A MULTIPRONGED APPROACH TO IMPLEMENT EVIDENCE-BASED PRACTICE: ONE MEDICAL CENTER’S JOURNEY

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Knowledge Translation

How do we get from Knowledge to Practice?

Knowledge Creation through Research

EBP

Knowledge Translation

National/State Initiatives are Supported

- **National Academies of Medicine (NAM)**
- **Quality and Safety Education for Nurses (QSEN)** calls for competencies in EBP and Quality Improvement
- **State of Maine**
- **American Association of Colleges of Nursing (AACN)**
  - Baccalaureate Essential III
- **Magnet**
  - Patient Safety
  - Patient Satisfaction
  - RN attraction; RN retention

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Why the Gap?

Nurses:
- Adopt EBP at low rates
- Use peers or physicians
- Rely on what they learned in nursing school (Pravikoff et al., 2005)
- Lack time and knowledge on how to obtain EBP
- Lack understanding of research concepts (Stanley et al., 2011)
- Lack skills to evaluate existing research studies (Taylor et al., 2016)

The EBP Integration Process

The Knowledge to Action Framework

(Munce et al., 2013)
#### Didactic Content

- **History of EBP and Critical Need for EBP**

- **PICOT Format**
  - Significance
  - Literature review
    - Search
    - Clinical Practice Guidelines

- **Synthesis (overall findings)**

- **The Change Plan**
  - Culture, barriers, stakeholders, supports, promotion, supplies, sustainability, measurable outcome, and dissemination

#### Limitations

- **Competing priorities**
  - Staffing, site visits from regulatory agencies

- **Time limits by residents**
  - Scheduling/group work
  - Residents working the night shift

- **Unknown procedures**
  - Human subjects review process from the internal review board (IRB)

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#### References


Pravikoff, D. S., Tanner, A. B., & Pierce, S. T. (2005). Readiness of U.S. nurses for evidence-based practice: Many don’t understand or value research and have had little or no training to help them find evidence on which to base their practice. *American Journal of Nursing, 105*(9), 40-51.
