Overview of Evidence-based Practice and Translation Science

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KEYWORDS

• Evidence-based practice • Translation science • National Nursing Practice Network • Patient outcomes

KEY POINTS

- Evidence-based practice and translation science are not interchangeable terms.
- An emerging body of knowledge in translation science provides an empirical base on effective implementation strategies to promote adoption of evidence-based practices in real world settings.
- The Hawaii State Center for Nursing is at the forefront of providing professional development opportunities that enable nurses to lead EBP programs and projects to improve health and health care.

The application of evidence to improve quality of care and patient outcomes is central to health care improvement. Several Institute of Medicine (IOM) reports describe multiple opportunities for implementation of evidence in health care to improve population health and health care delivery.[1–5] For example, the Clinical and Translational Science Award (CTSA) program of the National Institutes of Health (NIH), by definition, focuses on clinical and translational research, including translation of clinical trial results and other research findings, into practices and communities.[6] The 61 funded CTSAs are expected to partner with communities, practices, and clinicians in not only setting strategic directions for research but also in translating findings from research into health and health care.[6]

EVIDENCE-BASED PRACTICE AND TRANSLATION SCIENCE

Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care

Funding Sources: Dr M.G. Titler: Michigan Institute for Clinical and Health Research. (MICHR) Grant number: 2UL1TR000433.
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Nurs Clin N Am 49 (2014) 269–274
http://dx.doi.org/10.1016/j.cnur.2014.05.001 **nursing.theclinics.com**
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decisions.[7–10] Best evidence includes findings from randomized controlled trials, evidence from other scientific methods such as descriptive and qualitative research, as well as information from case reports and scientific principles. In contrast, translation science is a field of research that focuses on testing implementation interventions to improve uptake and use of evidence to improve patient outcomes and population health, and to explicate what implementation strategies work for whom, in what settings, and why.[11–13] An emerging body of knowledge in translation science provides an empirical base for guiding the selection of implementation strategies to promote adoption of EBPs in real-world settings.[12,14–24] Thus, EBP and translation science, although related, are not interchangeable terms; EBP is the application of evidence in practice (the doing of EBP), whereas translation science is the study of implementation interventions, factors, and contextual variables that affect knowledge uptake and use in practices and communities.

An important guiding principle for promoting adoption of EBPs is that the attributes of the evidence-based topic (eg, temperature regulation in neurology care) as perceived by users and stakeholders, such as ease of use and strength of the evidence, are neither stable features nor sure determinants of their adoption. It is the interaction among the characteristics of the evidence-base of the topic (eg, specificity, clarity), the intended users (physicians, nurses, pharmacists), and a particular context of practice (eg, inpatient, ambulatory, long-term care setting) that determines the extent of adoption of the EBP.[18] Promoting use of evidence in practice is an active process that is facilitated, in part, by localization of the evidence for use in a specific health care setting, setting forth clear EBP recommendations (eg, practice standard), use of opinion leaders and change champions to promote adoption, modeling and imitation of others who have successfully adopted the EBP, and an organizational culture that values and supports use of evidence to guide practice.[18,25–27] Many of these strategies were used by the nurses who describe their EBP projects in this issue.

Several conceptual models have been tested and are used to guide implementation of evidence-based practice recommendations.[13,15,24,28–31] Common among these models are syntheses of the evidence and setting forth EBP recommendations, implementation of the EBPs, evaluation of the impact on patient care, and consideration of the context/setting in which the evidence is implemented. The Iowa Model of EBP to Promote Quality Care is a practice model designed to guide clinicians in selecting practice topics amenable to EBP, and to implement those practices to improve quality of care.[32] This model, widely used throughout the United States and abroad, is the model that guided nurses in leading the EBP projects described in this issue.

THE NATIONAL NURSING PRACTICE NETWORK

The National Nursing Practice Network (NNPN), established in 2005, provides members of participating health care organizations with access to resources, online learning, and interactive education on EBP. It is a collaborative learning network in which clinicians from participating organizations share their expertise in leading interdisciplinary health care teams in application of evidence in practice through an interactive Web site (www.nnpnetwork.org), webinars, and workgroups.[33] For example, the NNPN hosts a webinar each month to discuss a research article using a journal club format, or to learn about the evidence base of a clinical topic from an expert. Presentations are videotaped for future use. Other resources include podcasts on a variety of EBP topics, guides for critique of research, and Eyes on Evidence documents that summarize practice recommendations. Nurses who lead and contribute to EBP

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