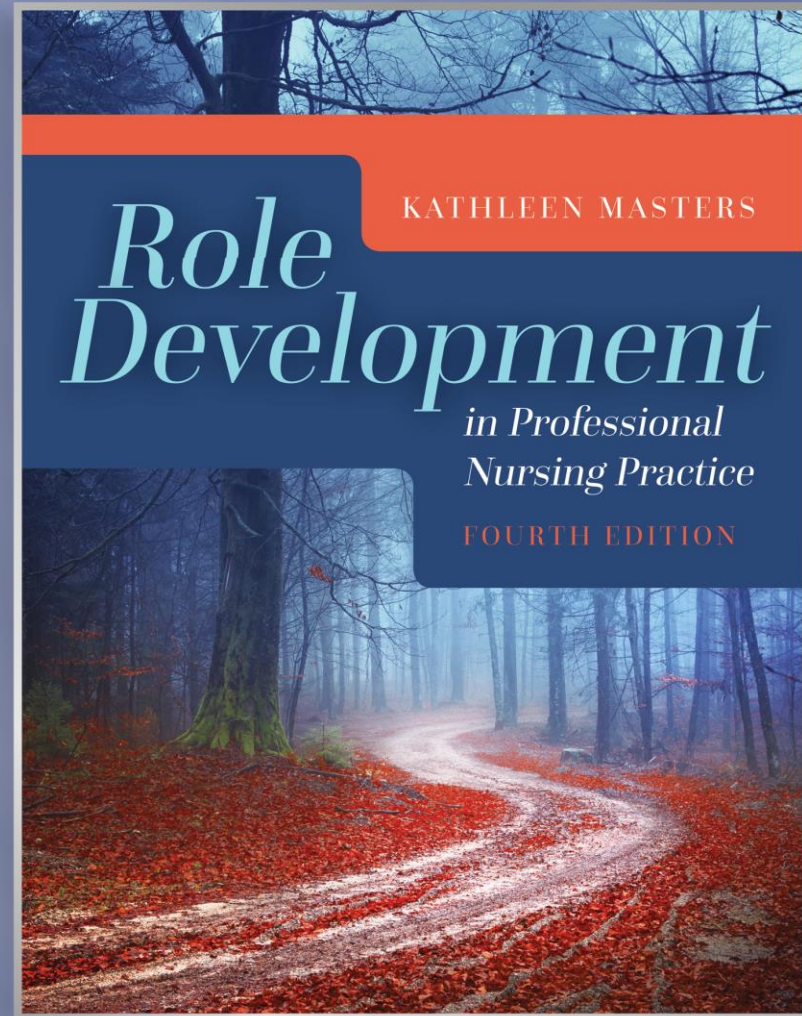


Chapter 10

Evidence-Based Professional Nursing Practice



Evidence-Based Practice: What Is It?

- Evidence-based practice (EBP) is a framework used by nurses and other healthcare professionals to deliver optimal health care through the integration of best current evidence, clinical expertise, and patient/family values

Why Is EBP Relevant in Nursing? (1 of 2)

- Helps resolve problems in the clinical setting
- Results in effective patient care and better outcomes
- Contributes to the science of nursing through the introduction of innovation to practice
- Keeps practice current and relevant by helping nurses deliver care based upon current best research

Why Is EBP Relevant in Nursing? (2 of 2)

- Decreases variations in nursing care and increases confidence in decision making
- Supports Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-readiness since policies and procedures are current and include the latest research
- Supports high quality patient care and achievement of Magnet status

Steps in the EBP Process (1 of 2)

- Cultivate a spirit of inquiry and culture of EBP among nurses and within the organization
- Identify an issue and ask the question
- Search for and collect the most relevant and best evidence to answer the clinical question

Steps in the EBP Process (2 of 2)

- Critically appraise the evidence and synthesize the evidence
- Integrate evidence with clinical expertise and patient preferences to make the best clinical decision
- Evaluate the outcome of any EBP change
- Disseminate the outcomes of the change

Barriers to EBP in Nursing (1 of 3)

- Lack of value for research in practice
- Difficulty in changing practice
- Lack of administrative support
- Lack of knowledgeable mentors
- Insufficient time
- Lack of education about the research process
- Lack of awareness about research or EBP

Barriers to EBP in Nursing (2 of 3)

- Research reports/articles not readily available
- Difficulty accessing research reports and articles
- No time on the job to read research
- Complexity of research reports
- Lack of knowledge about EBP
- Lack of knowledge about the critique of articles

Barriers to EBP in Nursing (3 of 3)

- Feeling overwhelmed by the process
- Lack of sense of control over practice
- Lack of confidence to implement change
- Lack of leadership, motivation, vision, strategy, or direction among managers

Promoting EBP: Individual Nurse

- Educate yourself about EBP
- Conduct face-to-face or online journal clubs, share new research reports and guidelines with peers, and provide support to other nurses
- Share your results through posters, newsletters, unit meetings, or a published article
- Adopt a reflective and inquiring approach to practice

Strategies to Promote EBP: Organizations

- Specific identification of the facilitators and barriers to EBP
- Education and training to improve knowledge and strengthen beliefs related to the benefits of EBP
- Creation of an environment that encourages an inquisitive approach to patient care

PICO(T)

- **P:** Patient, population, or problem
- **I:** Intervention, exposure, or topic of interest
- **C:** Comparison or alternate intervention
- **O:** Outcome
- **(T):** Time or timeframe

PICO(T) Questions

- In (patient or population), what is the effect of (intervention or exposure) on (outcome) compared with (comparison or alternate intervention)?
- For (patient or population), does the introduction of (intervention or exposure) reduce the risk of (outcome) compared with (comparison or alternate intervention)?

Electronic Resources

- National Library of Medicine
- Cochrane Library
- National Guideline Clearinghouse
- Joanna Briggs Institute
- Agency for Healthcare Research and Quality
- Centre for Health Evidence
- Registered Nurses' Association of Ontario

Evaluation of Evidence

- What is the source of the information?
- When was it developed?
- How was it developed?
- Does it fit the current clinical environment?
- Does it fit the current situation?

Levels of Evidence

- Meta-analysis or systematic reviews of multiple well-designed controlled studies
- Well-designed randomized controlled trials
- Well-designed nonrandomized controlled trials
- Observational studies with controls
- Systematic review of descriptive and qualitative studies
- Single descriptive or qualitative study
- Opinions of authorities and/or reports of expert committees

Appraisal of Research Using the Critical Appraisal Skills Programme (CASP)

- Checklists provide tools to interpret research evidence
- Checklists are specific to types of research
- Checklists provide frameworks to determine strength and reliability of research reports

Institute of Medicine (IOM) Standards for Clinical Practice Guideline Development

- STANDARD 1: Establishing
- STANDARD 2: Management of conflict of interest
- STANDARD 3: Guideline development group composition
- STANDARD 4: Use of systematic reviews
- STANDARD 5: Establishing evidence and strength of recommendations
- STANDARD 6: Articulation of recommendations
- STANDARD 7: External review
- STANDARD 8: Updating

Appraisal of Guidelines for Research and Evaluation (AGREE II)

- Scope and purpose
- Stakeholder involvement
- Rigor of development
- Clarity and presentation
- Application
- Editorial independence

AGREE II Category #1

- Scope and purpose
 - Overall objectives of the guideline are specifically described
 - The health questions covered by the guideline are specifically described
 - The population to whom the guideline is meant to apply are specifically described

AGREE II Category #2

- Stakeholder involvement
 - Guideline development group includes individuals from all relevant professions
 - The views and preferences of the target population have been sought
 - Target users of the guideline are clearly defined

AGREE II Category #3 (1 of 2)

- Rigor of development
 - Systematic methods were used to search for evidence
 - The criteria for selecting the evidence are clearly described
 - The strengths and limitations of the body of evidence are clearly described
 - The methods used for formulating the recommendations are clearly described

AGREE II Category #3 (2 of 2)

- Rigor of development (cont.)
 - The health benefits, side effects, and risks have been considered in formulating recommendations
 - There is an explicit link between the recommendations and the supporting evidence
 - The guideline has been externally reviewed by experts prior to publication
 - A procedure for updating the guideline is provided

AGREE II Category #4

- Clarity and presentation
 - Recommendations are specific and unambiguous
 - Different options for management of the condition or health issue are clearly presented
 - Key recommendations are easily identifiable

AGREE II Category #5

- Application
 - The guideline describes facilitators and barriers to its application
 - The guideline provides advice and/or tools on how the recommendations can be put into practice
 - The potential resource implications of applying the recommendations have been considered
 - Guideline presents monitoring and/or auditing criteria

AGREE II Category #6

- Editorial independence
 - The views of the funding body have not influenced the content of the guideline
 - Competing interests of guideline development group members have been recorded and addressed

Implementation Models for EBP

- Center for Advancing Clinical Evidence (ACE)
Star Model of Knowledge Transformation
- The Iowa Model of Evidence-Based Practice
- Agency for Healthcare Research and Quality
Model
- Johns Hopkins Nursing Evidence-Based Practice
Model
- Diffusion of Innovation Framework