TEACHING EVIDENCE-BASED PRACTICE IN NURSING
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For Riannah Sage, Anderson Samuels, and Mikey—
You can make fairy tales come true.
And to David, for being the prince in my fairy tales.
—Mimi

In memory of my late husband, Ron—
You encouraged and supported me to keep expanding my horizons, and to grow as a professional and a person. I will always love you.
—HRF
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Findings from multiple studies have indicated that evidence-based practice (EBP) improves the quality and reliability of health care, enhances patient outcomes, and reduces costs for the U.S. health care system. Despite this evidence, EBP is not consistently practiced by professionals in health care systems across the nation and globe. Multiple factors are responsible for this slow paradigm shift to EBP as standard of care, including lack of time and competing clinical priorities, cultures that do not support EBP, insufficient administrative support, lack of EBP mentorship, as well as inadequate search and critical appraisal skills. Another major barrier to advancing EBP is that educators in many institutions across the country continue to teach research courses in baccalaureate and master’s programs in the traditional manner with detailed emphasis on strategies necessary for the generation of external evidence (i.e., findings from rigorous research) instead of the use and application of evidence to practice. Lengthy critique processes of single studies also continue to be taught in academic programs instead of rapid critical appraisal of a body of evidence designed to answer a clinical question. One result of teaching research the traditional way is that students often acquire a negative attitude toward research and leave their professional programs with little desire to continue to read, critically appraise, use, and apply evidence from research to their everyday clinical practices.

To accelerate the paradigm shift, educators need to ignite a passion for EBP in their students and teach them an evidence-based approach to clinical care that facilitates a “spirit of inquiry” long after graduation from their educational programs. Aside from core courses in EBP, it is necessary to integrate evidence-based decision-making processes throughout all courses in baccalaureate and master’s programs in order to facilitate this lifelong approach to learning and high-quality clinical practice. In DNP programs, students should be prepared to be the best translators of evidence into clinical care to improve patient outcomes, as well as the greatest producers of internal evidence (i.e., findings from quality improvement/outcomes management projects) that can be integrated into evidence-based clinical decision making.
This outstanding book by Rona F. Levin and Harriet R. Feldman draws upon several years of educational experience to capture creative approaches for teaching EBP. The book includes comprehensive and unique strategies for teaching EBP for all types of learners across a variety of educational and clinical practice settings. The concrete examples of innovative teaching assignments provided in the book bring the content alive and serve as a useful, detailed guide for how to incorporate this material into meaningful exercises for learners. Levin and Feldman’s book is a truly wonderful and essential resource for educators working in all health professional programs as well as clinical settings. Use of the strategies highlighted in this book will no doubt play a key role in accelerating the paradigm shift to EBP that will lead to the highest quality of care and best patient outcomes in health care systems across the nation and globe.

Bernadette Mazurek Melnyk
PhD, RN, CPNP/PMHNP, FNAP, FAAN
The second edition of this book evolved from 6 years of experience in helping academic and clinical agencies understand and implement evidence-based practice (EBP). An important lesson we have learned through research and experience is the crucial part that mentorship plays in creating EBP champions and a culture of EBP in both the academic and clinical settings. Preliminary research that Levin, Melnyk, Fineout-Overholt, Barnes, and Vetter (2011) conducted with the Visiting Nurse Service of New York has indicated that didactic workshops on EBP were not sufficient to change nurses’ attitudes toward EBP or their implementation of evidence-based interventions. Thus, new to the second edition is the concept of mentorship. We think this is so important that we are starting off the second edition with mentorship as the first section, emphasizing the concept of mentorship and how mentorship is designed and implemented to promote EBP.

Also different in this edition is the greatly enhanced sharing of successful experiences of implementing EBP into academic curricula and clinical projects. When we wrote the first edition of this book, the trend for integrating EBP into academic nursing and clinical practice was just beginning. In the past 7 years the nursing profession has progressed a long way toward this goal. As we are now beginning to evaluate data on the success of our implementation efforts, there is a lot more to tell.

A number of chapters that appeared in the first edition have been eliminated, as we believe they are either less relevant to readers, or that they are not germane to what faculty and our clinical partners are asking for today. Thus, this new edition integrates a new perspective: Not only do we discuss important issues for educators, we also value and include the results of feedback from clinical partners at all levels of the organization—from chief operating officer (COO) and the clinical educator to the staff nurse responsible for implementing EBP projects. In the process, we highlight administrative leadership support efforts in both academic and clinical organizations. Without such support, integrating any change in an organizational culture is simply not possible.
Finally, we highlight the beginning of the establishment of creative, collaborative endeavors to share and spread the knowledge gained to improve nursing practice at all levels. One reason that new information takes so long to implement in practice is the difficulty some of our colleagues have in sharing information as it becomes available (i.e., prior to publication). We hope that one day such personal and special interests will be overshadowed by the altruistic goal of improving clinical, educative, and administrative practices much more expediently and regardless of attribution.

REFERENCE

We would first like to acknowledge each other. As a writing team for these many years, we have somehow managed to agree and disagree, to embrace each other’s strengths and accept each other’s limitations, and to still remain steadfast colleagues and friends. We are committed educators and scholars, devoted to improving patient care through writing and mentoring current and future generations of nurses, and that includes mentoring each other.

Our families and friends have contributed through their support and love, and by never complaining about the time we spent in thinking and writing instead of focusing on them. Equally important are those who partner and collaborate with us daily: students, clinicians, and faculty alike.

We also extend a heartfelt thank you to the contributors, whose expertise has enriched the content of this book. Not only did they submit their thoughtful work, they also responded positively to the many suggestions we had for change. Their varied experiences enhanced the relevance of their chapters, and we hope will help readers to teach the valuable concepts of evidence-based practice.