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Beyond the Basics: Educating Nurses at the Bedside About Evidence-Based Practice

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,

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Walden University

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Abstract

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MSN, Walden University, 2016

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Project Submitted in Partial Fulfillment

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Abstract

The nursing profession is a large and dynamic part of the healthcare industry with the greatest percentage of nurses practicing at the bedside. An increase in nursing professionalism with evidence-based practice has emerged over the past several decades. However, evidence continues to support a lack of knowledge among registered nurses in implementing evidence-based patient care at the bedside and the need for education related to evidence-based practice. The analysis, design, development, implementation, and evaluation model of instructional design framed this Doctor of Nursing Practice project. The purpose of the project was to fill the practice gap through the planning, implementation, and evaluation of an education program on evidence-based practice for 14 nurses who provide care at the bedside. Evaluation of the curriculum by three content experts using 1 = met and 2 = unmet resulted in a mean of 1, showing that all objectives had been met. Content validity for the pretest/posttest items resulted in a score of .96, indicating a high level of validity. Evidence produced by the project included a change in knowledge for the group that ranged from 75% on the pretest to 83% on the posttest, an 8-point (11%) improvement with individual scores ranging from 9 to 14/15 for the pretest and 10 to 15/15 for the posttest. Using a Likert scale, evaluation of the program objectives by the 14 participants showed that 13 rated the program as a 4 (high) and one a 3 (moderately high). Comments included positive responses related to the program with no recommendations. Evidence-based interventions delivered to patients will result in more effective and efficient care that may decrease emergency room visits, readmissions, and overall healthcare costs, which will also result in positive social change.

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Acknowledgments

I want to dedicate this work to my children, and grandchildren, and all other family and friends that have provided prayers and their support. I want to thank my preceptors that took the time to share their knowledge and expertise. Special thanks to Dr. Joan Moon for her steadfast guidance and words of wisdom.

Table of Contents

Section 1: Nature of the Project

Introduction

The nursing profession is a large and dynamic part of the healthcare industry with the greatest percentage of nurses practicing at the bedside where their primary role is providing care to patients and support to family members (Bowles et al., 2018; Luck et al., 2016; Peiro et al., 2020). In the 19th and early 20th century, the nursing care model was developed from a militaristic framework, the physician was always the lead and nurses were expected to adhere to an unquestioning and obedient behavior (Beaird, 2019). Regular contribution to bedside care and inquiry have not been traditionally associated with the nursing profession (Beaird, 2019). An increase in nursing professionalism with evidence-based practice has emerged to end this nursing model. However, a tendency exists for nurses to rely on old habits and inconsistently use evidence from the literature to deliver the best patient care (Jeffs et al., 2013). Textbooks for clinical practice provided in nurses' undergraduate work become outdated in a few years due to multiple versions, submission deadlines, and actual publication dates (Raiganim et al., 2019).

With today's monetary stresses and constraints present in the healthcare industry, nurse clinicians are mandated by payors to provide care that is evidence-based, quality-driven, and economically sound (Michael & Clochesy, 2016). The Centers for Medicare and Medicaid Services (CMS) created the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) in 2016, which is a pay-for-performance rule that requires healthcare providers to demonstrate through documentation that they are providing evidence-based care for patients (Haycock et al., 2016). In meeting these requirements, registered nurses (RNs) are obligated to document their care in electronic medical records (EMRs). In the event RNs are not documenting care that is evidence-based, patients are likely to experience subpar

health outcomes and the facility will pay CMS fines, lose Medicare and Medicaid dollars, and most likely see decreasing third party payors (Haycock et al., 2016). These actions constitute CMS clinical practice improvement activity (CPIA; Haycock et al., 2016), and RNs at the bedside could become more responsible for the implementation of increased communication with patients and utilization of current practice trends (Amey et al., 2017). Examples of areas for clinical improvement activity that are pay for performance include the prevention of decubitus ulcers, proper antibiotic use, and disaster management (McIntosh et al., 2016).

The public is becoming more aware of the safety and care issues for the hospitalized patient because of publications such as those from the Institute of Medicine (IOM; Williams et al., 2015), where the reports "To Err is Human: Building a Safer Health System", "Crossing the Quality Chasm: A New Health System for the 21st Century", and "The Future of Nursing: Leading Change, Advancing Health" explained the status of healthcare in the United States. Evidence-based practices have been shown to optimize patient health outcomes and to contribute to improved quality care (Williams et al., 2015). Nurses at the bedside must implement evidence-based practices to achieve optimal health outcomes and begin inquiries to solve clinical problems (Williams et al., 2015). Studies support the need for nurses to become more proficient in seeking and utilizing evidence-based information in their practices (Farokhzadian et al., 2015); however, barriers exist to accessing and studying new trends in evidence-based practices (Amey et al., 2017; Stevens, 2013). The lack of knowledge exists concerning evidence-based approaches, limited understanding about searching the literature and research appraisal, as well as a lack of general academic preparedness (Stevens, 2013; Williams et al., 2015).

As chair of the research committee for the perianesthesia nurses' organization in my state, I monitor the educational needs of our members who work in facilities with ambulatory

care, preoperative, and postoperative nursing care. After each educational presentation, we conduct surveys on how we can better serve our members. One of the topics that the nurses requested to learn more about was implementation of evidence-based practice at the bedside.

The profession of nursing is responsible for promotion of the common good for individuals and all communities the profession serves (Jairath et al., 2006). In the case of this project, a common good to be achieved was promotion of the health of individuals, families, and communities through the implementation of evidence-based care. Evidence-based care delivered to patients will result in more efficient care that could decrease hospital admissions, hospital stays, decrease trips to the emergency room, and decrease overall healthcare costs, which could also result in positive social change.

Problem Statement

The problem identified for this Doctor of Nursing Practice (DNP) project was the lack of knowledge of RNs in implementing evidence-based patient care at the bedside. As stated previously, surveys taken at the organizational meetings of the state in which this project was presented showed that perianesthesia nurses communicated a need to learn more about evidence-based information to better inform their practice. As well, the literature supported this need and identified barriers which prevent RNs from acquiring the knowledge to properly put EBP to clinical use (Weiss et al., 2018). Among these barriers are lack of support from facility and organizational leadership, lack of financial support, and the lack of time (Friesen et al., 2017, Williams et al., 2015). RNs have a professional obligation to remain professionally and academically current, as well as provide evidence-based care to patients. In specialized areas, this obligation is just as important and, depending upon the area of specialization, there may be continuously new and evolving technology to learn (Farokhzadian et al., 2015). This project has

the potential to support patient care and safety as RNs will be likely more apt to know and apply evidence-based care. The significance of this project to nursing care is that the participants will be able to increase their professional knowledge base, as well as implement current, evidence-based care to patients and their families.

Purpose Statement

Currently, RNs do not routinely access, study, or readily implement evidence-based information to support their bedside practice (Saunders & Vehvilanen-Julkunen, 2016), which implies a gap in practice where the literature shows that nursing research used at the bedside promotes better patient outcomes (Saunders & Vehvilanen-Julkunen, 2016). The practice-focused questions that guided this project were as follows:

- What evidence from the literature supports the use of evidence-based research by nurses at the patient bedside? and
- Will there be a change in knowledge on evidence-based practice from pretest to posttest upon implementation of the educational program?

Therefore, the purpose of this staff education for evidence-based practice development (SEED) project was to fill the gap in practice through the planning, implementation, and evaluation of the SEED program on evidence-based practice for nurses who provide patient care at the bedside.

Many perianesthesia RNs experience a gap in knowledge in accessing and implementing evidence-based care at the bedside. The problem identified for this DNP project was RNs' lack of knowledge in implementing evidence-based practice at the bedside. Institutionalized barriers prevent RNs from acquiring the knowledge to properly put EBP to clinical use (Weiss et al., 2018). Among these barriers are lack of support from facility and organizational leadership, lack of financial support, and the lack of time (Friesen et al., 2017; Rahmayanti et al., 2020; Williams

et al., 2015). RNs have a professional obligation to remain professionally and academically current, as well as provide evidence-based care to patients. In specialized areas, this obligation is just as important and depending upon the area of specialization there will be continuously new and evolving technology to learn (Farokhzadian et al., 2015; Stucky et al., 2020; Zittel et al., 2016). Additionally, surveys taken at the organizational meetings of the state in which this project was presented showed that perianesthesia nurses communicated a need to learn more about evidence-based information to better inform their practice. The American Association of Colleges of Nursing (AACN, 2019) Essential VI – "Improving Patient and Population Outcomes" was addressed as the increased implementation of evidence-based care decreases hospital admissions and healthcare costs (Weiss et al., 2018). This doctoral project has the potential to address the gap in practice by providing EBP strategies to RNs who practice at the bedside.

Nature of the Doctoral Project

Sources of Evidence

The evidence produced to support the project came from a review of the literature, which provided an overview of what previous researchers have discovered about nurses' implementation of evidence-based research into clinical practice. The Walden University Library databases I used to search for relevant literature were CINAHL, ProQuest, Medline, and PubMed, whereas websites searched included the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), American Society of PeriAnesthesia Nurses (ASPAN), the Analysis, Design, Development, Implementation Evaluation (ADDIE) model, and Texas Association of PeriAnesthesia Nurses (TAPAN). The date range included 2015 through 2022 with three earlier studies (i.e., Jairath, 2006; Jeffs et al., 2013; Stevens, 2013) being used

only because they provided seminal information. Evidence generated for the doctoral project came from evaluation of the curriculum plan, content validation of the pretest/posttest, evaluation of the educational program presentation, and change in knowledge from pretest to posttest.

Approach

Within the planning, implementation, and evaluation steps outlined in the Walden University *Manual for Staff Education*, I incorporated the phases of the ADDIE instructional design model for the project (Jeffery et al., 2016; see Appendix A).

Planning Step

Planning the SEED project involved the analysis, design, and development phases of the ADDIE model (see Appendix A). My project has been discussed and approved by my chair. The state perianesthesia nursing organization provided the site agreement, as the partner organization, and served as the continuing education provider. The organizational leadership is very engaged in the continuing education of the members to promote the health of patients and the general public. The perianesthesia organization is also committed to the personal and professional growth of the members. The local state component of the national organization where this presentation took place demonstrates the commitment of attendees' professional growth by offering a presentation with continuing education units at monthly meetings.

The SEED project was accomplished by conducting a literature search and selecting the content experts (CEs). The Literature Review Matrix (see Appendix B) was ongoing throughout the development and planning phases for the development of the objectives and curriculum. An assessment of the studies was performed using the grading criteria from Fineout et al. (2010). I developed a curriculum consisting of the objectives, content, evidence, method of presentation,

and evaluation. A pretest/posttest was developed by me from the curriculum questions and were reviewed by a PhD who specialized in test construction. I obtained Institutional Review Board (IRB) approval through Walden University after the committee approved the SEED project and the proposal went forward to the URR.

The CEs conducted formative evaluation of the curriculum and content validation of the pretest/posttest during the planning step before implementation with appropriate revisions. Program objectives were

- Define evidence-based practice.
- Discuss the components of evidence-based practice.
- Identify gaps in knowledge.
- Identify barriers to evidence-based inquiry.
- Discuss strategies to expand evidence practices.

Implementation Step

After the final curriculum/pretest/posttest revisions were approved, the implementation phase of the ADDIE model in this step commenced with promotion of the event, finalizing the program related to date, place, and promoting the presentation. I created a slide presentation using Microsoft PowerPoint that was part of the monthly organization meeting. I presented the program to organizational leadership, as well as the participant members. Impact evaluations were completed for the educational program by the participants, and the impact of the knowledge obtained by the participants was evaluated as well using the comparative scores of the pretests and posttests.

Evaluation Step

The evaluation phase of the SEED project uncovers issues that may need further attention (Jeffrey et al., 2016). The SEED project evaluation had three components. The first was during the planning step where the formative evaluation of the curriculum plan was completed by CEs who also validated the content of the pretest/posttest items. The second component was impact evaluations gathered in the implementation step including the evaluation of the staff education and the pretest/posttest change in knowledge of the participants. Finally, upon completion of the entire project, the CEs performed a summary evaluation of the project, process, and my leadership.

Significance

The major stakeholders are the CEs, participants of the program, and ultimately the patients. The CEs are impacted by gathering additional experience as well as fulfilling their professional obligation to advance the profession via the dissemination of knowledge. The participants are impacted as they will increase their professional knowledge to provide evidence-based care. Providing the RNs with strategies will promote the nursing profession and increase routine implementation of EBP at the bedside (Fisher et al., 2016) as they learn the skills to identify and understand the literature and incorporate best practices at the bedside. As well, they might be able to play a leadership role in taking the information back to the nurses in their facilities. The patients of the RN participants would experience more evidence-based care.

I plan to share the SEED program with education committees and RNs from other hospitals and professional nursing organizations to share with their nurses while using the continuing education approval of the perianesthesia group. All RNs are expected to incorporate evidence-based practice into their settings. The SEED program may be adaptable to other care

settings as the program serves that expectation. The project has the potential to be used in facility orientation modules, as well as in undergraduate nursing curricula. In decreasing the barriers to evidence-based studies, information, and practice strategies, the SEED project can serve as a social change agent, support optimal patient care, and population health through the implementation of current evidence-based practices rendered by RNs at the bedside thus improving the human condition.

Summary

In Section 1, I presented a historical perspective of nursing that addressed a task-oriented-only role for nurses. Framed within the ADDIE model and following the steps for development of the project found in the Walden University Manual for Staff Education, the Staff Education Evidence-based project Development (SEED) project was guided by the practice-focused project questions to address the gap in practice of RNs not using evidence-based practice at the bedside when the literature demonstrates the effectiveness of doing so for patient outcomes. The significance of this DNP project to nursing is that stakeholders will be able to provide up-to-date, evidence-based care to patients and their families.

In Section 2, the ADDIE model will be further explored and will address how the model will be used with the SEED project. The relevance of this project to nursing will be addressed and how the relevance impacts the stakeholder participants within their facilities. A description of my role as the leader of the project and the CEs' role will complete Section 2.

Section 2: Background and Context

Introduction

The problem identified for this DNP project is the lack of knowledge of RNs in implementing evidence-based practice at the bedside. The purpose of this SEED project is to fill

the gap in practice through the planning, implementation, and evaluation of an evidence-based continuing education program on evidence-based practice for nurses who provide patient care at the bedside. The practice-focused questions which guided this project were as follows:

- What evidence from the literature supports the use of evidence-based research by nurses at the patient bedside?
- Will there be a change in knowledge on evidence-based practice from pretest to posttest upon implementation of the educational program?

The significance of this project to the nursing profession will be demonstrated as the project will promote patient care through the enhancement of professional nursing via evidence-based practices. This project addressed the practice-focused questions and RNs' gap in knowledge concerning evidence-based practice (EBP) through the ADDIE model, and how the model relates to nursing practice. Section 2 will provide local background and context, as well as explain my role in the project.

The ADDIE Model

The selected model to be used for the SEED project is the ADDIE model (see Appendix A), which is an adaptation of systems engineering process to implement training and educational activities (Hsu et al., 2011). Originally developed by the Center for Educational Technology at Florida State University for United States Army (O'Leary, 2017), the ADDIE model has been used as a template to design nursing education programs (Jeffrey et al., 2016). The model has five phases: analysis, design, development, implementation, and evaluation. The analysis phase is used to gather information about interests, needs, and resources. The design phase is used to determine how the information of the project will be laid out, allowing the researcher to create the project blueprint. The development phase is used to mold the information into a concise

product. The implementation phase presents the information to the end users. At this stage in the process, the program is disseminated to the end users and their learning is determined (Jeffery et al., 2016). Evaluation involves an assessment of the importance and applicability of the program to the end users. The translation of knowledge has been proven to increase the use of evidence-based information (Weiss et al., 2018).

The ADDIE model has been proven to be successful with teaching nurses to learn and implement a nursing information system (NIS; Lu et al., 2016). Lu et al. (2016) wanted to determine if the early integration of the NIS in the orientation of new nurses was beneficial. Before the new nurses were exposed to the NIS, a pretest was given address self-efficacy. The overall score was reported to be 88%. After the nurses completed their training program, the overall posttest score was reported to be 100%. The ADDIE model was instrumental in relaying information to new nursing professionals, as well for RNs advancing their professional knowledge base (Curtis et. al, 2017; Hsu et.al, 2014). This model will provide a blueprint to relaying information and increase the relevance of the project to nursing.

Relevance to Nursing Practice

The knowledge deficit within the general nursing profession is the result of constant barriers. Barriers that have created this knowledge deficit have been identified as lack of support from institutional and facility leaders, lack of financial resources and the lack of time (Aljezawi et al., 2019; ANA, n. d.; Rahmayanti et al., 2020; Williams et al., 2015). To ensure that patients and the public are provided the most current evidence-based practices, RNs need all aspects of support to remain abreast of new information (Friesen et al., 2017; Rahmayanti et al., 2020). The literature supports that patient and the public experience optimal health outcomes when nurses

responsible for their care implement evidence-based practices (Black et al., 2015; Crable et al., 2021; Rahmayanti et al., 2020).

Broader issues exist within nursing practice. The barriers that have been previously mentioned, are accompanied by decreased accessibility to, and increasing costs for healthcare services (Melnyk et al., 2019). In addition to these matters, RNs experience a knowledge deficit concerning accessing, interpreting, and explaining research that relates evidence-based strategies for patient care (Crable et al., 2021, McIntosh et al., 2016; Michael & Clochesy, 2016). Difficulty in understanding evidence-based information, along with other issues, prevent the routine use of EBP care. RNs have a professional obligation to continue their education to provide care using best practices (Bharat et al., 2015; Jantzen, 2022). Researchers have reported in their results that evidence-based practices support patients' overall health outcomes (Crable et al., 2021; Williams et al., 2015). There are severe consequences for facilities that do not demonstrate they are providing evidence-based care. CMS has imposed meaningful use parameters within the electronic medical record (EMR), a billing application that readily identifies evidence-based care and practices (Haycock et al., 2016). Therefore, if documentation does not reveal evidence-based care strategies and practices, the facility is financially penalized (Haycock et al., 2016).

Strategies to overcome barriers to learn about and implement evidence-based strategies vary. One such strategy is found within the shift from volume-based care to value-based care. Steps that have been implemented to facilitate this shift are the formulation of a team that has a specific project objective, conduct literature search, joint session review of the literature, assign team members particular articles for review, and appraisal performance. After these steps have been implemented the project team is in position to make practice changes and/or policy

recommendations (Spruce, 2015; Stucky et al., 2020). Another strategy used by clinicians is systematically identifying gaps of implementation knowledge and addressing them with immediate corrective action (Wilkinson et al., 2018). Implementation of evidence-based strategies is a characteristic of the professionalism in nursing.

The professionalism within nursing has evolved to include evidence-based practice as the foundation (Crable et al., 2021; Stucky et al., 2020; Weaver et al., 2019). This historical evolution has produced an overall professional responsibility to implement evidence-based practice (Friesen et al., 2017; Stucky et al., 2020). Barriers to accessing and studying new trends in evidence-based practices remain (Friesen et al., 2017; Stucky et al., 2020). This project addressed these barriers to promote the regular implementation of evidence-based care at the bedside. Decreasing barriers and supporting RNs to access, study, and readily implement evidence-based care promotes the health of patients. (Crable et al., 2021; Weaver et al., 2019). Barriers decrease the implementation of evidence-based practice.

The practice problem is the knowledge deficit of RNs to routinely implement EBP at the bedside. Hendricks and Cope (2017) explained the general problem that exists among RNs is that when they access clinical research, they do not routinely bring that knowledge to their practice. The social aspect of this project concerning the relevance to general nursing practice is that evidence-based care will support the well-being of patients and the public.

This project is designed to promote evidence-based practice. The SEED DNP project is relevant to nursing practice and elevates clinical care for patients. An example of the positive influence of evidence-based practice on patient care is the use of oximeter alarms in the neonatal intensive care unit (NICU). Oxygenation levels in neonates with cardiac defects will most likely be 90% at best. RNs in the NICU must be aware of current EBP and the proper use of technology

needs of the physiologically challenged, underdeveloped neonate to properly care for these vulnerable patients (Blake, 2016).

Evidence-based care has been documented as well as demonstrated to improve patient care (Peiro et al., 2020). However, barriers exist that prevent and/or deter RNs from accessing, learning, and implementing evidence-based practice at the bedside (Crable et al., 2021). This project is relevant through the encouragement and promotion of evidence-based practice among RNs.

Local Background and Context

The genesis of this project began from written and verbal requests for education on evidence-based practice at the bedside for perianesthesia nurses after educational meetings. The requests were relayed via written messages in the comment sections on evaluation forms. RNs face challenges such as lack of time and resources when attempting to access and/or study research and current evidence-based practice trends. The evidence to answer the practice-focused questions will be addressed in Section 3.

ASPAN, the parent organization for the state group for which this project is being developed, is dedicated to the advancement of the members. ASPAN has instituted the use of virtual and in person meeting opportunities to allow members to attend. The educational makeup of the members ranges from the associate degree RN to DNP and PhD prepared nurses, nurse educators and nurse practitioners. To occupy an office at the local, state, or national levels, members must hold at least a bachelor's degree and an RN license. The different levels of member academic preparation and familiarity with evidence-based information and inquiry exposes a void in access, study, and implementation EBP.

ASPAN has viable clinical inquiry and research committees to support the education of the members. ASPAN conducts activities to support clinical and academic scholarship to equip members to implement evidence-based care (ASPAN, 2019). These standards contribute to the relevance of my project to the nursing profession. The SEED presentation supports member education.

My Role

My role in the state perianesthesia nurses' association that is the supporting organization for this project is as the chairperson of the research and education committee. The main duty that comes with this role is to present educational activities for the members of the organization. I also have the obligation to continually gather information through research and collaboration to develop new care models; form policy, procedures, and legislation; and educate nurses to become more knowledgeable about evidence-based practice guidelines (Dols et al., 2017). As such, I identified the need for this DNP project via requests from perianesthesia nurses.

I am a certified nurse practitioner with the obligation to not only provide care to patients, but also to find solutions to clinical problems. As a legal nurse consultant, I examine healthcare guidelines, policies, and procedures. Other responsibilities are to identify and implement clinical change and to serve as an educator and leader within the nursing profession. I am responsible for promoting optimal health outcomes and finding solutions to clinical questions (Crable et al., 2021; Edwards et al., 2018). My role in this DNP project is to serve as an educator and change agent in clinical practice. My background is critical care and post anesthesia care. My most recent post anesthesia care unit (PACU) experience has occurred within the last year. I have held various leadership positions in the local, regional, and national perianesthesia organizations. In these positions, I have served in educator roles for perianesthesia nurses. I am motivated to

pursue this topic because evidence-based best practices should be implemented for each individual seeking care.

A significant number of our members practice in Magnet hospitals. Facilities with Magnet designation have better patient outcomes and are interested to employ nurses who are certified in their specialty area (Altounji et al., 2019). Leaders of Magnet designated hospitals and health facilities advertises that they require their nursing staffs to use EBPs, as this claim or statement will be used as a marketing tool; the designation equals better patient care (Altounji et al., 2019). Nurses are vital to proper patient care as they institute EBP and satisfy requirements to receive Medicare and Medicaid funds for services rendered (McNeill, 2017). However, more facilities than not have institutionalized barriers that prevent RNs from acquiring the knowledge to properly put EBP to clinical use (Weiss et al., 2018). Nurses need strategies to constantly access and study evidence-based clinical information. This is the reason I have taken on the task of bringing EBP information to RNs who practice at the bedside. In this paper, I present the rationale for this project and the importance of implementing EBP at the bedside to RNs who are members of the state perianesthesia nurses' association.

This project is designed to address institutional and legislative policy change. Institutions that claim to support nurses with implementation of evidence-based practice must eliminate the barriers such as the lack of time, lack of support from leadership, and the lack of resources (Crable et al., 2021; Hweidi et al., 2017). Institutional policies that adamantly support nurse education must be in place to be instrumental in increasing the implementation of EBP at the bedside. The project created a blueprint for nurses to explain and present proven EBPs to colleagues and to the public. Legislative policies are needed to advance the flow of translational knowledge to maintain the health of the public (Jokiniemi et al., 2020). The AACN 2019

Position Statement (AACN, 2019) also supports that the education of the DNP candidate will include the ability to initiate, implement, and modify health policy. This level of education differs from that of baccalaureate or masters prepared nurses as the DNP candidate will be expected to lead in clinical implementation. Zaccagnini and White (2014) reported that the sole purpose of the DNP is to provide care in the clinical setting. The authors further explained that the DNP scholar has the capability to engage in research like the PhD scholar. Nurses who engage in any aspect of care may have valuable input to share in regard to patient care. I provided information from more of a clinical base (AACN, 2019). I also plan to pursue leadership roles in health care policy reform/revision and continue to actively take part in professional nursing organizations. No biases have been identified, nor are any anticipated.

Role of the Project CEs

CEs are persons who have expertise in a particular content area to analyze the strength and weakness of what is to be measured (Gray et al., 2017). Three CEs had the role of evaluating the curriculum to see if the objectives are met related to the evidence in the Literature Review Matrix and outlined in the curriculum. They validated the pretest/posttest items related to the objectives and curriculum. One has completed her DNP as well as her PhD degree. The second and third team experts have completed their DNP degree. These three team members include two family nurse practitioners and one psychiatric nurse practitioner. The family NPs are assistant professors at a local university. The collective experiences of the CEs as RNs who have practiced at the bedside, are experienced as clinical instructors in university nursing programs, and are currently advanced practice nurses gives them the knowledge to analyze the content of my project.

Summary

In Section 2, the ADDIE instructional design model was described in framing the steps in planning, implementing, and evaluating the SEED project. Evidence-based literature will drive the content of the project to answer the project questions in promoting the education of regional perianesthesia RNs who requested education on implementation of evidence-based practice at the bedside. My role in the SEED project is to plan and implement the project and complete the analysis and synthesis to report the findings and recommendations. The CEs provided evaluation of the curriculum and validation of the pretest/posttest. In Section 3, I will address the sources of evidence and describe the nature of the participants, how the SEED project was conducted, and how protection of the participants was maintained. Analysis and synthesis of the information generated will conclude the section.

Section 3: Collection and Analysis of Evidence

Introduction

The problem identified for this DNP project was the lack of knowledge of RNs in implementing evidence-based practice at the bedside. The purpose of this DNP project was to fill the gap in practice through the planning, implementation, and evaluation of an evidence-based continuing education program on evidence-based practice for nurses who provide patient care at the bedside. Section 2 revealed the ADDIE model that was be used as a blueprint to create the SEED project. The CEs' role assured the objectives of the presentation matched the content. The relevance to nursing was that this project addressed the knowledge deficit among RNs, which prevented their access, study, and therefore regular implementation of evidence-based practice. The content and background of this project was based upon requests from the local RN perianesthesia group for additional information about topics concerning evidence-based practice. My role in this project was to plan, implement, and evaluate the project. As an educator, I facilitated information to address the EBP knowledge gap of RNs who practice at the bedside.

In this section, I demonstrate the relevance of the practice-focused questions to the project. The sources of evidence that supported the project are explained, as well as how the information gathered from the pretest/posttest generated evidence for the project.

Practice-Focused Questions

The local problem relevant to this project was that perianesthesia nurses who practice at the bedside experience a knowledge gap in the use of evidence-based practice guidelines and the implementation of evidence-based practice. The gap in practice was the lack of knowledge by bedside nurses of evidence-based best nursing care while the literature shows the need of such knowledge to achieve better outcomes for patients.

The practice-focused questions of the SEED project were

- What evidence from the literature supports the use of evidence-based research by nurses at the patient bedside?
- Will there be a change in knowledge from pretest to posttest upon implementation of the educational progress?

The purpose of this SEED project was to fill the gap in practice through the planning, implementation, and evaluation of a SEED program on evidence-based practice for nurses who provide patient care at the bedside. Alignment came from the literature supporting objectives, the curriculum, and test items. This purpose directly aligned with the practice-focused questions as the project addressed the gap in knowledge in the general implementation of EBP and care by RNs to patients.

Sources of Evidence

Evidence Generated to Address Practice-Focused Questions

Existing literature that supports the SEED project can be found in the Literature Review Matrix (see Appendix B). Databases that I used for this project were accessed via the Walden University Library. The databases were PubMed, ProQuest, Medline, and CINAHL while websites searched included the CDC, and the NIH. The national organization of perianesthesia nurses is ASPAN. The standards of practice from ASPAN and my state organization provided foundational information for this project as the standards promote research activities, encouraged academic advancement to assure evidence-based patient care.

Evidence Generated by the Doctoral Project

The quantitative evidence generated by the doctoral project came from the Curriculum Plan, the Pretest/Posttest, the Staff Education Program, and the Evaluation of the Project by the Content Experts using a thematic approach.

Participants

The participants of the project were RNs of the state perianesthesia nursing organization and the CEs. The RN participants were perianesthesia nurses who come from all areas of nursing. They were chosen because they requested information that covered topics that included evidence-based current practices. Although they were currently practicing in the perianesthesia area, the group was representative of the nursing profession. The CEs had experience as RNs and were practicing nurse practitioners. The CEs' participation involved their evaluation of the curriculum, validation of the pretest/posttest, and evaluation of my leadership, my process, and overall project. The participants were given an education presentation and a fifteen-item pretest/protest. Upon completion of the posttest, the participants evaluated the educational presentation.

Procedures

Templates used were developed by my chairperson for organizational purposes; therefore, there was no reliability nor validity needed.

Content Validity Index Score

The CEs used the Content Validity Index (CVI) to determine whether what was being measured was what the project aimed to measure (Polit & Beck, 2017). Content validity was measured by assessing the content of the presentation. The content validity correlated to the

objectives. CEs used a 4-point Likert scale to determine item content validity. The four areas of the scale were 1 = *not relevant*, 2 = *somewhat relevant*, 3 = *quite relevant*, 4 = *highly relevant*.

CE Packet

The CE packet contained the following artifacts: A letter thanking them for their participation and explaining the contents and instructions (see Appendix J), the Literature Review Matrix (see Appendix B), the Curriculum Plan (see Appendix C), the Curriculum Plan Evaluation by the CEs (see Appendix D, the Pretest/Posttest (see Appendix E), and the Pretest/Posttest Content Validation by CEs (see Appendix F). The CEs evaluated the curriculum related to the objectives and literature and validated the pretest/posttest items for content validity. The procedure for assuring anonymity is described below.

Pretest/Posttest Change in Knowledge Results by Participants

The pretest was numbered and given to participants after formal introductions and before the actual presentation. The participants used the same number when completing a posttest after the presentation by my colleague. The posttest was collected by my colleague and placed in an envelope. My colleague presented the completed documents and hand delivered an envelope marked for completed pretests, an enveloped marked for completed posttests, and an envelope marked for completed evaluations. I was not present during the collection of the documents. Then, I analyzed and synthesized the results.

Evaluation of the Staff Education Program by Participants

Evaluation of the presentation began upon completion of the development of the Staff Education Program (see Appendix H), The Evaluation of the Staff Education Program by Participants (see Appendix I). The presentation was developed by me in accordance with the continuing education application. The evaluation of the program was centered around the

delivery and application set forth in the presentation. The participants were asked to complete evaluation forms that asked whether the objectives of the program were met. The participants had the opportunity to rank their answers 1 (low) to 4 (high), as well as to answer “yes” or “no” for each question of the presentation. A comment section was provided at the bottom of the evaluation form for comments. Anonymity was accomplished via a numbering system. The participants were anonymous.

Evaluation of the Staff Education Project, Process, and My Leadership by CEs

This evaluation was sent to the CEs for completion. The results of the CEs were summarized and presented in the Summary of the Staff Education Project by CEs (see Appendix O) then sent by my colleague to the CEs. The form requested that the CEs evaluate the project, process, and my leadership. The CEs anonymously returned the forms to my colleague. She placed them in new, unmarked envelopes and hand delivered the envelopes to me.

Protection

The CEs completed the curriculum evaluation and content validation aspects of the project anonymously. They were numerically coded in chronological order. Course participants were assigned numbers for the pretest and posttest. The results for participants will be secured under lock and key for 5 years. The documents will then be shredded.

The Walden University IRB (07-27-21-0166164) for Staff Education Doctoral Projects ethical approval was sought using pre-approval guidelines. Upon completion of the proposal defense, I applied for IRB approval using Form A as directed in the Manual for Staff Education. Site approval was verbally granted. A written site approval was obtained upon the acceptance of this proposal.

Analysis and Synthesis

The evaluation results of the CEs were analyzed by me with descriptive analysis. The collected pretest and posttest results were reported as percentage of correct answered. There was a comment section for the member participants to provide comments about the presentation as well as suggest topics that they would like the organization to present for future educational activities.

Curriculum Plan Evaluation by CEs Summary

A dichotomous scale using *met* and *not met* was used by the CEs. I analyzed this information using descriptive statistics, giving the mean of the responses (see Appendix K).

Pretest/Posttest Content Expert Validity Scale Analysis

Validity is a process that tells the researcher that results are measuring what actually is sought to be measured. (Polit & Beck, 2017). The item content validity index (I-CVI) was used to assess item validity. The I-CVI allowed the CEs to examine items, their relevance to the objectives, and curriculum items using a Likert scale where 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree* (Polit & Beck, 2017). The I-CVI was calculated based upon the evaluation of the CEs. The results composed by the CEs were collected, examined, and analyzed by me (see Appendix L). The I-CVI was calculated by the group of CEs assigning a numerical rating to each item. The scale content validity index (S-CVI) is an average of the I-CVI. The S-CVI was calculated by taking the sum of the I-CVI results and dividing by the number of items of the posttest. A value 0.90 is considered an excellent content validity (Polit & Beck, 2017). The results of CE evaluations are consolidated and discussed in Section 4.

Summary of the Evaluation of the Staff Education Program by Participants

The evaluation form for the participants (see Appendix I) was provided by the nursing organization of perianesthesia nurses and contained a 4-point Likert scale section along with a dichotomous “yes” “no” section. The evaluation form also provided space for the participants to add comments. Results will be presented descriptively in Section 4.

Pretest/Posttest Change in Knowledge Results by Participants

The change in knowledge between pretest and posttest was determined for the individual participants and the overall group and described using descriptive statistics identifying the range and the mean (see Appendix M).

Summary Evaluation Results of the Staff Education Project by CEs

The various themes offered by the participants’ evaluations were identified to gather the participants’ thoughts concerning the project (see Appendix O). The results are reported as themes and presented in Section 4.

Summary

The practice-focused questions served as the basis of this project. The CEs and RNs of the local perianesthesia organization made up the participants for this project. The RNs participated in the SEED, while the CEs evaluated the content validity of the test items. Analysis was conducted for the results of the CE evaluations relating to the curriculum, pretest/posttest item analysis, program evaluation and change in knowledge from pretest to posttest by the participants. I used descriptive analysis to achieve the results. Finally, the evaluation of the project by the CEs produced themes. Protection assurance was explained via recognition and adherence to IRB guidelines.

In Section 4, I will reiterate the practice-focused questions that drove this project and summarize how the evidence was generated. The analysis and synthesis of the results will be presented. The various themes formulated by the participants' will be used to improve future presentations. Suggestions and comments will be documented in the summary of the CEs, along with their impact on the RNs' implementation of evidence-based practice. I will identify recommendations for further discussions and strategies for evidence-based practice implementation by RNs.

Section 4: Findings and Recommendations

Introduction

The problem identified for this DNP project was the lack of knowledge among RNs in implementing evidence-based patient care at the bedside. The gap in knowledge was identified as RNs not accessing and implementing evidence-based care at the bedside. Therefore, the purpose of this continuing education evidence-based practice SEED project was to fill the gap in practice through the planning, implementation, and evaluation of a SEED program on evidence-based practice for nurses who provide patient care at the bedside. The practice-focused questions that served as the basis of this project were

- What evidence from the literature supports the use of evidence-based research by nurses at the patient bedside?
- Will there be a change in knowledge from pretest to posttest upon implementation of the educational progress?

I gathered information concerning RNs and evidence-based care via databases such as Medline, CINAHL, PubMed, ProQuest, and the Walden University Library. Pertinent sources were obtained, read, and graded to determine their relevancy to the subject of RNs and the implementation of evidence-based practice. A matrix was developed with relevant literature that supported the purpose of my project. Evidence-based research supports clinical interventions by nurses who primarily practice at the bedside to provide quality care (Melnyk & Fineout-Overholt, 2019). Quality care as a result of evidence-based clinical research, inquiry, and practice decreases patient hospitalizations (AACN, 2019; Crable et al., 2021; Weiss et al., 2018). Descriptive analysis was used to analyze the results of the evidence except for the evaluation of the project by the CEs, which was thematic in nature.

Findings and Implications

Curriculum Plan Evaluation by CEs Summary

A dichotomous scale using *met* = 1, and *not met* = 2 was used by the CEs and was analyzed using descriptive statistics (see Appendix K). The overall mean score was 1. The comments included "All of the questions were discussed in the curriculum plan, therefore easy to identify the correct answer", "the curriculum plan covers the objectives provided. Expound and amplify some concepts covered by providing more detailed discussions".

Pretest/Posttest Content Expert Validity Scale Analysis

Validity is a construct that determines the relevancy of items to what is being measured (Polit & Beck, 2017). A content validity scale was used to validate the items for my DNP project (see Appendix L). The CEs evaluated each item in the pretest and posttest with a 4-point Likert scale. Evaluation scores of 3 and 4 were identified as 1, and scores of 1 and 2 were identified as 0. An I-CVI score was calculated for each item by adding the CEs' scores then dividing by the 3 CEs. The S-CVI is the result of the sum of all I-CVI scores divided by the number of items scored. The S-CVI score for the pretest/posttest was .96. A score of .90 is a standard score and described as the establishment of excellent content validity (Polit & Beck 2017). Questions 4 and 7 were stated by one CE as "somewhat relevant" who wrote that these questions were "only relevant in review of literature." Other comments were that these questions were "very relevant" and that "the IOWA model was an excellent example." All other questions were graded as relevant. The third CE graded all questions as "very relevant" with the exception of Question 4, graded as "relevant" to the curriculum.

Summary of the Evaluation of the Staff Education Program by Participants

The participants were requested to evaluate the presentation (see Appendix N) using a 4-point Likert scale where 1= *low*, 2= *moderate low*, 3 = *moderate high*, and 4 = *high*. There were two "yes" or "no" questions, and an area left for comments. The participants were requested to rate the presentation. Thirteen participants rated is as 4, one rated it as 3. The presenter, teaching approaches, and the appropriateness of the facility were quantitatively rated. The participants communicated that the program was free from bias, but one participant marked "no" yet did not offer any follow-up explanation. All participants agreed that all faculty and planner disclosures were provided in handouts.

The participant comments communicated they had a better understanding of how to identify a clinical problem and the implementation of evidence-based interventions on the clinical unit. The participants indicated that the information learned from the presentation would be shared with colleagues and used as part of unit education.

Pretest/Posttest Change in Knowledge Results by Participants

There were 23 persons who attended the educational session. In order to receive the continuing education credit, the participants must have completed the pretest, posttest, and evaluation. Fourteen people completed the requirements. One participant did not complete the requirements due to time constraints. Other participants did not pursue the credit as they did not complete the tests or evaluation.

The pretest scores ranged from 9 to 14 with an average of correct answers being 11.2 or 75%. The posttest scores ranged from 10 to 15 with the average of correct answers being 12.4 or 83%. There was an 8% difference between the averages for the pretest and posttest. The results from the pretest/posttests (see Appendix M) demonstrate that there was a gain in knowledge.

Two participants had lower scores on their posttests than on their pretests, and four persons' scores stayed the same.

Summary Evaluation Results of the Staff Education Project by CEs

The evaluation results from the CEs concerning the Staff Education project were compiled in the form of themes (see Appendix O). A theme that was communicated about the presentation was an effective education tool for RNs. The CEs found the activity to be an enjoyable and easy experience. Two CEs indicated that involvement was adequate; however, one CE wanted earlier project involvement. The CEs relayed they had enough time to complete their requested tasks and that I displayed confident leadership throughout the process.

Recommendations

A recommendation offered was to create a step-by-step guide for the attendees to use in their individual projects. In the question-and-answer session at the end of the presentation, attendees expressed interest in initiating projects. Another recommendation was to institute regularly scheduled follow-up meetings with RNs who have projects, as well as to invite others who have an interest in gathering additional information concerning the implementation of evidence-based practice.

Contribution of the Doctoral Project Team

The doctoral project team consisted of three CEs, who anonymously provided feedback through evaluation of the curriculum, validation of the pretest/posttest items, and evaluation of the project, process, and my leadership.

Strengths and Limitations

The strengths of this project were that RNs were able to disseminate the information to colleagues at various facilities. Real-time sharing of information learned from the presentation

will positively impact patient outcomes. Another identified strength was that RNs have identified barriers to evidence-based practice, as well as strategies to overcome these barriers and challenges. A major limitation of this project was the number of attendees. This limitation is likely the result of the COVID-19 and the Delta and Omicron variants. These factors suppressed in-person attendance. An additional limitation that was experienced was the lack of participation from some of the members in the completion of the CE requirements.

Summary

In Section 4, I presented the findings related to supplying evidence to answer the practice-focused questions thus filling the gap in practice. The role of the CEs demonstrated their commitment to the project, and the strengths and limitations of the project were set forth. The CEs evaluated the project, process, and my leadership providing me with aspects of my leadership that served the project well while giving me recommendations to revise the project in the future and improve in my leadership opportunities. The findings of the evidence were presented in Section 4 along with recommendations for future activities for the group related to the topic. In Section 5, I analyze my roles as a healthcare practitioner, scholar, and project manager. In addition, I address how the result of my work will be disseminated to my colleagues.

Section 5: Dissemination Plan

My plan to disseminate the information from my DNP project involves presentations at professional nursing meetings, incorporate the findings into and abstract for a poster presentation at the upcoming national perianesthesia conference and submit an article for publication to the Journal of Perianesthesia Nurses (JOPAN) and for the American Association of Legal Nurse Consultants (AALNC).

The audience for each of these areas are RNs who practice at the bedside of patients who are being prepared for surgery and who have had surgical procedures. In addition, the information concerning the implementation of evidence-based clinical practice is beneficial to all nurses who provide care to patients at the bedside.

Analysis of Self

Practitioner

As a nurse practitioner, I have experienced many orientation opportunities to different clinical areas, as well as to different clinical facilities throughout the United States. The single item I have found to be constant is the care of patients. Evidence-based care/practice may or may not be incorporated into the one-to-one nurse learning experience, or the preceptor-orientee relationship. Through the process of obtaining my DNP, I have been able to bring information related to evidence-based practice at the bedside to the participants in the program. As well, I will be able to bring strategies to provide evidence-based practice to my colleagues in the clinic and in the ICU.

Scholar

As a scholar on this DNP journey, I first completed a didactic portion of the program as well as a clinical practicum where I was able to incorporate knowledge from coursework. An

extensive review of the literature was the basis for my capstone project. This permitted me to gather additional evidence concerning what I would pursue as my capstone DNP project. My writing skills have improved as a result and will serve me as I examine/study policies, procedures and healthcare guidelines as a legal nurse consultant, continue to write for publication, teach, mentor, and conduct professional nursing education sessions. This project allowed me to fulfil my role as a scholar as I constructed a PowerPoint for group presentation as well as for teaching and disseminating information in the future and facilitating the practice of my colleagues.

Project Manager

My project was based upon RNs' experiences at the bedside and the implementation of evidence-based practice. My role as project manager came to fruition as I identified, and worked with, the content experts, developed the curriculum and pretest/posttest and analyzed the results of the evidence obtained. I worked together with the nursing organization to market the presentation and worked with the education committee to present the meeting. In order to get continuing education credit for the participants, I completed the required documentation. My project was instrumental in achieving my goal to continue to be an effective nurse educator, and scholar-practitioner to provide evidence-based patient care.

Summary

Antiquated and outdated patient care methods are costly and prolong disease states and hospitalizations. Nurses are a viable and dynamic part of the healthcare team and are present at the bedside to provide care to achieve optimal patient outcomes. However, nurses must be able to practice using evidence-based methods for implementation. This project was designed to assist and support nurses to regularly implement knowledgeable, up-to-date patient interventions.

Evidence-based practices will support the health of patients, families, and societies. This is the importance of implementing evidence-based practice at the bedside.

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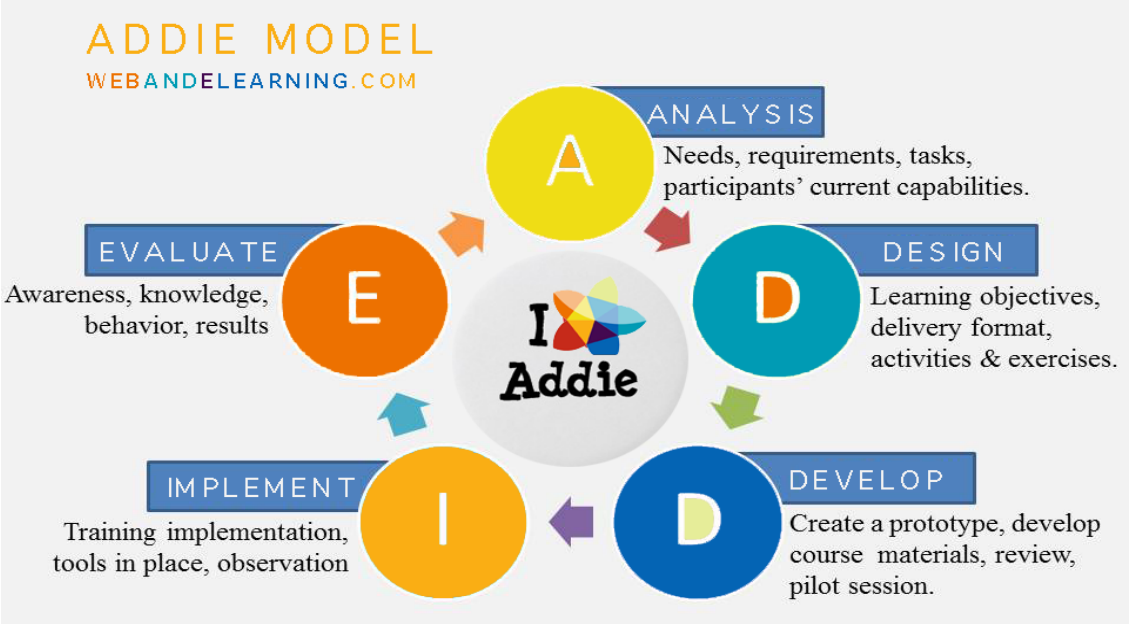
Appendix A: Assessment, Design, Development, Implementation, and Evaluation (ADDIE)

Model of Instructional Design



https://futuristicplayground.wordpress.com/2014/11/06/the-design-phase-of-addie/

Appendix B: Literature Review Matrix

Hierarchy of Evidence for Intervention Studies tool, Used with Permission.

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
Aljezawi et al., 2019	Cross-sectional survey		Convenience samplin g and question naires; cross-sectional survey	Identified barriers were a lack of time, lack of staff suppo rt	The activities of the clinical setting were identified as barriers	I I I
American Society of Peri Anesthesia Nurses. (2019)	Clinical guidelines				Provides clinical guidelines for nursing practice in the PACU	V I I
American Association of Colleges of Nursing.	Curricula specifications for colleges of nursing				Provides guidelines for curricula for colleges of	I V

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
(2019)					nursing	
Amey, A., Burlingame, E. E., Welch, K., Moakler, M., & Fahey, L. (2017)	The chief nurse executives of 364 medium and large hospitals were chosen from HCAPs data and provided a survey	The authors wanted to determine if effective nurse communication could be achieved in medium and large hospitals	The chief nurse executives of 175 hospitals out of the 364 sample were randomly selected	53 chief nurse executives responded (33.3%) responded to the survey	The majority of the CNE's attributed their high HCAP scores to facility leadership. 91% stated that the implementation of evidence-based practices greatly impacted positive HCAPS	III

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
					. Communication with recognition and support of nursing staff leads to better patient satisfaction and outcomes	
American Nurses Association (2020)	Clinical practice specifications		Panel Discussion Description	Culminated into 5 articles written by panel members concerning RN accountability, professionalism, and practi	Describes scope of RN practice guidelines	IV

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
				ce barriers		
Beaird, G., (2019).	Descriptive analysis	Provides a historical perspective of nurse-physician bedside rounding	comparative analysis with 21st century nurse-physician collaboration	Historical description; Descriptive analysis	There are remaining stereotypes and biases concerning the roles of nurses that practice at the bedside	VI
Bharat, P., & Kiran, B. (2015)		How does professionalism influence nurse educators?	A 34-item scale was used to measure professionalism and 8 attribute	Cross-sectional design with the use of a focus group. This is a componential mixed	Although Spirit of Inquiry (77 %), Accountability/Autonomy (73 %) and	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
			s of professionalism A 72-item questionnaire was used to assess issues that affect professionalism A self-administered professional assessment scale was used. “Judgmental samplin g” was used to select 30	metho d	Knowledge (73 %) scored fairly high, there was no significant influence on the professionalism among these nurse educators	

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
			nursing educators p23			
Blake, N. (29 April 2016).	Qualitative		Descriptive	Witness to the need of RNs to engage in clinical research to elevate patient care		VI
Bowles, J. R., Adams, J. M., Batchelle r, J., Zimmerman, D., & Pappas, S. (2018)	Non-experimental non-research		Descriptive		Advocacy, influence, and innovation needed from	VII
Chipps, E, Nash, M.,	Descriptive		Guidelines	Descriptive research	Spell out guidelines to the	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
Buck, J., &Vermillion, B. (2018).					initiation and implementation of clinical inquiry	
Crable, J., Farrar-Highfield. M. E., & Patmon, R. (2021).	Gathered participants from 2 hospitals to assess RNs' knowledge and attitudes about EBP		Descriptive and inferential analysis	Descriptive research	Identified a needed assessment format to expose gaps in knowledge; Use of Toolkit to stop barriers	III
Curtis, M. P., Kist, S., Van Aman, & Riley, K. (2017)	Analytical implementation of ADDIE Model		ADDIE model		Composition of RN-BSN with the integration of	IV

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
Dols, J. D., Hernandez, C., & Miles, H. (2017).		Identifies issues that faculty address with DNP projects	Survey	Quality improvement Descriptive research	DNP programs are in transition	VII
DuGan, J. E. (2019)	Evaluation Tool design of a pre-test, post-test	"For rural RNs, how does an online nursing journal club affect EBP knowledge?"	Quantitative tools to clarify the relationship between an online journal club vs the amount of change in EBP knowledge. A convenience samplin g of nursi	47 nursing alumni agreed to participate. 37 alumni completed the required 3 articles and the EBPQ survey Paired sample t tests were run to measure the significance of the pre- and post-tests	Exposure to EBP activities and information increased participation in an online journal club	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
			ng school alumni			
Edwards, N., Coddington, J., Erler, C., & Kirkpatrick, J. (2019)	Descriptive	Addresses how DNP projects contribute to evidence-based practices		Quality improvement; Descriptive	Evidence-based contributions of DNP practitioners through areas such as advocacy, health policy and clinical practice	VI
Farokhzadian, Khajouei, R., & Ahmadian, L. (2015)	Descriptive, cross-sectional study	Examine the degree to which nurses use different medi	Investigation of the various informational research tools	Descriptive, cross-sectional study	Nurses became more aware of advanced electronic	V

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
		cal information, nurses' information retrieval abilities, and nurses' knowledge and abilities to utilize different search	of nurses		searches	
Fineout-Overholt, E., Melnyk, B. M., Stillwell, S. B., & Williamson, K. M. (2010).	Descriptive Concepts			Appraisal tool for literature review	Quality improvement, Evaluates research studies in accordance to methodology	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
Fisher, C., Cusack, G., Cox, K., Feigenbaum, K., & Wallen, G. R. (2016).			Describes the construction, and implementation of evidence-based practices	Development of a learning tool	Development of INSPIRE (innovation for nursing-sensitive practice in a research environment)	VI
Friesen, M. A., Brady, J. M., Milligan, R., & Christensen, P. (2017).	Literature review		"Study was to assess a demonstration project intended to pilot and evaluate a structured EBP educ	Quantitative and qualitative data collection	Statistical Analysis	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
			ation with mentoring innovation for nurses in a multihospital system" (p.22)			
Gray, J. R., Grove, S. K., & Sutherland, S. (2017)	Concepts				Quality improvement, clinical practice guidelines	VI
Haycock, C., Edwards, M. L., & Stanley, C. S. (2016)	Concepts of pay for services care			Descriptive	Clinical guidelines	VI
Hendricks, J. & Cop		Do RNs read research	Point Prevalence		Descriptive statistics	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
e, V. (2017).		articles as well as comprehend the material in order to implement the findings in clinical practice?	survey – a Survey that identifies the number of participants that do not read research articles, etc		were used to analyze the results;	
Hsu, T-C, Lee-Hsieh, J., Turton, M., & Cheng, S-F. (2014).	ADDIE Model		"This study was conducted to develop online courses on caring for the hospital's nurses." (pg. 124)		Learning needs identified characterized as "Caring Themes and Uncaring Themes"	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
Hweidi, I. M., Tawalbeh, L. I., Al-Hassan, M. U., Alayedeh, R. M., & Al-Smadi, A. M. (2017).		What are the barriers identified by Jordanian critical care nurses in		Cross-sectional' correlational study	Preceptored research use (RU) among critical care nurses was moderate; 7 of top ten barriers identified dealt with organization challenges	IV
Institute of Medicine. (2010)				Descriptive	Identified the progression of the nursing profession through education	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
					al and professional advancement	
Jeffery, A. D., Longo, M. A., & Nienaber, A. (2016)	ADDIE Model			Descriptive	Identifies how the ADDIE model is used for clinical quality improvement and research	VII
Jeffs, L., Beswick, S., Lo, J., Campbell, H., Ferris, E., & Sidani, S. (2013).		What are nurses' definition of evidence as well as how evidence is applicable to their day-	An open-ended interview guide along with 3 broad questions: 1. How do you define evidence?	Qualitative study; identified the following themes: viewing evidence as research; linking evidence to patien	Study identified 1. strategies to allow evidence to be more accessible to nurses, 2.	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
		to-day practice	2. What are the sources of evidence that support your practice? 3. What makes evidence applicable to your daily practice?	t outcomes; making evidence relevant to clinical practice	Information must be patient specific	
Jokiniemi, K., Suutarla, A., Meretoja, R., Kotila, J., Flinkman, M., Heikkinen, K., & Fagerstrom, L. (2020)	The evidence-informed policy and practice pathway framework for the advancement of RNs	To formulate, validate, and disseminate policy, modelling nurses' career pathway from registered to advanced practice nurse		Descriptive Quality improvement	The formulation of a pathway for RNs to achieve Advanced practice status	VII
Lu, S-C., Cheng, Y-	ADDIE Model	Using the ADDIE Model to	5 stages of the ADDIE	The creation of an onboarding	25 graduate nurses com	VI-VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
C., & Chan, P-T. (2016).		create an information system training program for graduate nurses in the workplace	Model	information training for graduate nurses	pleted the onboarding information training for graduate nurses: Quality improvement	
Luck, L., Chok, N. H., Scott, N., & Wilkes, L. (2017).		To determine the importance of the RNs role when providing care for breast cancer patients	Descriptive Analysis; Online Survey	Statistical Analysis of qualitative and quantitative data	Identifies the importance of the care the RN brigs to the bedside	VI-VII
McIntosh, C. E., Thomas,		To determine the differenc	Descriptive/historical	Qualitative	BSN-prepared RNs dem	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
C. M., & Siela, D. (2016)		es between BSN and non-BSN RNs			onstrate an increase in patient outcomes There are reductions in heart failure mortality, DVTs, pulmonary emboli sms, and pressure ulcers	
Mc Neill, L. (2017).	Descriptive	How basic evidence-based practice can prevent cather-	Systematic review	Descriptive	Basic evidence-based practices at the bedside decrease	VI

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
		associated urinary infections			CA UTI	
Melnyk, B.M., & Fineout-Overholt, E. (2019)	Descriptive	Explains guidelines to best clinical practices		Descriptive	Clinical Guidelines	VII
Michael, M., & Clochesy, J. M. (2016).		Creation of a model that combines scientific discovery with positive health outcomes		Descriptive	The result of a combined PhD-DNP nursing model	VII
Peiro, T., Lorente, L., & Vera		Analyzed the stress and copin g		Structural equation modeling analysis	The role of RNs at the bedside	IV

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
, M. (2020)		strategies of nurses in the wake of COVID-19			is paramount to the care of patients and families; Professional mature RNs demonstrated higher abilities to formulate coping strategies while building on learned skills	
Polit, D. F., & Beck, C. T.	Descriptive	Explains research design for best		Descriptive	Research Design/ Guidelines	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
(2017)		clinical practices				
Rahmayanti, E. I., Kadar, K. S. Saleh, A. (2020).	Descriptive	Examined nurse readiness to use EBP interventions		Cross sectional study		III
Raigani, S., Numanoglu, A., Schwachter, M., & Ponsky, T. A. (2014).		Explores an upgraded deliverance of information	Curriculum quality improvement	Descriptive Telemedicine and other technologies	Updated teaching via the use of technology fills the time gap provided by textbooks	VI-VII
Saunders, H. & Vehvilainen-Julkunen, K. 2016		What factors related to nurses' individual readi	Integrative Review	Most RNs are not able to engage evidence-based	More robust, theoretically cased research studi	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
		ness for evidence-based practice and to determine the current state of nurses' evidence-based practice competencies.		practice	es are needed to be added to curricula to evaluated nursing competencies as most nurses are not able to engage evidence-based practice	
Spruce, L. (2015).		To provide knowledge about evidence-based practice	Descriptive	Clinical Guidelines	To fill a knowledge gap concerning evidence-based	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
					practices	
Staff Manual Walden University, 2019	Descriptive	Explains design for best clinical practice for staff education		Descriptive	Educational Design/ Guidelines Staff Education	V
Stucky, C. H., DeJong, M. J., & Rodriguez, J. A. (2020).	Descriptive			Practice Guidelines		VII
Walden University, 2021			Descriptive	Strategic guidelines	Mission and vision statement of Walden University	VII
Weaver, B., Knox,		Descriptive study	Descriptive		Nurses must be awar	IV

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
K., & McPherson, S. (2019).		that examined the attitudes and perceptions of nurses about EBP			e of how comfortable they are with research and the implementation of EBP	
Weiss, M. E., Bobay, K. L., Johantgen, M., & Shirey, M. R. (2018).		Describe a model and methods for hospitals and health systems to use in expanding their nursi	Descriptive	Quality Improvement	Model for implementation of nursing research programs for hospitals to study translation of evid	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
		ng research activities.			ence-based practice	
Wilkinson, S. A., Hughes, E., Moir, J., Jobber, C., & Ackerie, A. (2018).	Descriptive	Explains nutrition design for best clinical practices		Descriptive	Nutritional Design/Guidelines	VII
Williams, B., Perillo, S., & Brown, T. (2015).	Descriptive		Scoping Review		Identifies how workload, non-supportive peers/management, lack of resources. Lack of authority to chan	IV

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
					ge practice, and workplace culture	
Zaccagnini, M. E., & White, K. W. (2014	Descriptive	Explains curriculum guidelines for Doctor of Nursing Practices		Descriptive	Curriculum Guidelines	VII
Zittel, B., Moss, E., O'Sullivan, A., & Siek, T. (2016)		Exploration of the theme that RNs are responsible for professional development		Descriptive	Recommendations for RNs to commit to continuing education, organizations commit to assist the prog	VII

Reference	Theoretical conceptual framework	Research questions (s) hypothesis	Research methodology	Analysis & results	Conclusions	Grading the evidence
					ression from diploma RN to BSN, and to attain specialty certification	

Fineout-Overholt, E., Melnyk, B. M., Stillwell, S. B., & Williamson, K. M. (2010). Critical appraisal of the evidence: Part 1. An introduction to gathering, evaluating, and recording the evidence. American Journal of Nursing, 110 (7), 47-49

Appendix C: Curriculum Plan

Title of Project: Stellar Practice at the Bedside: Expanding Evidence-based Clinical Integration
Student:
Problem: The problem identified for this DNP project is the lack of RNs in implementing evidence-based practice at the bedside
Purpose: The purpose of this CEEBP project is to fill the gap in practice through the planning, implementation, and evaluation of an evidence-based continuing education (CEEBP) program on evidence-based practice for nurses who provide patient care at the bedside.
Practice Focused Question(s):
What evidence from the literature supports the use of evidence-based research by nurses at the patient bedside? Will there be a change in knowledge on evidence-based practice from pretest to posttest upon implementation of the educational program?

Objective Number and Statement	Detailed content outline	Evidence (from Literature Review Matrix)	Method of presenting	Method of evaluation P/P Item
1. Define evidence-based practice	"…the conscientious, explicit and judicious use of current best research-based evidence when making decisions about the care of individual patients" (Gray, 2017)	Gray, J.R., Grove, S. K., & Sutherland, S. (2017). *Burns and Grove's The practice of nursing research: Appraisal, synthesis, and generation of evidence.* St. Louis, MO: Elsevier Publishing	Verbal presentation	2
2. Discuss the components of evidence-based practice	1. Identify a clinical/nursing and/or quality improvement issue 2. Gather additional information 3. Formulation of new practice/policy change	Gray, J.R., Grove, S. K., & Sutherland, S. (2017). *Burns and Grove's The practice of nursing research: Appraisal, synthesis, and generation of evidence.* St. Louis, MO: Elsevier Publishing	Verbal presentation	2, 4. 5. 6
3. Explain the elements of the evidence-based practice research models	• Advancing Research and Clinical Practice through Close Collaboration (ARCC C) Model • Evidenced-Based Practice Improvement (EBPI) Model	Lloyd, S. T., D'Errico, E., Bristol, S. T. (2016). Use of the Iowa Model of Research in Practice as a Curriculum Framework for Doctor of Nursing Practice (DNP) Project Completion. *Nursing Education*	Verbal presentation	5, 7, 10, 11, 12. 13

	• Clinical Microsystems Model (Lloyd et al., 2016) • Iowa Model, also known as the Iowa Model Collaborative, is a step-by-step directional tool to guide clinicians through the decision-making process when engaging clinical inquiry and/or quality improvement activities (Melnyk et al., 2019)	*Perspectives,37*(1), 51-53 Melnyk, B.M., & Fineout-Overholt, E. (2019). *Evidence-based practice in nursing and healthcare: A guide to best practice, (4th ed.).* Wolters Kluwer Publishing.		
4. Identify barriers to evidence-based practices	The knowledge deficit within the general nursing profession is the result of constant barriers. Barriers that have created this knowledge deficit have been identified as lack of support from institutional and facility leaders, lack of financial resources and the lack of time	Aljezawi, M., Al Qadire, M., Alhajjy, M.H., Tawalbeh, L. I., Alamery, A. H., Aloush, S., ALBashtawy, M. (2019). Barriers to integrating research into clinical practice. Journal of Nursing Care Quality, 34(3), E7-E11.	Verbal presentation	14
5. Discuss strategies to expand evidence-based practices	The engagement of various activities to access, and study evidence-based strategies will promote the likelihood of implementation at the	Spruce, L. (2015). Back to basics: Implementing evidence-based practice. *Association of periOperative Registered Nurses, 101*(1), 106-112.	Verbal presentation	15

	bedside in patient care			

Moon/August 2019

Appendix D: Curriculum Plan Evaluation by Content Experts

Date:

Student:

Reviewer:

Products for Review: Curriculum Plan, Complete Curriculum Content, Literature Review Matrix

Instructions: Please review each objective related to the curriculum plan, content and matrix. The answer will be a met or not met with comments if there is a problem understanding the content or if the content does not speak to the objective.

Objective Number	Objective Statement At the conclusion of this educational experience, the participant will be able to:	Met	Not Met	Comment
1	Define evidence-based practice			
2	Discuss the components of evidence-based practice			
3	Explain the elements of the evidence-based practice			

	research models			
4	Explain the elements of the evidence-based practice research models			
5	Discuss strategies to expand evidence-based practices			

Moon/May 2020

Appendix E: Pretest Posttest

Stellar Practice at the Bedside: Expanding Evidence-Based Clinical Integration

Student Number:

Date:

1. Evidence-based practice is described by which of the following? (Gray & Grove, 2017)
    a) explicit and judicious use of current best internet-based comments
    b) explicit and judicious use of what has always been accepted practice at the bedside
    c) explicit and judicious use of current best research findings when providing care *
    d) explicit and judicious use of current comments from the anesthesiologist on-call

2. The definition of evidence-based practice supports best clinical practices via (Gray & Grove, 2017)
    a) utilization of current best research-based evidence
    b) the care of the individual
    c) clinical decision-making
    d) all of the above*

3. Evidence-based practice leads to (Woods, 2016)
    a) longer hospitalizations
    b) optimal patient outcomes*
    c) higher healthcare costs
    d) steady admission rates

4. The Quadruple Aim of Healthcare contains all of the following **except**: (Melnyk & Fineout-Overholt, 2019)
    a) Improves physician success rates*
    b) Reduces healthcare costs
    c) Empowers clinicians
    d) Enhances healthcare quality

5. What is the first step to the implementation of evidence-based practice? (Gray & Grove, 2017)
    a) Identification of a solution
    b) Identification of a problem/issue*
    c) Identification of literature
    d) Identification of a study

6. Why is evidence-based practice needed? (Melnyk & Fineout-Overholt, 2019)
    a) Increase hospitalizations, increase revenue, decrease quality
    b) Increase revenue, deliver quality care, decrease hospitalizations
    c) Improve patient admissions, increase revenue, increase costs
    d) Deliver quality care, improve patient outcomes, cost effectiveness*

7. The steps of problem identification, review of the literature, and a change in policy and/or practice lead to what part of evidence-based practice? (Poole, 2018).
    a) Simulation
    b) Implementation*
    c) Coordination
    d) Modernization

8. The clinician identifies the focus of any evidence-based clinical inquiry by the development of what type of question? (Melnyk & Fineout-Overholt, 2019)
    a) Statement question
    b) Application question
    c) Open-ended question
    d) PICOT question*

9. Implementation strategies include all of the following **except** (Woods, 2013)
    a) Verbalization of evidence-based practices*
    b) Create an environment of clinical inquiry awareness
    c) Commit to Learning and Improving
    d) Dissemination of information -Sharing knowledge

10. Once an issue/clinical problem has been identified, evidence-based models are used to: (Melnyk & Fineout-Overholt, 2019)
    a) identify patient issues
    b) create facility data
    c) facilitate clinical decision-making*
    d) none of the above
11. The IOWA model facilitates the (Lloyd et al., 2016)
    a) translation of research into practice*
    b) stagnation of new policies
    c) creation of nursing care plans
    d) verbal delivery of podium presentations

12. The IOWA Model uses a format based on (Melnyk & Fineout-Overholt, 2019)

a) communities
b) algorithms*
c) preparedness
d) numbers

13. The Iowa Model begins with triggers that are identified as: (Melnyk & Fineout-Overholt, 2019)
    a) Number-focused, problem-focused
    b) Data-focused, number-focused
    c) Problem-focused, knowledge-focused*
    d) Patient-focused, number-focused

14. Barriers to the evidence-based practice are all of the following **except**: (Spruce, L. 2015)
    a) Lack of staff development*
    b) Lack of time
    c) Lack of support from leadership
    d) Lack of financial support

15. Strategies to overcome barriers to evidence-based practice include (Aljezawi et al., 2019)
    a) formation of a journal club
    b) continuing Education
    c) oral presentations
    d) all of the above*

Appendix F: Pretest/Posttest Content Validation by Content Experts

Title of Project:

Student:

Respondent No.

Pretest/Posttest

Accompanying Packet: Curriculum Plan, Pretest/Posttest with answers,

Pretest/Posttest Expert Content Validation Form

INSTRUCTIONS: **Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content.**

Test Item #

1 Not Relevant__ Somewhat Relevant__ Relevant __ Very Relevant__

Comments:

2 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

3 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

4 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

5 Not Relevant__ Somewhat Relevant__ Relevant __ Very Relevant__

Comments:

6 Not Relevant___ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

7 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

8 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

9 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__

Comments:

10 Not Relevant__ Somewhat Relevant__ Relevant ___ Very Relevant__

Comments:

11 Not Relevant__ Somewhat Relevant__ Relevant ____ Very Relevant__

Comments:

12 Not Relevant__ Somewhat Relevant__ Relevant____ Very Relevant__

Comments:

13 Not Relevant__ Somewhat Relevant__ Relevant____ Very Relevant__

Comments:

14 Not Relevant__ Somewhat Relevant__ Relevant____ Very Relevant__

Comments:

15 Not Relevant__ Somewhat Relevant__ Relevant____ Very Relevant__

Comments:

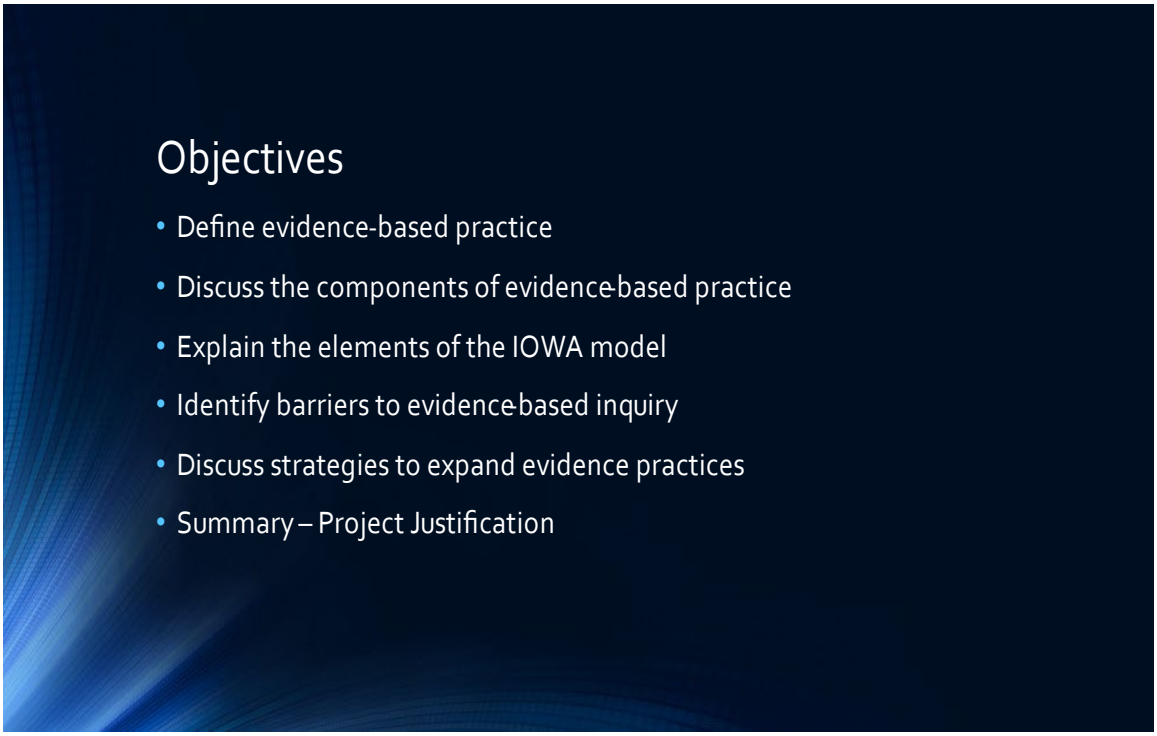
Moon/August 2019

Appendix G. Pre/Posttest Content Expert Validity Index Scale Analysis

Rating on X-Items Scale by Three Experts on a 4-point Likert Scale

Pretest/Posttest Items	Expert 1	Expert 2	Expert 3	Total rating	Item CVI
1					
2					
3					
4					
5					
Continue for as many items as you have.					
Total					

Appendix H: Staff Education Program



In the Beginning

- Dr. David Sackett
- Evidence- based Medicine
- Evidence- based Practice

(Polit & Beck 2017, Wallen et al., 2010)

What is Evidence -based Research?

"The process of shared decision making between practitioner, patient, and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and other robust sources of information"(Polit and Beck 2017)

Evidence -based Clinical Practice (EBP)

"…the conscientious, explicit and judicious use of current best research-based evidence when making decisions about the care of individual patients" (Gray, 2014)

Components of Evidence -based Clinical Practice

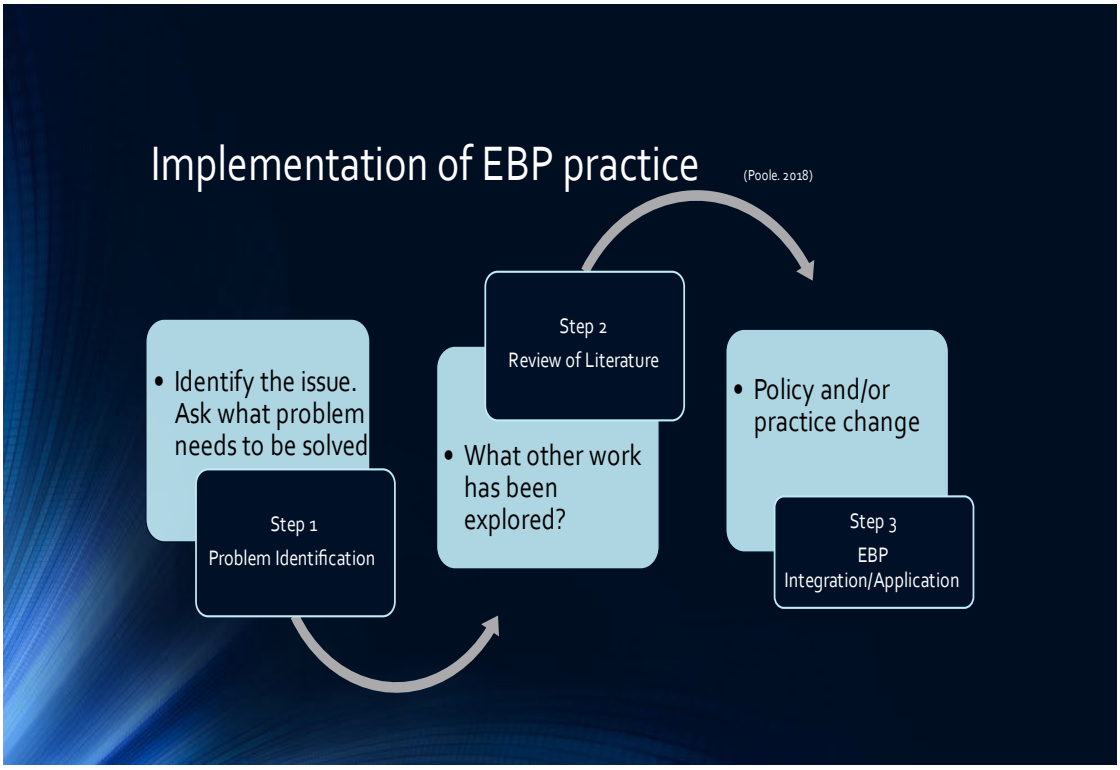
- Utilization of current best research-based evidence
- Clinical decision-making
- Overall care of the individual
- Interdisciplinary collaboration

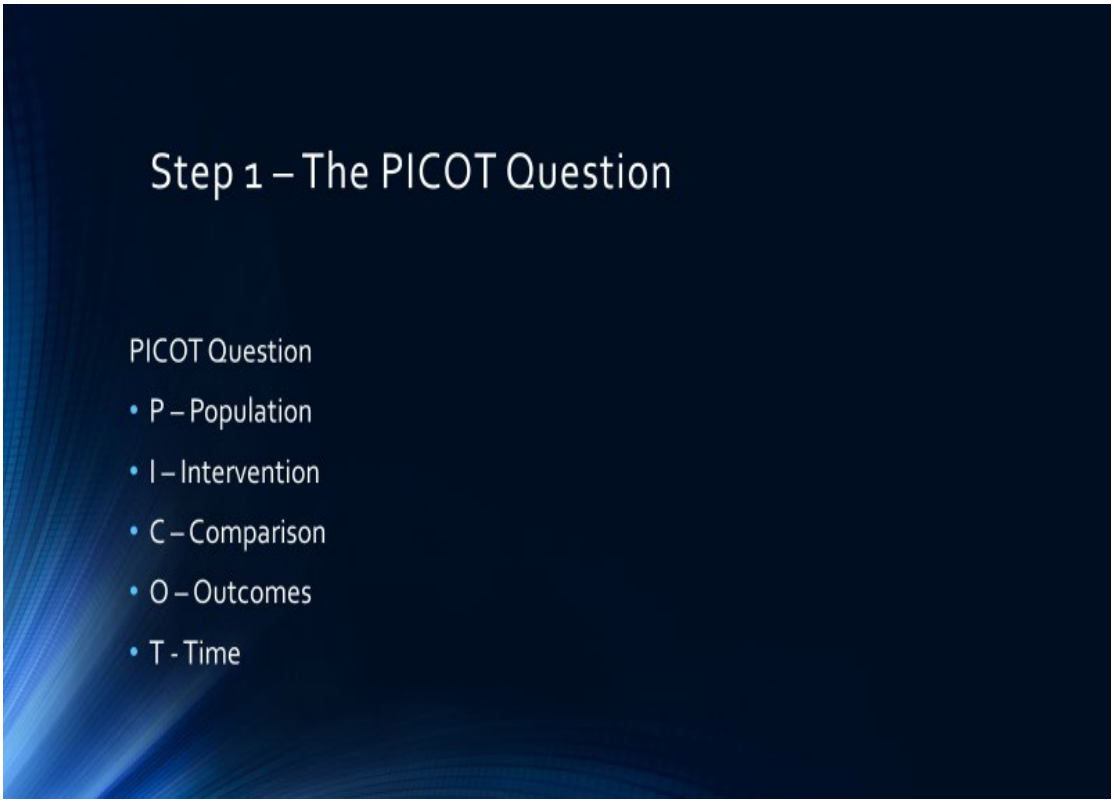
What is the Need for EBP?

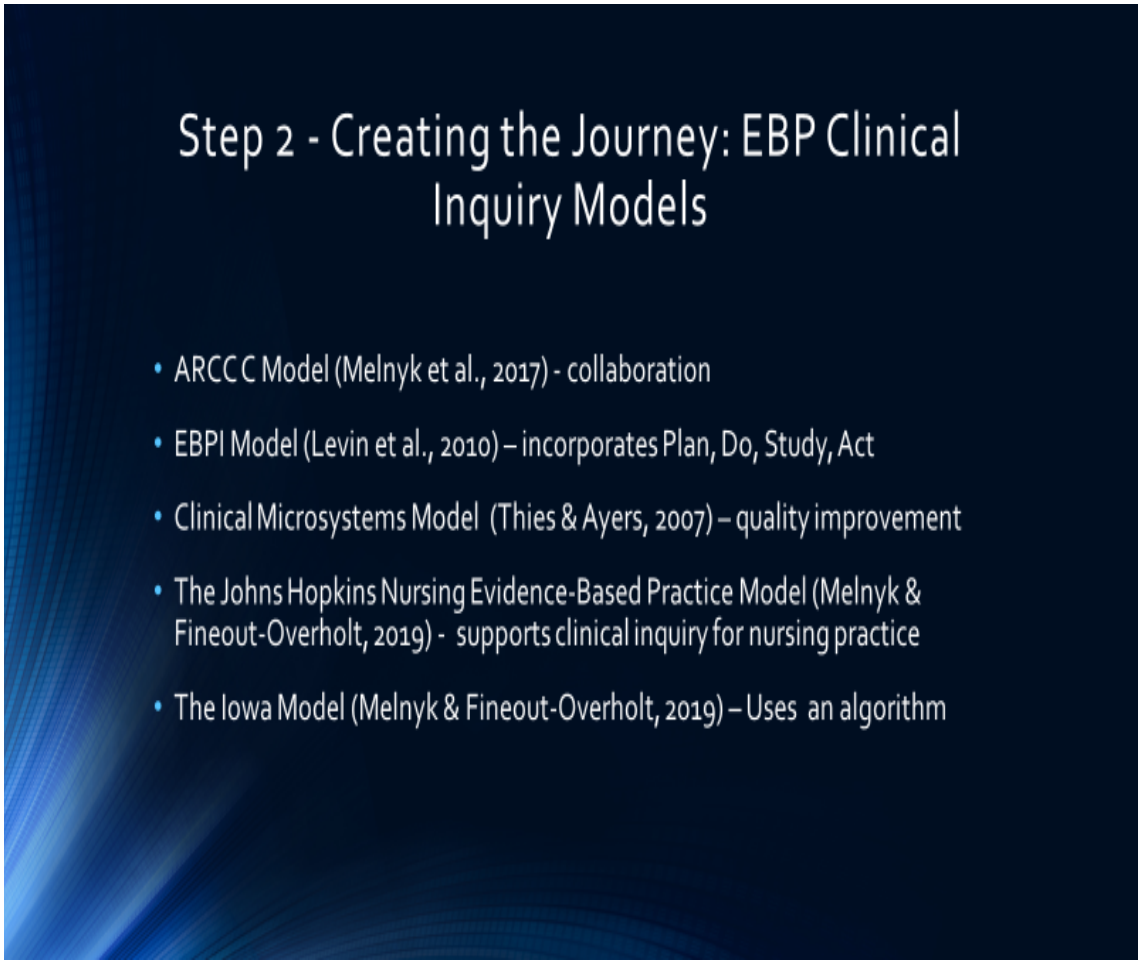
- Gold Standard
- Optimal Outcomes
- Cost effective
- Quadruple Aim of Healthcare

Where to begin?

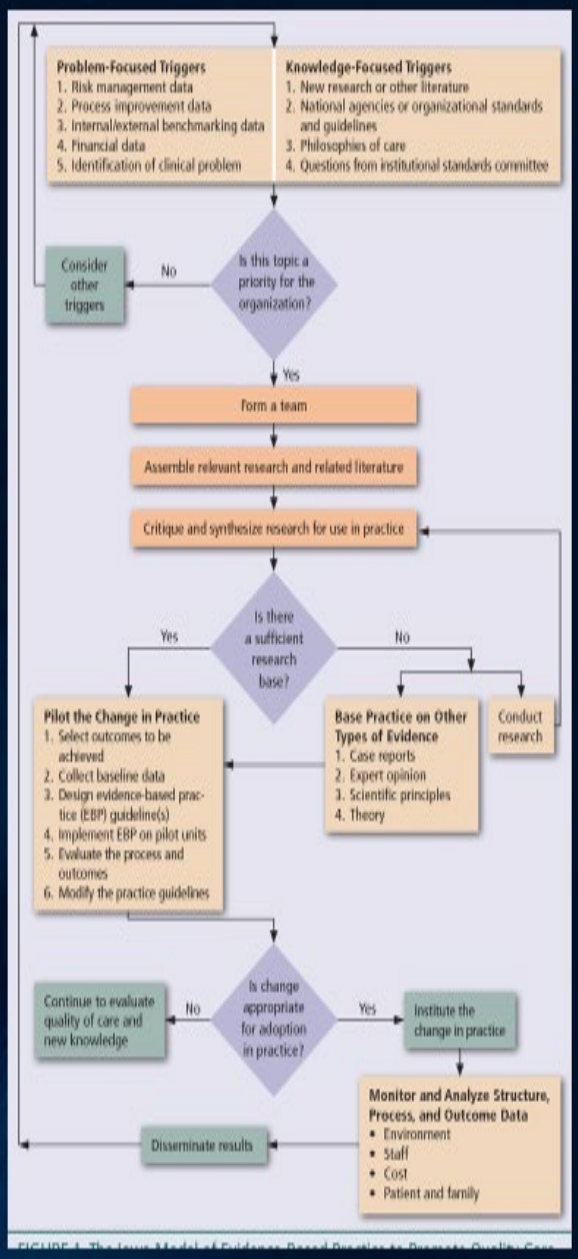
http://clipart-library.com/clipart/zcX5a56qi.htm


Implementation of EBP practice
(Poole. 2018)
• Identify the issue. Ask what problem needs to be solved
Step 1
Problem Identification
Step 2
Review of Literature
• What other work has been explored?
• Policy and/or practice change
Step 3
EBP
Integration/Application


Step 1 – The PICOT Question
PICOT Question
• P – Population
• I – Intervention
• C – Comparison
• O – Outcomes
• T - Time


Step 2 - Creating the Journey: EBP Clinical Inquiry Models
ARCC C Model (Melnyk et al., 2017) - collaboration
EBPI Model (Levin et al., 2010) – incorporates Plan, Do, Study, Act
Clinical Microsystems Model (Thies & Ayers, 2007) – quality improvement
The Johns Hopkins Nursing Evidence-Based Practice Model (Melnyk & Fineout-Overholt, 2019) - supports clinical inquiry for nursing practice
The Iowa Model (Melnyk & Fineout-Overholt, 2019) – Uses an algorithm

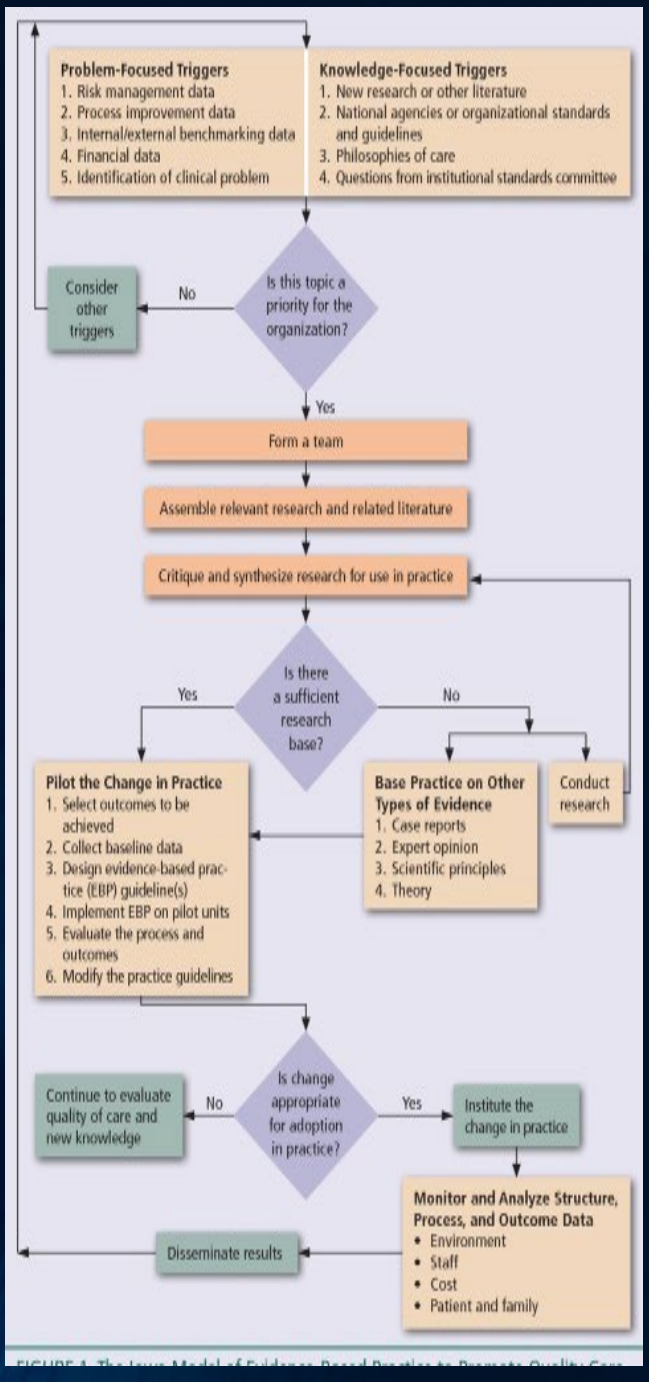
The IOWA Model EBP Model



The IOWA Model - Triggers

Problem-Focused

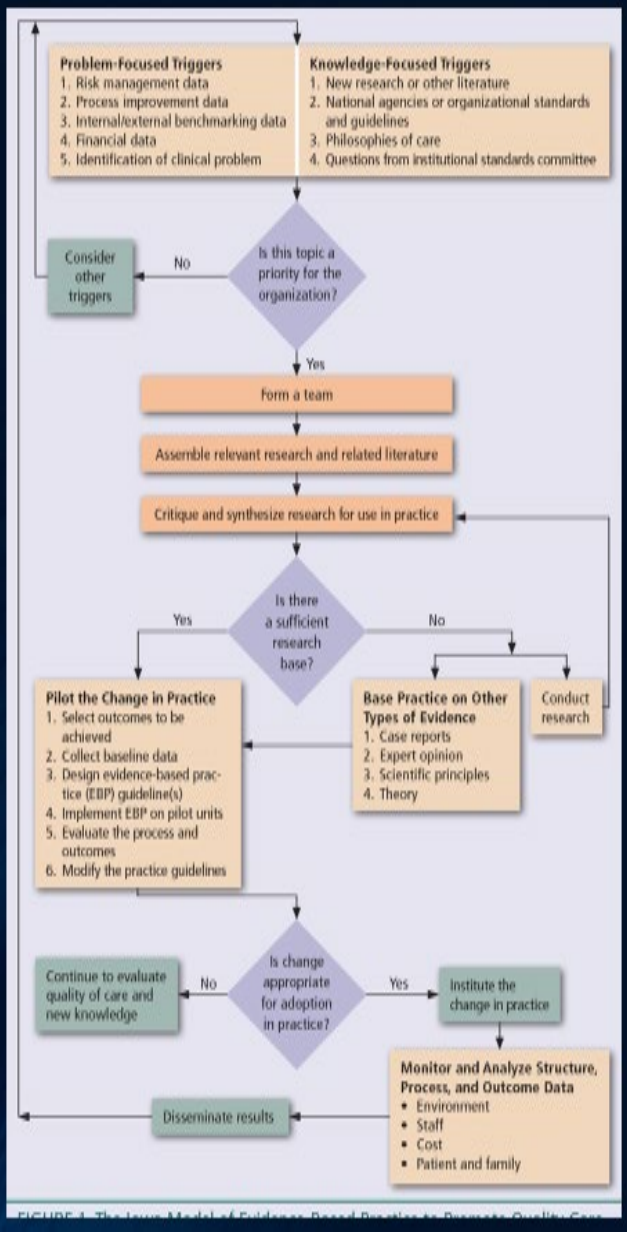
Knowledge-Focused



The IOWA Model - Triggers

Problem-Focused

Knowledge-Focused



Where to Look?: Computer Literature Searches

- PubMed
- ProQuest
- CINHAHL
- Joanna Briggs Institute
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH)

Barriers to EBP Inquiry/Implementation

- Organizational challenges
- Peer resistance to change
- Perceived lack of authority to make a change
- Lack of resources
- Workload challenges

Strategies to Expand Evidence-based Practices

- Mentoring
- Public Speaking
- Journal club

Implementation Strategies

- Create an environment of clinical inquiry awareness
- Commit to Learning and Improving
- Dissemination of information-Sharing knowledge
- Implementation

Strategies to Expand Evidence -based Practices

- Mentoring
- Public Speaking
- Journal club

Mentoring

Presentation

Dissemination of information at such local, state, national and international meetings and/or conferences

Study Analysis: Journal Review

- Title
- Summary
- Abstract
- Introduction
- Research methodology/Conceptual framework

Study Analysis: Journal Review (cont'd)

- Method
  - Design
  - Population/participants
  - Data analysis
  - Results
- Discussion
- General Comments

How do these strategies promote evidence -based practices at the bedside?

Implementation of Strengths-based Nursing

- Agency
- Autonomy
- Structural Empowerment
- Psychological Empowerment

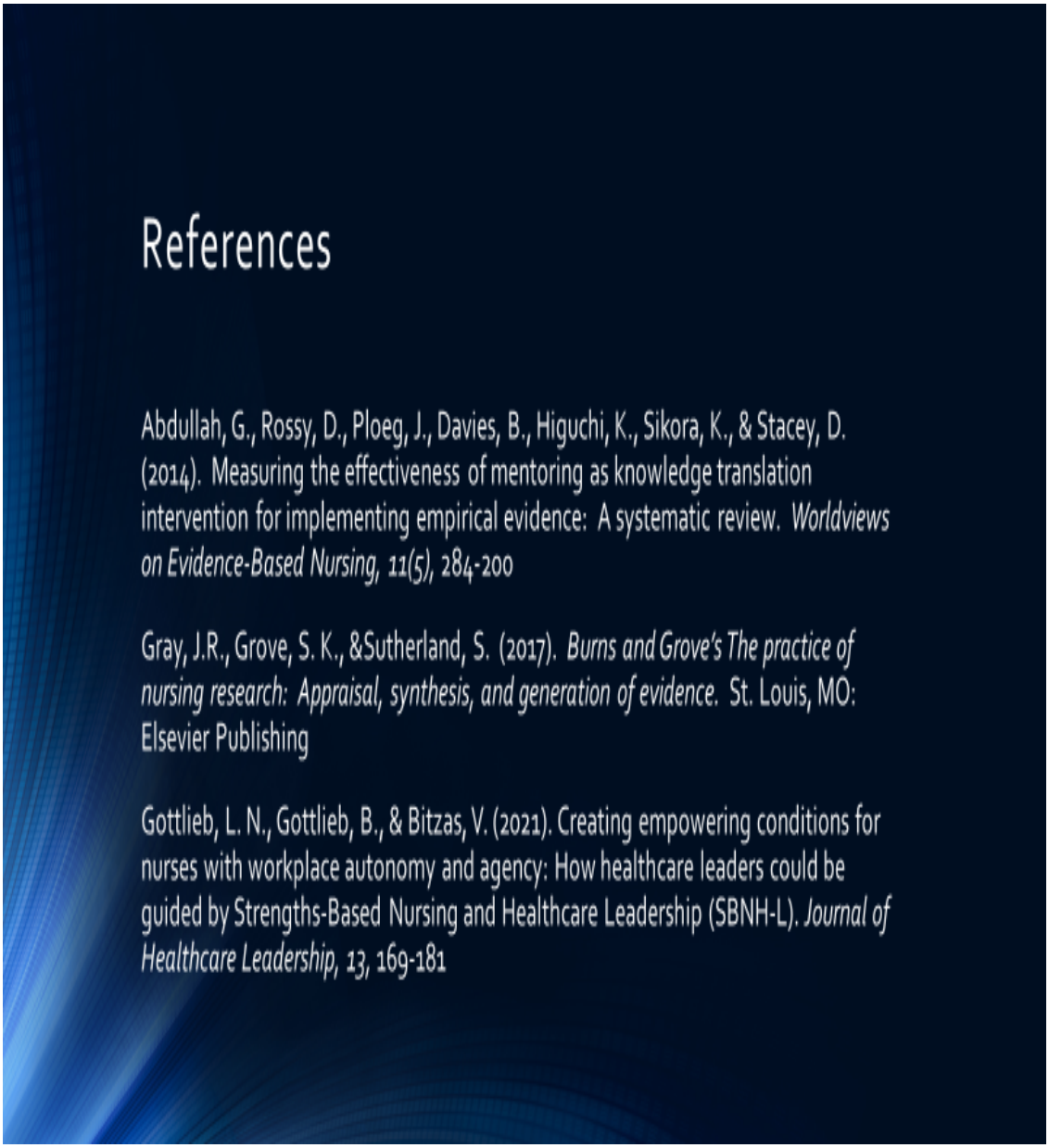
Goals

- Sustainability
- Patient needs
- Expand opportunities


Summary
• Evidence-based clinical practice
• Need for Evidence-based practice
• Satisfies the Quadruple Aim of Healthcare
• Barriers
• Overcoming Challenges
• Strength-based Nursing

Implementation

- CE presentation to members of Texas Association of PeriAnesthesia Nurses
- Pre-test and post-test to be administered to measure knowledge gained
- Quarterly evaluation of journal article utilizing ANA critiquing tool
- Provide 1 continuing education unit and certificate of participation in journal review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Appendix I: Evaluation of the Staff Education Program by Participants

State Association of PeriAnesthesia Nurses –
Stellar Practices at the Bedside: Evidence-Based Clinical Integration
Saturday, November 6, 2021
Evaluation Form

Use the following Likert scales to address the questions below: 1 = Low 4 = High

Place an X in the box to rate:

Lecture 1 Title Stellar Practices at the Bedside: Evidence-Based Clinical Integration	1	2	3	4
Expertise of Presenter: Katherine Simpson				
Appropriateness of the Teaching Strategies				

Appropriateness of the physical facilities	1	2	3	4

Was the program free from bias? | Yes | No | **(circle one)**

Were faculty and planner disclosures provided in the handout?

Yes	No

How will the information you learned today change your practice?
Overall Comments:
Suggestions for future programs:
Topics:
Speakers

Appendix J: Content Expert Letter

August 23, 2021

Dear Content Expert:

Thank you for taking the time away from your busy schedule to evaluate my DNP presentation project entitled "Stellar Bedside Practices: Expanding Evidence-Based Clinical Integration". The following information is found in this packet. Please read the directions and complete the Evaluation of Curriculum Plan by Content Experts and the Pretest/Posttest Content Validity by Content Expert. The contents of the packet are as follows:

Literature Review Matrix
Curriculum Plan
Evaluation of Curriculum Plan by Content Experts
Pretest Posttest
Pretest Posttest Content Validity by Content Experts

All materials in the packets will remain free of any names. The contents of the packet will only have numbers. Each individual packet will have a number for each content expert that will be mailed to you by my colleague. A self-addressed envelope will be placed inside the packet for each content expert. After completion of all documents, please place the contents inside the self-addressed envelope to be sent back to my colleague. She will then remove the contents and place them in a new envelope with the corresponding content expert number, and they will be mailed to me. Anonymity will be assured.

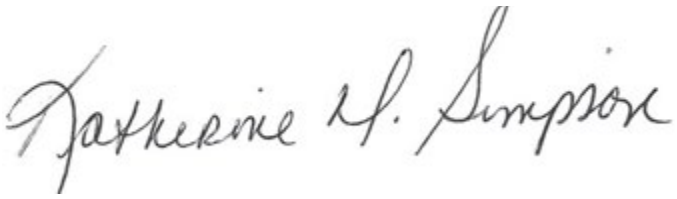
Please contact me at any time if you have questions.

Email: Katherine.simpson@waldenu.edu.
Cell: 859 609 0976

Could you please return all materials to me by September 7, 2021

Thank you again for your time and expertise.

Respectfully,



Katherine D. Simpson

Appendix K: Curriculum Plan Evaluation by Content Experts Summary

Date: September 9, 2021
Student: Katherine D. Simpson

Objective Number and Statement "met" = 1 "not met" = 2	CE 1	CE 2	CE 3	Average Score
1. Define evidence-based practice	1	1	1	1
2. Discuss the components of evidence-based practice	1	1	1	1
3.Explain the elements of the evidence-based practice research models	1	1	1	1
4. Explain the elements of the evidence-based practice research models	1	1	1	1
5. Discuss strategies to expand evidence-based practices	1	1	1	1

Curriculum average score = 1

Comments: CE 1 - The curriculum covers the objectives provided. Expound and amplify some concepts. CE 2 - For Objective 1: Thorough explanation of EBP. For Objective 3: IOWA is an excellent choice in model selection.

Appendix L: Pre/Posttest Content Expert Validity Index Scale Analysis

Rating on X-Items Scale by Three Experts on a 4-point Likert Scale

Pretest/Posttest

	Expert1	Expert2	Expert3	Total Rating Item
Item	CE1	CE2	CE3	I-CVI
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	0	1	.67
5	1	1	1	1
6	1	1	1	1
7	1	0	1	.67
8	1	1	1	1
9	1	1	1	1
10	1	1	1	1
11	1	1	1	1
12	1	1	1	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
Total	1	0.87	1	14.34

S-CVI = .96

The pretest/posttest consisted of 15 items. The I-CVI = 14.34. Therefore, the S-CVI/the number of items = 0.96. I-CVI, item-level content validity index. S-CVI/UA, scale-level content validity index, universal agreement calculation method Adopted from Polit, D. F., & Beck, C. T. (2006).

Appendix M: Pretest/Posttest Change in Knowledge Results by Participants

Participant	Pretest # of correct items Score	Posttest # of correct items Score	Difference in # of correct items	Percentage
1	12	11	-1	-9%
2	14	11	-3	-22%
3	9	15	6	67%
5	11	14	3	25%
6	11	11	0	0
10	13	13	0	0
11	12	15	3	25%
13	9	12	3	33%
17	9	10	1	12%
18	13	14	1	7%
19	10	10	0	0
20	13	13	0	0
21	10	14	4	39%
23	11	11	0	0
Total	157 Average 11.2 75%	174 Average 12.4 83%		8% difference from pretest to posttest

Appendix N: Summary of the Evaluation of the Staff Education Program by Participants

Item Number	1	2	3	4
1. Lecture presentation: Stellar Practices at the Bedside: Evidence-Based Clinical Integration			1	13
2. Expertise of the Presenter:				10
3. Were the Teaching strategies appropriate for the presentation?				10
4. Were the physical facilities appropriate for the presentation?				10
	Yes	No		
5. Was the program free from bias? Yes or No?	13	1		
	Yes	No		
6. Were faculty and planner disclosures provided in the handouts?	14			
Comments:" More knowledge on the process of identifying a problem/issue" "Understanding each step in the implementation of EBP. Seek opportunity to use information learned. " "I learned the importance of EBP research in order to provide better care" "Use in daily practice." "This will help me to know how to start and implement a research based EBP question or need." "Use at my unit level." "Already aware…using EBP." "Planning on using this through unit education." "Initiate EBP projects. Excellent presentation."				

Appendix O: Summary Evaluation of the Staff Education Project by CEs

CRITERIA	INSTRUCTIONS	THEMES
I. Content expert approach	Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.	Effective education tool for RNs to implement evidence-based practice.
	How do you feel about your involvement as a content expert member for this project?	Enjoyment in the experience of participation in the project.
	What aspects of the content expert process would you like to see improved?	Easy process and better clarification of the problem to the reader. One content expert had no comment.
II. There were outcome products involved in this project including an educational curriculum and pre/ posttest	Describe your involvement in participating in the development/approval of the products.	Involvement to determine the relevancy of the information
	Share how you might have liked to have participated in another way in developing/approving the products.	Two content experts' involvement was adequate, third content expert wanted earlier project involvement.
III. The role of the student was to be the leader of the project.	As a leader how did the student direct you to meet the project goals?	Ample time and instruction were provided
	How did the leader support you in meeting the project goals?	Confident leadership was demonstrated; One

		content expert had no comment.
IV. Please offer suggestions for improvement.		A new learning experience as well as describe more safety measures for presentation. One content expert offered no comment.