Preceptor ★ News

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EBP Models

One of the most often used models for evidence-based practice comes from Johns Hopkins Nursing, which combines practice, education and research as the cornerstones of professional nursing. The Johns Hopkins process, referred to as '**PET**,' consists of a **P**racticing question, **E**vidence and **T**ranslation.

1. Practice Question. The EBP model begins with formulating a question in a PICO format. Often, an interprofessional team is gathered to examine a practice concern, develop the question and define its scope.

2. Evidence. The existing evidence is appraised. This includes a review of research and non-research sources to identify what is already known. The quality level of the evidence is appraised and summarized. Recommendations for change are based on evidence.

3. Translation. Recommendations for practice are made. Proposed changes are evaluated for feasibility and appropriateness. Action plans are created, resources are gathered, plans are implemented, and outcomes are evaluated. Finally outcomes are reported to stakeholders and nest steps are identified.

References:
Black, A., et al. (2015). Promoting Evidence-Based Practice Through a Research Training Program for Point-of-Care Clinicians. *Journal of Nursing Administration,* 45(1), 14-20.
Dearholt, S., and Dang, D. (2012). *Johns Hopkins Nursing Evidence-based Practice Model and Guidelines.* 2nd ed. Sigma Theta Tau: Indianapolis

Preceptors and EBP

Today's health care environment is driven by evidence-based practice. Nursing students are first taught EBP in the classroom but may struggle with understanding how practice based on tradition is distinguished from practice based on evidence. Preceptors bridge this gap by helping them navigate the application of EBP. Preceptors carefully explain the dangers of a mindset rooted in, "I've always done it this way." In an ever-changing environment, EBP shows how nursing is a science, and high quality care is based on evidence. As key players in the health system, nurses as preceptors need to remain current in practice that improves quality and safety, is interdisciplinary, and is patient-centered.

Using an EBP Framework for Decision-Making

EBP has been defined as a problem-solving approach to clinical decision-making that encompasses multiple sources of knowledge, clinical expertise and patient preferences.

Nurses use complex decision-making strategies to implement nursing care interventions. The proper use of EBP helps preceptors demonstrate to preceptees how to master the skill of decision-making. Making decisions regarding interventions requires the use of many sources of evidence, including research and non-research. Preceptors role model EBP to their preceptees by showing them how nursing interventions are designed based on a mix of research, nurse expertise and patient preference.

Asking the Practice Question Using the PICO Format

EBP starts with asking a question! Because of their proximity to bedside care, nurses are crucial to the identification of problems concerning patient care. When a problem is identified, it is important to create a practice question that will initiate the EBP process. The practice question highlights the gap between the current state and the desired state. A focused question uses the PICO format of 1) patient, population or problem; 2) intervention; 3) comparison with other treatments; and 4) measurable outcomes. This format defines practice problems, examines current practices, provides rationale for a question and defines the scope of the problem. **For example:** *In patients receiving chemotherapy, how does acupuncture compare to anti-emetic medication affect the incidence of nausea?*

Barriers and Facilitators

Lack of knowledge regarding the process or how to critique research studies, lack of institutional support, and inadequate time can be barriers to EBP. However, knowledge, practice and mentorship can facilitate a culture of EBP. Numerous resources exist for nurses and preceptors to learn more about EBP and the importance of advocating for EBP in practice settings through committees, teams and even EBP departments (Black et al., 2015).

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