Imagine a typical staff nurse in a typical community hospital. Call her Jill. On her feet practically the whole day, Jill wishes that she had just a bit more time for nearly every patient interaction, wishes she could practice more the way she was taught. At least, she reassures herself, it's okay that she hasn't had time to get to the gym in weeks, because she feels like she runs all day on the medical surgical floor.
Lately, Jill has become concerned about the slow healing of wounds among her patients. Maybe there’s a better dressing to use. Unfortunately, she cannot access the Internet at work because she feels it’s important to use her time toward direct care of patients. So one night, after she puts her kids to bed, Jill goes online and searches on “wounds” and “dressing.” In .21 seconds the powerful search engine locates 1.12 million links for these search terms. Jill decides to skim the first ten. One turns out to be a sample dissertation with advice on how to format research findings. Two are Web sites of pharmaceutical companies pushing products. Two are about the benefits of honey as a wound dressing. Jill can’t bring herself to open the one dedicated to the use of live maggots in wound care. One article looks like some of the research articles she had to read in school; she reads the abstract and conclusions, jotting a few notes. She decides to print a fairly readable article from a physician for a closer look when she’s not so tired. However, a quick glance tells her that some of the physician’s recommended treatments contradict the research article’s finding. Furthermore, her hospital does not even stock some of the recommended dressings. And her supervisor isn’t going to buy new dressings simply because Jill read an article on the Internet.

Our hypothetical nurse is unfortunately not alone in the lack of access to solid research to inform practice and a work environment conducive to implementing evidence-based practice. In fact, a study in the September 2005 American Journal of Nursing (AJN) concluded that “RN’s in the United States aren’t ready for evidence-based practice because of the gaps in their information literacy and computer skills, their limited access to high-quality information resources, and above all, the[ir] attitudes toward research.” The AJN article suggests that “integrating evidence-based practice into nursing requires a multifaceted approach that involves students, educators, clinicians, and administrators working collectively to facilitate the change.” FPB alumni practitioners, both at the bedside and in leadership roles at University Hospitals Case Medical Center (UHCMC), and their academic counterparts at FPB, offer a wonderful example of how it can be done.

The obstacles to implementing evidence-based practice are many: time constraints, lack of access to seminars and refereed journal articles, the assumption that it is someone else’s responsibility, and a “lack of knowledge or encouragement to learn and a lack of understanding that it’s important to constantly look for new ways to define and manage problems,” says Charlene Phelps, MSN ’65, BSN, RN, who retired in 2003 as Senior Vice President for Nursing at University Hospitals of Cleveland. “It’s important for young nurses to get themselves into environments where evidence-based practice is valued,” Ms. Phelps adds. “Because if it is not valued, then it is not expected or rewarded and it’s easy not to do. I’ve seen what can happen when the desire to keep learning is extinguished.”

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Not least among the obstacles to evidence-based practice is nurses’ tendency to do things the ways they’ve always been done. “We bring with us our own experiences and beliefs and prejudices about certain practices,” explains Ms. Phelps. “We need creative, understanding leaders to help prepare the way for change.”

**KEYS TO SUCCESSFUL IMPLEMENTATION**

Two of those leaders are Bette Idemoto, PhD ’05, CCRN, CS, RN, and Janet Kloos, PhD ’04, MSN ’88, CNS, CCRN, RN. Both are clinical nurse specialists at UHCMC. Dr. Kloos serves on the Nurse Research Committee and chaired it in 2006. Dr. Idemoto is the current chair. In their roles, they serve as important links between the staff nurses they supervise and the most up-to-date research on best practices.

One of the challenges they face is the wide range of nurses’ educational backgrounds and experience with research. Both see sound nursing education as one of the keys to making evidence-based practice the norm.

Learning the research process “changes your approach to any question or problem,” explains Dr. Kloos, whose PhD focused on meeting the needs of families of critically ill patients. “This gives you a systematic approach to analyzing problems and to determining if a study is meaningful in real practice.”

“A basic working assumption of an advanced practice nurse is that our job includes searching the literature for best practices to implement on the unit—for direct application with patients and for dissemination to staff nurses and to our committees,” Dr. Idemoto explains. “Advanced preparation prepares you not only to do research but also to understand it and explain it to others.”

Dr. Kloos adds that at UHCMC, they are “not only trying to get staff nurses to implement the best practice because a supervisor told them to, but to be able to identify questions about practice and to work with a committee member to search the literature.”

“Preparing nurses to use research is not just important for those seeking advanced degrees; it is also important at the BSN level so that staff nurses are ready to be critical consumers of research,” says Associate Dean for Academic Programs Patricia Underwood, PhD, RN, FAAN. She explains that the accreditation boards which oversee nursing education “want practicing nurses, no matter what level of education they have, to be critical consumers of research and to use research to inform their practice.”

“FPB students are taught from the beginning to think about where knowledge comes from and how confident they can be about the quality of that knowledge,” Dr. Underwood says. “We’re not just passing on knowledge from tradition—we want nurses to think critically, to question everything, and to knowledgeably apply research findings in practice.”

As important as the formal education of nurses is, FPB’s contributions to evidence-based practice do not end at commencement. In fact, the School plays a powerful role through its collaboration with UHCMC. For example, on June 1, 2006, FPB’s Sarah Cole Hirsh Institute for Best Nursing Practices Based on Evidence hosted a day-long seminar on implementing evidence-based practice, led by the Institute’s director, Noreen Brady. The 21 participating nurses representing 19 departments across the hospital were required to come with a searchable clinical question and were expected to conduct an evidence-based practice project with the support of their managers and with the help of mentors from the Nurse Research Committee. The nurses’ enthusiastic response to the seminar suggests that collaboration between the two institutions is headed in the right direction.
“The biggest piece of this is bringing people together,” Dr. Kloos says. “If research gets conducted in the academic area and findings don’t get disseminated to practice, what’s the use?”

“Implementing evidence-based practice is not a hierarchical flow down the mountain from the academy to the bedside,” reminds Karen Hogan, ND ’83, RN, CNA-BC, Head Nurse Manager, UHCMC Department of Psychiatry. “Nurses at the bedside identify areas that need to be explored, but often they don’t have the resources to investigate those questions. That’s why I want to see a lot more collaboration between the hospital and the School.”

Understanding the power of collaboration—and the tradition between FPB and UHCMC, Charlene Phelps has made a bequest that she hopes will nudge the two sides into an even closer working relationship. And Ms. Phelps is determined to bolster that connection through a generous planned gift to establish a joint chair in research between the hospital and the School.

“It’s difficult to pull this off, administratively, when both a university and a hospital are responsible and accountable, but I did that purposely, to force the two institutions to collaborate in developing nursing research and implementing the outcomes of that research,” she explains. “Patients clearly benefit from what outcomes researchers discover, if practitioners have access to it and can understand it and can implement the relevant findings.”

—Tim Tibbitts

SAVE THE DATE: CERTIFICATE PROGRAM IN EVIDENCE-BASED NURSING PRACTICE (BASIC LEVEL)

The Sarah Cole Hirsh Institute for Best Nursing Practices Based on Evidence is pleased to announce the newly revised and updated Certificate Program in Evidence-Based Nursing Practice. This two-day program, scheduled for June 7 and 8, 2007, at FPB, is focused on assisting staff nurses, managers, and staff development personnel learn how to find and use research evidence as their basis for clinical decision making. This evidence is integrated with clinical expertise and patient preferences and values in the delivery of optimal patient-centered care.

Certificate Program Fee: $250 (includes materials and lunches). If 3 or more registrants are from the same institution, registration fee is reduced to $225. 12 contact hours will be awarded.

Frances Payne Bolton School of Nursing (OH-216/11-01-09) is an approved provider of continuing nursing education by the Ohio Nurses Association, and accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. OBN-001-91.

Registration Deadline: May 7, 2007
For more information and to register: call 216-368-6303, email Noreen.Brady@case.edu or visit the Hirsh Web site: http://fpb.cwru.edu/HirshInstitute/index.shtm

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