

TEACHING USE OF EBP GUIDELINES TO STUDENT-FNPS: A STUDY OF IMPLEMENTATION

**FRAN R. MARTIN, PHD, CFNP, FMARTIN@MCG.EDU
MEDICAL COLLEGE OF GEORGIA**

Evidence-Based Practice (EBP) has become critical as a foundation for practice from quality improvement and medical-legal standpoints. Clinical guidelines constitute one form of EBP. Implementation of clinical guidelines is a complex phenomenon with patient-related, provider-related, and system-related factors. Factors affecting implementation of EBP guidelines are multifactorial and complex. Examples cited in the literature include patient non-adherence, funding issues, unique patient needs, and preceptor preferences.

This study was a class assignment over two semesters, designed to assist student FNPs (SFNPs) in identifying the values, expectations, and barriers to implementation of clinical guidelines in actual clinical settings. Students in Group 1 as well as Group 2 collected data from patients diagnosed with hypertension.

The purpose of the study was to determine whether SFNPs and their preceptors utilized published JNC-VII clinical guidelines; and who or what influenced their decisions regarding implementation. In addition, students were given feedback on ways to apply data, which they had obtained in the history and physical, to management of patient care and measurement of outcomes.

Students-collected data from patients in both groups were analyzed. Students in Group 1 reported a higher frequency of implementation of JNC-7 guidelines. This may reflect utilization of current EBP guidelines in clinical settings used that semester, or it may reflect that this was the focus of a course assignment. Students in Group 2 demonstrated less consistency in application of guidelines. Faculty guided their work in the light of the assignment objectives.

Student FNPs need practice and role modeling if they are to utilize clinical guidelines in practice. Faculty provided guidance in improving student implementation of evidence-based practice both in data collection and in planning, analysis, and then management of care for their hypertensive patients.

Many students found that preceptors tried to implement guidelines but met barriers in doing so.

PROBLEM

This study was designed to identify factors influencing provider decisions regarding implementation of a specific clinical guideline, the JNC-7. Nurses are increasingly using clinical guidelines to ensure higher quality of care, (and to protect against claims of negligence or malpractice), but studies show that there

is wide variance in their adherence to them. What is happening with SFNPs in relation to application of EBP?

EVIDENCE

Implementation of evidence-based clinical guidelines is a complex phenomenon with patient-related, provider-related, and system-related factors. Factors affecting utilization of guidelines are multifactorial and complex. Examples from literature include a) patient non-adherence, b) funding issues, c) unique patient needs, d) lack of support and expectation from agency and/or patients that guidelines will be implemented, and e) preceptor preferences. In this study, only patient-related and provider-related factors were addressed.

STRATEGY

Two FNP classes were given an assignment which required each student to complete 5 teacher-made data forms using a well-known clinical guideline, the JNC-7. The first group, Group 1 was in their final semester of our FNP program. The second group, Group 2, was a semester from finishing. Eleven students in the first group and 18 students in the second group completed the assignment, for a total of 145 patients in the sample of convenience.

This assignment came after the lecture on hypertension. Students were to use these guidelines in order to meet the following objectives:

1. Gain experience in utilization of a practice guideline
2. Identify variables which impact implementation of guidelines
3. Identifying barriers to implementation of guidelines in a variety of practice settings
4. Learn through application of guidelines with preceptors in the workplace.

Following utilization of the teacher-made data forms with Group 1, areas for revision in the data forms were made. Demographic data collection was expanded to include race. Request for a list of medications was added.

Data collected by students in Group 2 were analyzed, and comments made on their forms. The forms were returned to them, and were reviewed in class. It was expected that these students, now in their final semester, would expand their understanding through personal experience in applying guidelines.

Not only was the implementation of the JNC-7 guidelines assessed, but also the student's use of information collected. For example, if the patient was noted to be obese, Faculty looked for interventions which addressed weight loss and diet modification, as well as exercise if indicated.

RESULTS

Students in Group 1 found that preceptors tried to implement guidelines but met barriers in doing so. Students were able to identify these barriers as environmental, financial, and cultural. Environmental barriers included lack of perceived value and lack of reward for compliance by administration. Financial barriers included costing, both in provider time, and in patient adherence with medication regimen. Cultural barriers involved value judgments, and tradition.

Students in Group 2 were less clear on the process of implementation of clinical guidelines. They demonstrated less insight into factors which were barriers to utilization of these guidelines in practice.

We found that SFNPs need practice and role modeling if they are to utilize clinical guidelines in practice. Class review of their data provided opportunity for each student to integrate the data and guidelines into the plan for patient care. In some agencies, clinical guidelines were not followed closely.

PRACTICE CHANGE

Despite a claim by many students that they were utilizing JNC-7 guidelines in patient management, the choice of medications and the counseling that was provided (per student report) did not follow or show application. Additional study may help identify some further factors affecting utilization.

Until implementation of clinical guidelines receives priority as far as practice standards or pay raises are concerned, more barriers than facilitators will be in place.

EVALUATION

Students in the first group who completed the assignment just prior to graduating felt the assignment was “very useful”. They reported a high frequency of implementation of clinical guidelines but findings were site-dependent.

Findings from both groups may reflect that this was a course assignment; both groups indicated that **their preceptor** influenced their practice and/or choices. Findings may also reflect actual utilization of current JNC-7 guidelines in some of the clinical settings used that semester.

RECOMMENDATIONS

Emphasis on implementation of EBP to students by faculty may result in an increase in their utilization. When students can connect practice in their clinical sites with particular populations, available guidelines, and proposed plans of care, more measurable results can be obtained. We found that SFNPs need practice and role modeling if they are to utilize clinical guidelines in their practice.

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