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Evidence-based Teaching Tactics for Frontline Staff Using the Clinical Nurse Scholar Model

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ABSTRACT

The Institute of Medicine has set a goal that 90% of health care decisions be evidence-based by 2020. Educational institutions have made preparation for this goal, but most health care institutions have not made adequate provisions for engaging, educating, and supporting their frontline staff to implement evidenced-based practice improvements. This article focuses on the importance of mentorship for frontline staff, the responsibility of doctor of nursing practice graduates for leading these initiatives, and how the Clinical Scholar Model can provide a framework for teaching and mentoring staff in using the best available evidence to improve health care systems and practices

Keywords: Clinical Nurse Scholar Model, evidence-based practice, mentor model, teaching techniques

Evidence-based practice (EBP) has evolved into one of the most effective strategies for clinical decision-making in health care.[1] However, the Agency for Healthcare Research and Quality has identified a gap in practice where health care clinicians who do not consistently implement evidence-based care, creating a difference between present treatment success rates and those achievable using best practices.[2] Improving the quality and safety of care nurses deliver to patients has become a priority and focus for many health care institutions. The Institute of Medicine (IOM) has set a goal that 90% of health care decisions be evidence-based by 2020.[3] Educational institutions have made preparation for this goal. Most health care institutions, however, have not made adequate provisions for engaging, educating, and supporting their frontline staff to implement EBP improvements.[1] This study focuses on the importance of mentorship for frontline staff, the responsibility of doctor of nursing practice (DNP) graduates for leading these initiatives, and how the Clinical Nurse Scholar Model (CNSM) can provide a framework for teaching and mentoring staff in using the best available evidence to improve health care systems and practices.

EBP MENTOR MODELS

There is little research evidence on effective practices for developing mentors and EBP champions. Yet, experts in the field of EBP espouse the importance of mentorship in creating EBP champions and consider mentorship crucial to the success of EBP programs and initiatives.[4,5] EBP models that provide guidance on creating EBP champions from frontline staff need to include a mentorship component.[6] According to Levin et al.,[6] evidence-based practice has evolved into one of the most effective strategies for clinical decision-making in health care.

Mentors in the clinical setting have been defined by Mijares et al.[7] as individuals who maximize the learning experiences of mentees, improve their proficiency and confidence, and develop both a personal and professional relationship. Using mentors in EBP is essential to successfully implement these principles into practice.[5,6,8] Two of the many EBP models in the literature that focus on mentoring as a key component for success are the Advancing Research and Clinical Practice through Close Collaboration (ARCC) model and the CNSM.[9-11] When comparing these 2 models, the ARCC model, although including mentorship as an important component, did not provide specific guidance as

to how to provide such mentorship. The ARCC model was more conceptual because it focused on organizational change and sustainability. The CNSM, on the other hand, provided more guidance as to how DNP graduates could guide frontline staff in EBP improvement efforts.

THE CNSM

The CNSM was first introduced by Alyce Schultz in 2005.[11] This model proposes an interdisciplinary approach to promote best practices. The model also addresses interprofessional collaboration among all providers involved in the care of patients. Together the interprofessional team makes good decisions about the implementation and evaluation of practice strategies that use the best available evidence, including research findings, quality improvement data, and clinical expertise, while taking into account patient values.[11] Frontline nurses who exhibit a sense of inquiry and possess transformational leadership skills are invited to join the interprofessional improvement team by EBP mentors. These nurses then attend a series of didactic and practical workshops with guidance from a mentor in which they are taught EBP and practice/quality improvement skills. Goals of this model include: "challenging current nursing practice, encouraging and engaging nurses to speak and understand research language, teaching them how to critically observe, appraise, critique and synthesize multiple forms of evidence, implement evaluate and disseminate outcomes of research and or evidence while preparing new nurse mentors."[12(p98)] Frontline nurses use the EBP skills obtained from these workshops to become clinical nurse scholars (CNSs) committed to patient care, knowledge development, research translation, and evidence implementation.[12]

The model uses a 5-component approach that is suitable for both the novice and experienced mentor to use in developing education about EBP for frontline nurses. The components of this model are: observe; analyze; synthesize; apply and evaluate; and disseminate. If used appropriately, the model can help resolve many clinical practice issues (see Table for a definition of each component of the model and how that component may be applied in practice).[12] Each component includes the support of a clinical mentor who guides and facilitates the frontline nurse's EBP work. Fundamental to the success of this model, as in any change process, is buy-in and support from administration.

During the observation component, the CNS notes the clinical issue that prompts a need for a change. First, with the help of a clinical mentor, the CNS assesses the significance of that problem and develops a PICO question to address the clinical issue. During the analysis component of the model, the CN searches for, then critically evaluates, the best available evidence and determines its relevance for use in current practice. To accomplish this there needs to be support for electronic library searches and evidence retrieval. The synthesis component begins with the creation of evidence tables to identify areas in which gaps in evidence related to practice are noted. Kent[13] supported the use of synthesis tables as an essential component of any EBP. Resulting from the development of tables, which summarizes the best evidence, the "apply and evaluate" step reviews available best evidence and critically appraises it to determine its quality and relevance to the PICO question. Dissemination is the final component in this model, which includes sharing findings with local, national, or international audiences to share change in practice through conferences, presentations, and published work.

As role models in the clinical setting, DNP graduates are primed to engage in the role of EBP mentor. The CNSM serves as a guide for EBP mentors to engage frontline staff in finding and critically appraising best evidence, applying that evidence in clinical practice, and thus improving the quality of health care.

EVIDENCE SUPPORTING THE CNSM

Three EBP projects discussed in the literature were guided and driven by the use of the CNSM.[14] The projects were all conducted at the Maine Medical Center by frontline nurses who were invested in improving patient outcomes.[14] The first project focused on how to reduce the length of bed-rest after a cardiac catheterization or percutaneous coronary intervention. The second project aimed at reducing postoperative nausea and vomiting in patients undergoing open heart surgery, and the third focused on improving glycemic control in open heart surgery