The Project
The creation of the BEST Practice Program (Building Evidence with Support to Improve Practice) was informed by the PARiHS (Promoting Action on Research in Healthcare) Framework (Kitson et al., 1998). Taking this approach it was recognised there are three cornerstones to ensuring best evidence informs great care
• The nature of the evidence
• The way in which the translation of evidence into practice is facilitated
• The context into which the evidence is being translated.

As such program content addressed: turning a practice issue into a question, gathering and reviewing existing evidence, preparing protocols and ethics applications, collecting, managing and analysing data, engaging others, developing strategies, writing reports, abstract and publications, and developing and using strategies to lead change.

Participant selection for the program of 9 days over 6 months was through expressions of interest from Nurse Managers. From 33 submissions, 9 nurses were selected, addressing 8 practice issues: parental perceptions and experiences of bedside handover, knowledge of Central Venous Access Device Care (CVAD), utilisation of treatment rooms for procedures, administration of oxygen post-tollillectomy, management of nasopharyngeal Airways, cardiac monitoring of patients with anaesthesia, timely access to outpatient services, and identification of triggers that result in an unsafe environment and determining how these can be overcome and re-occurring events.

The Evaluation
To gain insight into the contribution of the BEST Practice Program to the development of nurses' capacity to gather, review and implement evidence, a short questionnaire, based on the competencies for EBP developed by Melnyk et al. (2014), was completed at the beginning and end of the program. Participants were asked to indicate their perceived level of competence for each statement using a 7-point Likert scale where 1 = no change and 7 = expert.

To gain insight into the context in which the participants worked, creative pieces were developed and discussed by the participants. Additionally the Alberta Context Tool (ACT), developed by Estabrooks et al. (2009), was distributed to all nurses in the six inpatient units at the start of the program. This data was fed back to participants and nurse managers to enable understanding of context and strategies to facilitate practice change.

Daily evaluation of the program was completed and across the duration of the program the facilitators kept field notes. On completion of the program the participants were invited to take part in a focus group.