

Unit IV

Making EBP Obtainable in Everyday Practice and You are not ALONE

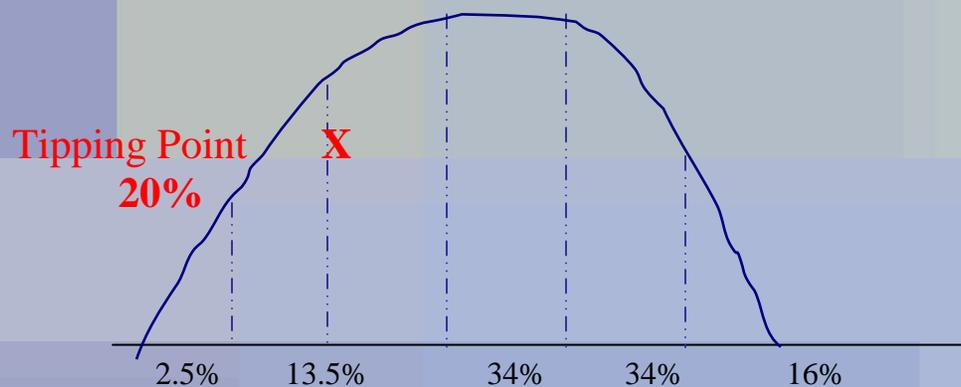
Old Habits Die Hard; recognizing that it is more comfortable to keep doing what has always been done, will prime you to be open to change.

How to Get a New EBP Habit

- Try questioning the norm
- Try challenging the way 'we've always done it'
- Try saying "show me the evidence"
- Try Speaking 'Data' Yourself
- Depend on High Quality Resources
[Like the databases on the Standard Clinical Desktop SCD]
- Use this axiom---see one—do one—teach one

A Strategy for Advancing EBP in Your Clinical Setting

Become the 'tipping point' for your unit [Refer to "The Tipping Point/how little things can make a big difference" by Malcolm Gladwell 2004]. Farmers in Iowa during the dust bowl had nonexistent corn crops—the University of Iowa developed a seed corn a few years later that was drought resistant plus had a significant increase in yield per acre, yet the farmers did not use it—Why Not? It turned out that the farmers placed more value on their neighboring farmers' opinions than that of the University researchers. So yes, subsequently, a very famous research project was conducted to elucidate the farmer behavior; it showed this nice Normal Distribution Curve:



When 20% of the farmers adopted the new seed corn, the rest of the farmers followed very quickly. Analysis of the characteristics of the initial 20% showed that innovators and early adopters were venturesome and respected risk takers in their farming community.

Researchers found that if an individual approached these types of people and got their support the tipping point could be achieved sooner and change was not so painful.

Here is how you get to be the tipping point: [Diffusion of INNOVATION]

1. State a promise (an attention getter) that outweighs the pain of change

Example: EBP can be a process by which nurses can bridge the research to practice gap

Surgical site infection rate will be reduced by making a few simple changes.

2. Explain the features that demonstrate how good it is.

Example: One gets >30% better patient outcomes when using EBP

A patient with a surgical site without an infection can reduce the LOS by as many as 6 days

3. Describe the benefits or the value of the change.

Example: EBP significantly increases the skill of the nurse and job satisfaction

Infection rates can drop by at least half if we give antibiotics 1 hour prior to surgery.

4. Be prepared for objections.

Ask these questions: What questions do you have about EBP?

Does the evidence address your concerns? Are there any other issues you have?

5. Get a commitment for next steps.

Example: Can you decide on a burning clinical issue and let's meet again in 2 weeks to take a look at some EBP resources that address the clinical issue?

The surgeons have agreed to review the surgical site evidence and to meet with us at the next monthly staff meeting.

How can I ignite the Spirit of Inquiry at the Bedside?

- Have EBP rounds on your unit—rounds which identify some clinical uncertainties
- Have a burning clinical question box on your unit
- At the end of the week take a couple of minutes to review the challenges, the uncertainties, the conflicts, the successes and the failures. Promise yourself that you will look into a SCD database for just one of the challenges or uncertainties.
- Develop EBP teams; it could be composed of staff nurses, CNS, clinical educators, dietary, pharmacy and oh yes medicine.
 - Have an EBP bulletin board with these headers under a specified topic: Below example of our clinical question



Topic: Family presence during resuscitation or emergency procedures

What we know from current research	What we know from expert opinion	What we know from involving the patient/family
<ul style="list-style-type: none"> • Current literature • Known outcomes • Research studies • Practice standards • Hospital policy • Legal parameters 	<ul style="list-style-type: none"> • Informed opinion of colleagues • Consensus groups • Professional societies • Current practice 	<ul style="list-style-type: none"> • Patient preference • Family preference • Ethnic, religious, cultural, ethical, psychosocial influences

Topic Family Presence:

Note in Pub Med: using the limits of: English, last 5 years, meta-analyses, randomize trials, reviews, and clinical trials, 15 articles were retrieved. Cinahl using same limits, 12 articles were retrieved. It took a total of 90 seconds to do both searches. Below are two examples:

Report of the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures Department of Pediatrics, David Geffen School of Medicine, UCLA, Torrance, CA 90502, USA. dhendersn@aol.com

Representatives from 18 national organizations were convened for a conference to develop recommendations regarding family presence (FP) during pediatric procedures and cardiopulmonary resuscitation. Before the conference, invitees were given a questionnaire and provided with current literature regarding FP. A modified Delphi process was used to develop consensus, including use of multiple questionnaires and breakouts for discussion of specific issues. Participants were encouraged to develop consensus recommendations based on the literature and discussions. Changes in attitude were tracked with repeat questionnaires. Results of the conference were circulated to participants for review and revision. Consensus recommendations include (1) consider FP as an option for families during pediatric procedures and cardiopulmonary resuscitation, (2) offer FP as an option after assessing factors that could adversely affect the interaction, (3) if family is not offered the option for FP, document the reasons why, (4) always consider the safety of the health care team, (5) develop in-hospital transport and transfer policies and procedures for FP, such as family member definition, preparation of the family, handling disagreements, and providing support for the staff, (6) obtain legal review of policies, (7) include education in FP in all core curricula and orientation for health care providers, (8) promote research into best methods for education; effects of FP on patients, family, and staff; best practices for FP; and legal issues regarding FP, among others. These recommendations were approved in concept by the American Academy of Pediatrics and the Ambulatory Pediatrics Association.

- Kopelman 2005 Changing Times, Changing Opinions: History Informing the Family Presence Debate

Even More Ideas

1. Every month do a mental review of the clinical incidences that stood out on your unit. For example the patient who had a pulmonary embolism. You want to know the latest and greatest about diagnosis and treatments and therapy of PE.
2. See if there is an EBP guideline for a key clinical activity or managing a condition on your unit. Examples would be pain management for sickle cell or diabetes management in children less than 10years old.
3. Compare your unit's current practice to a National Guideline on a specific topic and decide if your unit should make adjustments.
4. Invest in a wireless laptop for your unit—during rounds if questions arise, click on one of the SCD databases and get current information at the point of care very quickly.
5. Have a once a quarter *'lunch and learn'*—invite your unit neighbors to share what EBP decision making has gone on your unit—exchange ideas—and celebrate each other's quest for clinical excellence.
6. Think about how you can make EBP simple and fun (yes fun). Research shows that when multiple pills have to be taken for treatment, matching them to activities of daily living significantly increases adherence. How can you match EBP to the daily activities of a nurse?
7. Having a One Minute EBP Preceptor (**OMP**): Goes like this: during report for example the **OMP** identifies a patient problem; probes the learners for solutions; provides the current best evidence on the problem; asks learners how they would integrate the evidence into their proposed solutions; gives positive reinforcement—all in one minute!
8. Remember none of us is as smart as all of us (**Japanese Proverb**)
'collaborate' - 'collaborate' - 'collaborate'

You are not ALONE; there is support available

Lots of resources:

1. RAPDS - Nurses who are expert in EBP, Research, and Statistics: 301- 435 - 6186
2. CNS- wonderful clinical experts on the basics of EBP—global outlook CC-NURS CNS
3. EBP champions- graduates of the Bernadette Melynk and Ellen Fineout-Overholt School of EBP—see Outlook™ global address book under “CC-NURS EBP”
4. Clinical Educators – Master teachers in a variety of clinical EBP topics
5. Judy Welsh – the NIH librarian who will come to you to give you 1:1 instruction on how to perform effective and quick searches: Phone 301-594-6211 email welshju@mail.nih.gov
6. Web sites for “above average” EBP tutorials:
 - Wisdom Tutorial on EBP <http://www.wisdom.net.co.uk/sem6.html>
 - University of Washington Medical School EBP tutorial <http://healthlinks.washington.edu/hsl/classes/evidence/>
 - Penn State EBP terms <http://www.libraries.psu.edu/instruction/ebpt/learnmore/terminology.htm>
 - University of Rochester resources: <http://www.nataec.org/html/ebp.html>
 - Duke University EBP tutorial; <http://www.mclibrary.duke.edu/training/cinahlovid/ebp>
 - Academic Center for EBP, U of Texas; http://www.acestar.uthscsa.edu/Learn_model.htm

Answers to Unit III

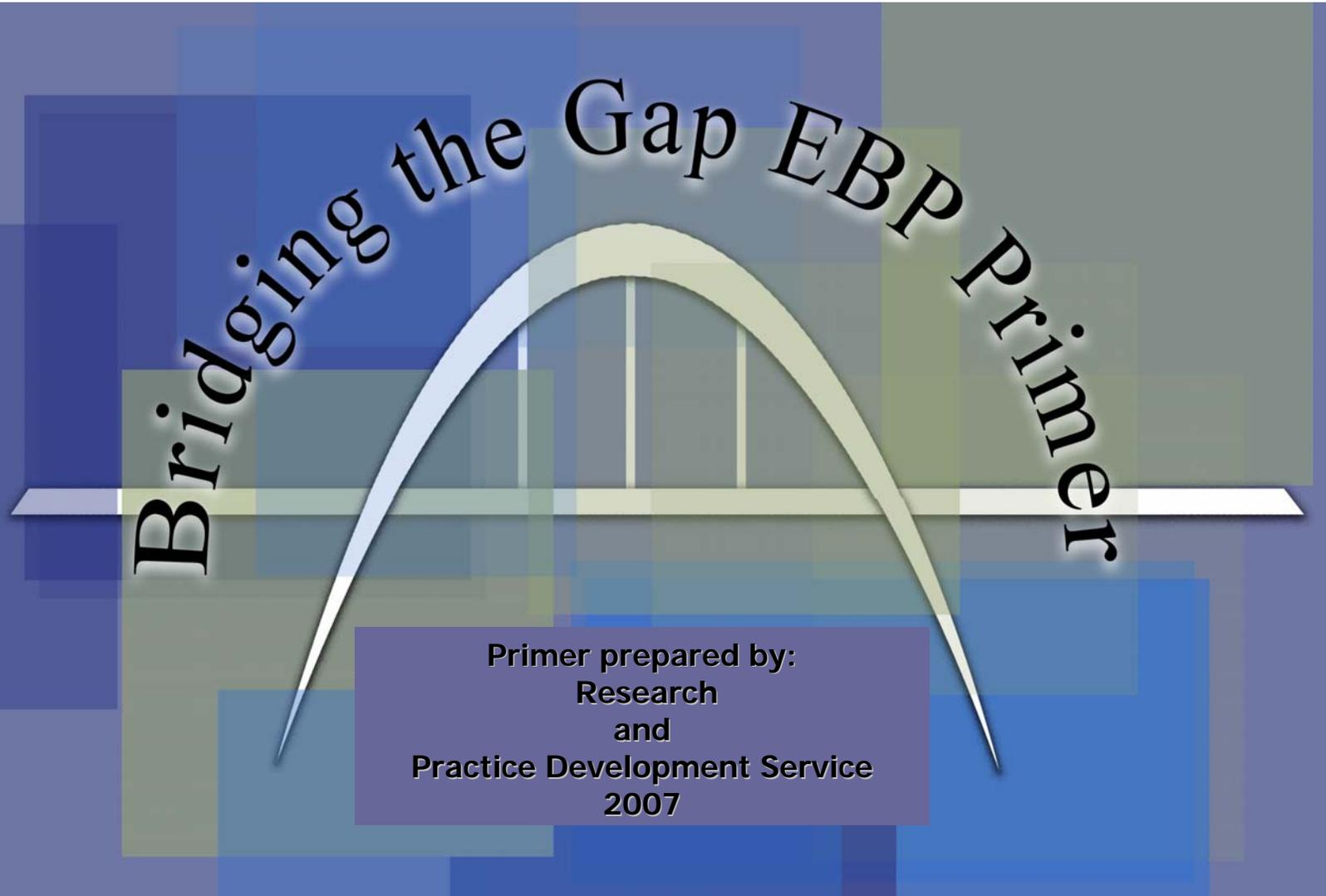
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*Now begin your journey to
EBP*



Bridging the Gap EBP Primer

Primer prepared by:
Research
and
Practice Development Service
2007