Integrating evidence-based practice in a nursing curriculum based on the RNAO Guidelines using action research

Christa Van der Walt, PhD
Sharon Vasuthevan, PhD
Irene Lubbe, PhD
PJ Smith, BCur IetA
**Purpose:** The purpose of this presentation is to provide an overview and our experience to plan for the integration of evidence-based practice in a nursing curriculum.

**Objectives:**

1. Understand the importance of integrating evidence-based nursing and midwifery in the undergraduate curriculum.

2. Understand the process followed to integrate evidence-based practice in an undergraduate curriculum using an Action Learning Action Research approach as part of the process to become an Academic Best Practice Spotlight Organization.
Introduction & Background

- Quality of care
- Research available
- Evidence-based practice
- GAP
- Knowledge Translation
- Knowledge to action
- Planned Implementation, monitoring and evaluation
Problem statement

• Evidence-based practice (EBP) is increasingly emphasized in healthcare, nursing practice and nursing and midwifery curricula.

• Nursing Education Institutions in South Africa need to provide evidence of how EBP is integrated throughout their curricula during accreditation visits from the South African Nursing Council, peer and external reviews.

• The past three decades much has been invested in research and implementation exercises to close the practice theory gap and to answer to the quest for excellence and accountability.
Types of guidelines

• **Evidence-based clinical practice guidelines:** Systemically developed statements that are developed to assist health-care practitioners and clients in making decisions related to an appropriate plan of care for specific clinical circumstances (Field & Lohr, 1990),

• **RNAO Nursing Best Practice Guideline (BPGs):** The RNAO name for their unique brand of clinical practice guidelines.
Goals for Best Practices / Clinical guidelines

• Improve patient care
• Reduce variation in care
• Transfer research evidence into practice
• Promote nursing knowledge base
• Assist with clinical decision making
• Identify gaps in research
• Stop interventions that have little effect or cause harm
• Reduce cost
<table>
<thead>
<tr>
<th><strong>Standard</strong></th>
<th><strong>BPG</strong></th>
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<tbody>
<tr>
<td>Value-driven, Legal &amp; ethical requirements</td>
<td>Based on best available evidence, usually from SRs</td>
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<tr>
<td>Minimum requirements</td>
<td>Guidelines for individuals and Healthcare Institutions</td>
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<td>Basis for determining professional competence, misconduct and malpractice; what is expected as right &amp; wrong</td>
<td>Emphasis on synthesis of evidence (knowledge transfer)</td>
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RNAO 2006
RNAO BPGs
Method

- Implementation of BPGs in Practice as first step,
- followed by the integration of these BPGs in the nursing curriculum.
  - An Action Research approach
    - McNiff & Whitehead (2011)
  - RNAO Guidelines and Toolkits
  - Implementation drivers described by the NIRN (National Implementation Research Network)
STEPS

- Selecting clinical and non-clinical BPGs
- Assess organizational readiness for change
- Identifying, assessing and engaging stakeholders
- Implementation strategies
- Securing resources
- Identification of indicators of success

RNAO methodology
The 5 “Rs” of Contextualisation Of Guidelines

- **R**efine the scope
- **R**eview of the research literature
- **R**ecommendation Development
- **S**takeholder **R**eview
- **R**evise and **R**ewrite
• **Process**: the typical cyclic process of planning, action and reflection whilst continuously capturing data, validating the data and making knowledge claims, and modifying practice.

• Currently: PLANNING
Selecting a guideline

APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION II guidelines (AGREE II)

- Scope and purpose
- Stakeholder involvement
- Rigour of development
- Clarity and presentation
- Applicability
- Editorial independence
Selecting and revising a BPG

• BPG needs
  – *Practice-related BPGs*:
    • Assessment and management of pain;
    • Person and family-centered care
  – *Education-related BPG*:
    • Professionalism

• Assessment and revision of the 3 BPGs
## Environmental readiness

<table>
<thead>
<tr>
<th></th>
<th>Culture</th>
<th>Structure</th>
<th>Process</th>
<th>Knowledge</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Leadership</td>
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<td>Collaborative practice</td>
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<td>Professionalism</td>
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<tr>
<td>Cultural diversity</td>
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<td>Workplace health &amp; safety</td>
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<td>Effective staffing &amp; workload practices</td>
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## Stakeholders

<table>
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<tr>
<th>Influence High</th>
<th>Low</th>
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<tr>
<td><strong>Support</strong></td>
<td><strong>Support</strong></td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
| - High support—High influence  
  - Positively affect dissemination.  
  - Need a great deal of attention and information to **maintain** their buy-in.  
  
  **Strategies** to Engage Stakeholders  
  - High involvement  
  - Preparing for Change Management |
| Low | Low |
| - Low support—High influence  
  - Can negatively affect dissemination.  
  - Need great amount of attention to **obtain** and **maintain** neutrality and buy in.  
  
  **Strategies** to Engage Stakeholders  
  - Consensus  
  - Use of external stakeholders and consultants  
  - Involve at some level  
  - Stress how developed |
| **Support** | **Support** |
| High | High |
| - High support—Low influence  
  - Can positively affect dissemination, if given attention.  
  - Some attention to **maintain** buy-in and prevent development of neutrality  
  
  **Strategies** to Engage Stakeholders  
  - Consensus  
  - Preparing for Change Management  
  - Empowering with professional status  
  - Involve at some level |
| Low | Low |
| - Low support—Low influence  
  - Least likely to influence dissemination  
  - However could have a negative impact so should be monitored  
  - Some attention to **obtain** neutrality and even buy-in.  
  
  **Strategies** to Engage Stakeholders  
  - Consensus  
  - Use of external stakeholders and consultants  
  - Involve at some level |
Resources & Budget

- Plan in detail to determine resources needed
- Write 'business-plan' to obtain resources
- Manage resources carefully

- **NB remember time as a scarce resource!**
On micro-curriculum level

- Implementation
  - New curriculum
  - BPG awareness and Training workshops

- Planning
  - Environmental readiness
  - Stakeholder analysis
  - Student learning needs, group needs
  - Educator teaching style
  - Learning event

- Assessment
Key points of assessment

• Environmental readiness

• BPG learning event is a continuous process
  – Context
  – Student
  – Educator
Key points for planning

• The current **curriculum** is in a process of change, context, content,

• Facilitators:
  – Clinical partnerships
  – Awareness raising and training workshops
  – Collaborations in terms of a common teaching platform

• Planning to overcome **obstacles**
Key points of Implementation

• Variety of teaching/learning styles and strategies based on the best available evidence

• Monitoring and evaluation of the clinical learning environments at various practice settings
Key points of evaluation

• **Assessment as learning**: plan from the start

• **Impact of the learning event**: identify outcomes measures

• **Findings of the evaluation** feed into the next cycle of action research
Implementation Drivers

• **Competency Drivers**
  – mechanisms to develop, improve and sustain one’s ability to implement an intervention as intended in order to benefit children, families and communities.

• **Organization Drivers**
  – mechanisms to create and sustain hospitable organizational and system environments for effective education.

• **Leadership Drivers**
  – providing the right leadership strategies for the types of leadership challenges.
  – These leadership challenges often emerge as part of the change management process needed to make decisions, provide guidance, and support organization functioning.
Implementation Drivers

Performance Assessment (fidelity)

Coaching

Training

Selection

Competency Drivers

Organization Drivers

Leadership Drivers

Integrated & Compensatory

Technical

Adaptive

Systems Intervention

Facilitative Administration

Decision Support

Data System

Implementation Drivers: Assessing Best Practices
National Implementation Science Network (NIRN) 2015
Frank Porter Graham Child Development Institute University Of North Carolina Chapel Hill
Challenges to consider

- Attitudes
- Workload
- Lack of continuity
- Resources
- Organizational factors
- Lack of prompts
## “No Magic Bullets”

### Implementation Strategies (in Healthcare)

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<tr>
<th>Generally Effective</th>
<th>Sometimes Effective</th>
<th>Little or no Effect</th>
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<tr>
<td>• Educational outreach visits</td>
<td>• Audit and feedback</td>
<td>• Educational materials</td>
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<tr>
<td>• Reminders</td>
<td>• Local opinion leaders</td>
<td>• Didactic educational meetings</td>
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<tr>
<td>• Interactive educational meetings</td>
<td>• Local consensus processes</td>
<td></td>
</tr>
<tr>
<td>• Multifaceted intervention including two or more of: audit and feedback, reminders, local consensus processes, marketing</td>
<td>• Patient mediated interventions</td>
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The likelihood of success in implementing CPGs increases when

• A systematic process is used to identify a well-developed, evidence-based CPG;

• Appropriate stakeholders are identified and engaged;

• An assessment of environmental readiness for CPG implementation is conducted;

• Evidence-based implementation strategies are used that address the issues raised through the environmental readiness assessment;

• An evaluation of the implementation is planned and conducted;

• Consideration of resource implications to carry out these activities is adequately addressed.
Lessons learned

• **Support**: Financial, teamwork, essential information
• **Collaboration**: Clinical partners
• **BPG Champions**
• **Administrative buy-in**
• **Clinical education specialists**: designated role, availability
• **Education**: tools, classroom setup
• **Cultural appropriateness**
Conclusions

• The Guidelines and Toolkits of RNAO and the NIRN provide valuable planning, monitoring and assessment framework for the integration of EBP in a nursing curriculum.

• Using implementation drivers to plan for assessment and monitoring of the integration of BPGs in the nursing curriculum is a useful way to identify areas that need additional attention and provided valuable process and outcome data.
Where do we go next?

ACTION
Closing Thoughts

If you have a dream that doesn’t scare you…
You don’t have a big enough dream!
Registered Nurses Association of Ontario (RNAO) 2005/2015.
