

Closing the Research-Practice Gap: Incorporating EBP Principles onto a Surgical ICU
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Problem: In an urban 900 bed hospital, a group of nurses in the SICU identified a greater need for clinical decision-making to be based upon evidence in the literature. Key elements such as knowledge regarding the utilization of Evidence Based Practice (EBP), and accessing and appraising research were determined as precursors to nurse willingness to incorporate EBP.

Evidence: After a literature review, a study by Pravikoff, Tanner, and Pierce (2005) was identified as representing our observations on our unit. The authors noted that limited exposure to EBP in nursing education contributed to a subsequent lack of appreciation in the workplace. Gaps in attitudes towards research, computer skills and a deficit in information literacy, hinders the utilization of EBP principles in nursing. Results of this study were inferred to our unit, prompting our efforts to launch an EBP program.

Strategy: Our group attended seminars on presentation and poster board strategies, how to effectively appraise and perform literature searches, as well as methods of incorporating EBP into clinical areas using the IOWA model. This information formed the basis for developing a program to integrate EBP to our setting. Our strategy to disseminate current EBP guidelines involved a poster board to solicit ideas for discussion topics with quarterly seminars presented to the SICU staff.

Practice Change: As a result of these teaching and learning sessions, practice changes that have occurred include an increase in normal saline lavage upon assessment versus routine instillation. Unit protocols for family presence during resuscitative procedures are in the process of implementation; offering these options to patients and families upon admission to the unit promotes an open dialogue for patients to articulate their wishes. As well, the unit is seeking to obtain equipment to facilitate oral care every four hours to minimize ventilator associated pneumonia (VAP).

Evaluation: The effectiveness of presentations and poster boards was determined through surveys and anonymous feedback forms. Staff interest was qualitatively measured through increased participation, and greater dialogue regarding research utilization and EBP.

Results: Survey respondents found the presentations “informative”, “challenging their current practice”. A desire to utilize the information provided and apply it to one’s practice was expressed. Similarly, there was an acknowledgment of a greater need for research to influence decision-making. There was multi-disciplinary attendance to presentations which increased collaboration among professionals. Overall, this project contributed to our staff’s professional development and has promoted awareness of EBP.

Recommendations: We plan to continue with evaluations after each presentation and poster board to ensure that the needs and interests of the audience are met. A greater emphasis must be placed on clinical outcomes as measurement indicators for the effectiveness of the EBP initiative. For example, if we look at rates of VAP prior to presentations and posters, and follow up these rates after the intervention, changes may be attributed to the EBP recommendations.

References

- Ahrens, T. (2005). Evidence-based practice: Priorities and implementation strategies. *Advanced Practice in Acute Critical Care*, 16(1), 36-42.
- Banning, M. (2005). Conceptions of evidence, evidence-based medicine, evidence-based practice and their use in nursing: Independent nurse prescribers' views. *Journal of Clinical Nursing*, 14, 411-417.
- National Academy Press (2001). Crossing the quality chasm: A new health system for the 21st century. Committee on healthcare quality of health care in America. Retrieved November 24, 2005 from <http://www.nap.edu/books/0309072808/html>.
- Pape, T. (2003). Evidence-based nursing practice: To infinity and beyond. *Journal of Continuing Education in Nursing*, 34(4), 154-161.
- Pravikoff, D, Tanner, A., Pierce, S. (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.
- Simpson, R. (2004). Evidence-based nursing offers certainty in the uncertain world of healthcare. *Nursing Management*, 35(10), 10-12.
- Taylor-Piliae, R. (1998). Establishing evidence-based practice: Issues and implications in critical care nursing. *Intensive and Critical Care Nursing*, 14, 30-37.
- Winch, S., Henderson, A., Creedy, D. (2005). Read, think, do!: A method for fitting research evidence into practice. *Journal of Advanced Nursing*, 50(1), 20-26.