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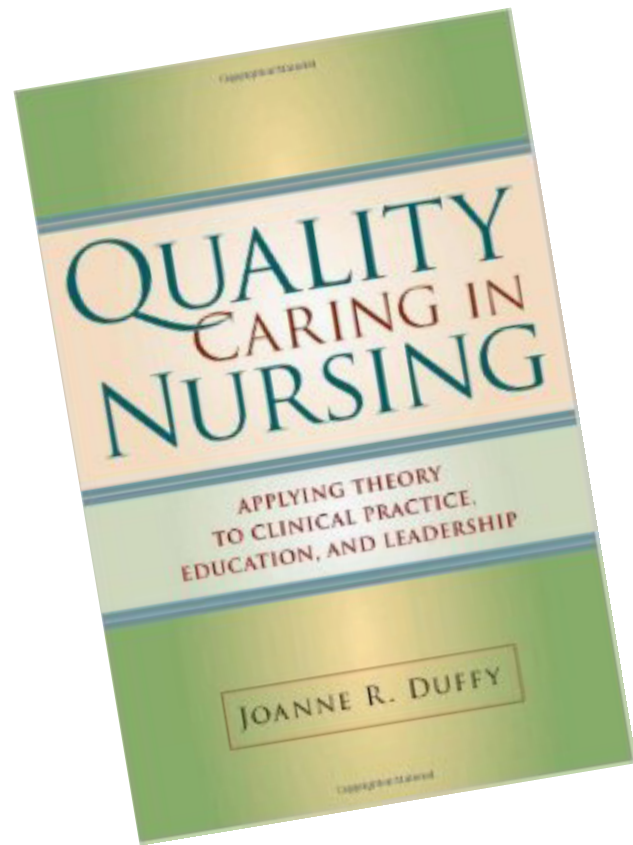
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“to theories that focus on relationship because of my own experience.”

While inspired by Watson’s theory she found it to be somewhat philosophical and difficult to apply to her research. She was searching for a tool to use as an intervention in a research project. This quandary left her at a crossroad, as she needed a theory that was more at the level of the individual. Unable to find a theory that she felt connected to, she abandoned the research project and sat down to put a theory of her own on paper. It was this theory that has become the QCM in nursing.

She never expected the QCM would become such a big deal. Her thought was that it would be used for interventions in heart patients and nothing more. As she disseminated her research findings, which included bedside nurses in other specialties were requesting her help in applying the model to questions within their practice. Joanne acknowledges the biggest surprise, and greatest satisfaction, is seeing how well her theory resonates

with the staff nurse.

Her theory has been adopted in many hospitals across the country with stellar outcomes. As we begin to use the QCM as a nursing theory to help guide us at UC San Diego, she notes that its success will depend on three things:

- First, there needs to be complete commitment on the part of leadership. They have to provide the environment that permits inquisitiveness from the staff nurses.
- Second, the nurses at the bedside need to believe they have a role in the model. They need to notice a problem in the delivery of care, and turn the problem into a question that leads to better outcomes.
- Finally, be sure to know what you are hoping to achieve. When the goals are clearly defined, then the outcomes can be measured and publishable. The degree of success in any process, she believes, is the extent to which the stakeholders are transparent.

One can tell the passion that Joanne has for nursing as she tells the story of her journey. She believes that as quality

of caring reemerges as a focal point in nursing, it will produce outcomes that will lead to new ways of thinking of nursing as an honorable profession. “Nursing is not just my profession, it is my vocation . . . it colors everything in my life.”

Joanne Duffy, PhD, RN, FAAN will offer the keynote address at the 8th Annual UC San Diego Nursing Research and EBP Conference: Nursing Inquiry and Innovation, See page 9 for more information.

# Demystifying the Process of Evidence Based Practice: A novice point of view

By Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN

To “demystify” is to make a difficult or esoteric subject clear and easy to understand. This can be a tall order when attempting to explain how to get around the mystery of getting started on your first an evidence-based practice (EBP) project. Many of the barriers for nurses are simply in their perception of what it takes to get involved. If you talk to the average frontline clinical nurse about initiating an evidence-based change project, many of the responses will reveal that nurses are unclear how to get started. Some nurses lack the confidence or the belief that they are able to make a difference in a large academic organization. According to Brown and Ecoff, there are organizational obstacles (lack of time and nursing autonomy) that top the list of perceived barriers for nurses in an academic medical center (Brown, Wickline, Ecoff, & Glaser, 2009). Then there is the perception that nursing research, or the implementation of evidence into practice, is an arduous process that uses rigorous guidelines and is steeped in frustration. Review of the literature reveals other common elements, that prevent nurses from getting involved in evidence-based projects, also include lack of peer support and limited knowledge or skills in the nursing research process (Rumoro, 2013).

In this article, I’d like to share with you my wonderful experience in a successful evidence-based change project, from the novice perspective. I hope to encourage those who may be interested in making a difference and improving practice through EBP, but are

unsure. It has been my experience that every nurse can take an active role in improving healthcare outcomes at UC San Diego Health System, sometimes we just need to know how to begin. I believe that the most important skills that a nurse can bring to a project are heartfelt passion for your patient’s well-being, open-mindedness, and flexibility. The actual process of project development is acquired as you grow with your project. Self-confidence is garnered along the way with the support of the experts and leaders in your facility. As a novice, one of the biggest breaks you can give yourself is to follow your passion.

Years ago as an ED clinical nurse, I experienced firsthand the challenges in caring for homeless patients that suffer from substance abuse and co-occurring psychiatric disorders that frequent the ED. This can be a very challenging and yet rewarding job. My interest developed into a passion to improve care and quality in the ED, and advocate for disenfranchised patients that require links into resources that better meet their needs. A quote by Steven Jobs states, “You have to be burning with an idea, or a problem, or a wrong that you want to right. If you’re not passionate enough from the start, you’ll never stick it out.” I personally believe that it is important for nurses to be involved in projects for which they have a passion. In speaking with many nurse colleagues, I found others believe this to be true as well.

I was fortunate enough to become involved with a project that I felt passionate about and that also was



**Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN** started as a Clinical Nurse II in the Emergency Department in 2003. She went on to study outpatient care coordination and case management, and became a Certified Managed Care Nurse in 2007. In 2012, she earned a Master’s Degree in Nursing (MSN) with an emphasis in Healthcare Organizational Leadership from Grand Canyon University. Karen entered her Doctoral Residency in March of 2015. Karen is the UC San Diego Health System Department of Emergency Medicine’s Clinical Educator and Outreach Manager. This unique role blends nursing education and community outreach. Her professional focus is developing evidence-based practice collaborative models that enhance nursing education. She is particularly interested in the “Compassion Fatigue” phenomenon experienced by ED nurses in urban settings. Karen also serves as a Diversion Evaluation Consultant on the California Board of Registered Nurses (BRN) Diversion Council.



in alignment with UC San Diego Healthcare's commitment to serving our community. The "Structural Empowerment" component of Magnet states that nurse leaders develop strong partnerships with community organizations to improve patient outcomes and advance the health of the communities they serve (AACN, 2014). The "ED Community Placement Project (EDCPP)", is a collaborative partnership between UC San Diego Health System (UCSDHS) and the community. This is a nurse-led, multidisciplinary, innovative relationship between specialized community based organizations (CBO's), through a contractual agreement, to provide services for our highest frequent ED users upon ED discharge. My interest in this project grew from my clinical experience in the ED, yet seeking Senior Management Team (SMT) support was not difficult.

Knowledge and innovation require nurturing, beginning at the unit level (Gawlinski, 2011). Nursing experts in EBP suggest that support from nursing and organizational leadership is the first step toward success in quality improvement projects. Sound advice for the novice researcher, is to seek assistance and support from their immediate leadership early in the planning phases of a project, and to maintain open communication regarding the project goals. If you are

uncertain what process improvement project to undertake, seeking advice from your leadership can offer a wealth of information.

Our ED Nursing Director, Beverly Kress, RN, BSN leads from a "Transformational Leadership" style. As my Capstone preceptor during my Masters of Nursing (MSN) program, Beverly empowered me to practice at the "top of my license" and advocated for my professional autonomy as I moved through the process. She set the bar high by suggesting that I do a project focusing on a unit specific issue that would yield measurable outcomes and improve patient quality in the ED. Exemplary professional practice is evidenced by inter-professional collaboration (AACN, 2014) as evidenced by the support received by physician leadership for this project. Drs. Theodore Chan, Department of Emergency Medicine Chair and Christian Tomaszewski, Department of Emergency Medicine Medical Director, paved the way to higher organizational stakeholder buy-in. Inter-organization cooperation from departments such as Care Coordination, Psychiatry and Pharmacy were crucial to the success of this project. The lion's share of support is from the ED nursing staff and Social Workers who, on a daily basis continue to use the process to serve our patients.

We belong to an organization that fosters nursing innovation and inquiry, and we have outstanding academic and leadership support to be successful. This support can be applied to all phases of project development and is readily available to all interested nurses. We have incomparable librarian support from Mary Wickline (bio on page X) that provides the foundation of searching for relevant literature. I encourage any nurse, experienced or not, to make an



appointment with her. Mary's expertise and skillful instruction saved me time and steered my searches to appropriate scholarly articles.

The Nursing Research and Evidence-based Practice Council, meets every second Friday of the month. This Shared Governance Council oversees the structure and process supporting nursing research and innovative projects. Under the leadership of Judith Pfeiffer, PhD, RN, NEA-BC and Laura Dibsie, MSN, RN, CCRN, Council Chair, I was coached and cared for in each step of study development, abstract writing, and Institutional Review Board (IRB) submission to the Human Subject Protections Program. This council was warm and nurturing and allied my fears and reservations about nursing research. There are many other mentors available within the organization eager to support nurses. My association with the Council introduced me to Catherina (Catie) Madani,, PhD RN. Although my project is implemented now, we continue to meet frequently and collaborate on publication goals and data analysis related to the project. She is both a mentor and a role model.

Many of the fears that discourage nurses, and cause them to abandon their project dreams, can be diminished when they engage in an empowering nursing mentorship relationship. I also garner a great deal of support from Judy

Davidson, RN, DNP who joined UC San Diego over 1 year ago, as Nursing Research and Evidence-Based Practice Liaison (see bio page 7). I meet with Dr. Davidson frequently for feedback, guidance on projects, abstract, and publication. Collaboration with nurse researchers, for the first-time nurse researcher, will save time and shine a guiding light on the potentially overwhelming process. The benefit this novice researcher gained from such mentorship is unparalleled. I suggest that reaching out to any of these resources as great place to start.

Never underestimate how far a simple project can go when you stick with it and are surrounded by organizational support. I have enjoyed the opportunity to share our outcomes in various nursing conferences; ANA Quality Conference, ENA Annual Conference and the Association of California Nurse Leaders conference are just a few. The ultimate experience was presenting at the Sigma Theta Tau International Nursing Congress in Hong Kong. Each of these ventures was supported wholeheartedly by my Nursing Director and the organization. It took hard work and persistence on my part, but I could have never done it alone.

We all agree that, to affect better patient outcomes, new knowledge must be transformed into clinically useful forms, effectively implemented across the entire care team within a systems context, and measured in terms of



meaningful impact on performance and health outcomes (Stevens, 2013). Along the journey you will encounter moments of elation and frustration. They are all lessons to gain useful experience and wisdom, and will serve you well as you move your project forward. I can't stress enough how important it is to harness your passion, seek leadership support, direction, and be persistent. Intraprofessional collaboration is key! The biggest take way is to embrace the Magnet model of shared governance and reach out to build those nurturing relationships to help guide you through this process. That is what I did and it has never failed me yet.

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