The RNAO Best Practice Champion Network Workshop

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Venue & Workshop Details

• Venue Issues
• Workshop Agenda
• Workshop materials

"And should there be a sudden loss of consciousness during this meeting, oxygen masks will drop from the ceiling."
Learning Objectives

At the end of the day, you will be able to…

- State benefits of the Nursing Best Practice Guidelines (BPG)
- State the current approaches to guideline development and quality appraisal
- Identify the leadership role of a Nursing Best Practice Champion
- State the major elements of the RNAOs “Educator’s Resource”
- Identify successful approaches to integrating best practice guidelines into the nursing curriculum
- Discuss the impact of guideline implementation into the curriculum on the student experience
- Describe approaches to evaluation and research related to guideline implementation
GROUP ACTIVITY: Introductions & Tell Us *Your* Reason for Being Here
RNAO: Mission Statement

The RNAO represents the nursing profession in Ontario, by speaking out for health and speaking out for nursing.

The mission of RNAO is to pursue healthy public policy and to promote the full participation of registered nurses in shaping and delivering health services now and in the future.
RNAO: The Power to Speak Out, The Power to Influence, The Power to Transform
Video Presentation

1) RNAO
2) Best Practice Guidelines
3) Champions Network

As the video plays….. Jot down 2 things related to each of the above
Recommendation: Design/provide supports for Nurses to gain expertise in clinical areas & to be recognized for these skills

Recommendation: Assess/Evaluate how new approaches impact on client outcomes & work environment for nurses

RNAO was selected to lead this work
So, What is so great about BPGs?
Best Practice Guidelines
Program Mandate

To develop, implement, evaluate, disseminate and support the uptake of clinical and healthy work environment best practice guidelines.

Funded by the Government of Ontario
BPG Program Goals

Improve health care

- Reduce the variation in care
- Transfer research evidence into practice
- Promote nursing knowledge base
- Assist with clinical decision making
- Identify gaps in research
- Stop interventions that have little effect or cause harm
- Reduce cost
Our VISION is to Transform Nursing Through Knowledge Locally, Nationally, and Internationally
Best Practice Guidelines
“Systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical (practice) circumstances.”

Field and Lohr, 1990

Best Practice Guidelines are developed using the best available evidence.
Topic Identification

• Ontario Ministry of Health and Long-Term Care (funder) priority areas: gerontology, primary care, emergency care, home health care, mental health, healthy work environments

• “suggest a topic” online form

• Special requests – Coroner's inquest, Ministry initiatives, key stakeholder partnerships

• Priority identification – online surveys of the nursing community
Topic Identification

The following criteria have been identified as key to topic selection for RNAO guideline development:

- Topic is within the scope of nursing practice, and will impact on both RNs and RPNs, in a range of practice settings;
- A multi-disciplinary approach would be appropriate for development;
- Topic builds on a previously developed guideline, or general topic area;
- Potential for partnerships in development, external to Ministry of Health;
- Perceived need for the guideline, as identified by those submitting the topic for consideration;
- Evidence to support guideline recommendations is available;
- Consideration of other known guideline work on the topic area.
Panel Identification

• Literature review
• Conference abstracts
• Publications
• Research programs
• Practitioners
• Focus Groups
The 5 “Rs” of Guideline Development

- Refine the scope
- Review of the Literature
- Recommendation Development
- Stakeholder Review
- Revise and Rewrite
REFINE the Scope

- What is the purpose?
- What are the clinical questions we want to answer?
- Who is the guideline for (target user)?
- What patient population(s) will be included, not included?
- Where to search?
- Which search terms to use?
REVIEW of the Literature

• Goal: to publish the systematic reviews that inform the guideline development in the peer reviewed literature.
Systematic Review:

Comprehensive Literature Search
- Health Sciences Librarian
  - CINHAL, MEDLINE, Embase, plus other databases

Literature Review
- 2 Research Assistants
- Individual and consensus review
REVIEW of Literature (cont)

- Structured website searches are conducted for existing guidelines
- Inclusion/Exclusion criteria established
- Short list of guidelines identified for appraisal
RECOMMENDATION Development

- Working groups of the panel develop recommendations from the summary of the literature and content of existing guidelines
- Link the recommendation to the evidence (discussion of evidence)
- Level of Evidence identified
- Identification of resources/tools for the appendices
- Key content identified for condensed guidelines for use with mobile technology
- Health Education Fact Sheet for patient/family use content identified
Recommendations need to be action oriented, and as specific as the evidence dictates.

Evaluation indicators identified from the evidence for each key practice recommendation.

Nursing order sets established from the recommendations to provide specific direction related to the recommendations.
Clinical Guideline Recommendation Types

- Practice Recommendations
  - What the Nurse needs to do
- Education Recommendations
  - What the Nurse needs to know
- Organization & Policy Recommendations
  - What the Organization needs for a Best Practice setting
Evaluation Indicators

Types of indicators for monitoring and evaluation:
– Structure
– Process
– Outcome

Levels of indicators:
– System
– Organization/Unit
– Nurse/Team,
– Patient/Client,
– Financial
READY for Stakeholder REVIEW

- External stakeholder review involves a range of individuals, with different levels of expertise in the topic area
- A structured approach is utilized to elicit feedback from the reviewers
REVISE and RE-WRITE

Review all stakeholder feedback

• Decisions are made re. how the feedback impacts on guideline recommendations, and need for revisions.
• Process needs to be transparent – documentation of feedback and action plan will ensure all comments are considered and responded to.
• Content is finalized, and guideline is prepared for publication.
Publication

• Preparation for publication starts early in the process
• Permissions to reprint content for the appendices, publication of stakeholder names and identifying information etc.
• Identification of images/pictures and link to RNAO branding
• Professional assistance with editing and proofreading, with panel input and direction
37 Clinical & 8 HWE Guidelines

In-Progress BPGs

- Facilitating Client-Centred Learning
- Safe Sleep for Infants
- Supporting Clients with Substance Use and Related Issues

In-Progress HWE BPGs

- Practice Education in Nursing
- Interprofessional Teams
- RPN-BScN Bridging Programs
- Managing Conflict in Healthcare Teams

- Translation of guidelines underway with international partners.

- Safe Sleep for Infants
- Supporting Clients with Substance Use and Related Issues
Related Publications

Publications:

• A systematic review of factors influencing decision-making in adults living with chronic kidney disease
  – Patient Education and Counseling, 2009
• Supporting clients on methadone maintenance treatment: A systematic review of nurse’s role

Submitted for Publication:

• Ostomy Care and Management: A Systematic Review
  – Journal of Wound, Ostomy and Continence Nursing
• Alternative Approaches to Restraint Use: A Systematic Review
  – Canadian Journal of Nursing Research
INTERNATIONAL AFFAIRS
AND BEST PRACTICE GUIDELINES
PROGRAM COMPONENTS

Rigorous Guideline Development Process
- Topic Selection
- Panel of Experts
- Systematic Review
- Recommendation Development
- Publication
- Stakeholder Review
- 3-Year Guideline Review

Nurse/Patient/Client Organizational Societal Outcomes

Dissemination
- E-learning
- Website
- Conference/Institutes
- RNAO Centre for Professional Nursing Excellence

Implementation & Evaluation
Targeted to individuals, organizations & systems – locally, nationally and internationally.
What is Evidence-Based Practice?

“Evidence-based *practice* integrates the best evidence from research with clinical expertise, patient preferences, and existing resources into decision making about the health of individual patients.”

Adapted from DiCenzo et al. (1998)
Evidence-Based Practice

Knowledge (Scientific Evidence + Colloquial Evidence)

- Clinical Judgment
- Patient Preference
- Context
PARIHS Framework

Promoting Action on Research Implementation in Health Services
So, What is the Nursing Best Practice Champion Network?

It is a collective force that influences knowledge transfer and uptake of Practice Guidelines.
Nursing Best Practice Champion Network

The aim of the Network is to provide a means of sharing successes and challenges, requesting assistance, and continuous learning on dissemination and implementation of nursing best practices.
Network allows you to:

• Connect with other Champions and discuss implementation
• Share successes, challenges and brainstorm solutions
• Share organizational specific implementation tools
• To join in on other network opportunities
Why do we need Champions?

• To disseminate evidence
• To assist with knowledge transfer
• To promote the uptake of Best Practices
• To share resources
• To prevent “shelf-itis”
• To sustain the change
The Role of Nursing Best Practice Champions in Diffusing Practice Guidelines: A Mixed-Methods Study
Break
WHY APPRAISE GUIDELINES?

✓ A guideline is a form of intervention

✓ It can potentially affect a significant number of patients and organizations

✓ Guideline users need to have confidence in the recommendations

✓ Professional and government agencies have to ensure guidelines are of high quality before recommending them
WHY AN INTERNATIONAL COLLABORATION?

- Clinical guidelines play a role of growing importance in healthcare practice in most countries
- Ensuring their quality is a shared concern
- There is a need for international standards on guideline development
PURPOSE OF THE AGREE II INSTRUMENT

✓ To provide a systematic framework for appraising the quality of clinical guidelines

✓ To provide a methodological strategy for the development of guidelines

✓ To inform what information and how information ought to be reported in guidelines

The AGREE II replaces the original instrument (2001) as the preferred tool and can be used as part of an overall quality mandate aimed to improve health care.
WHO CAN USE AGREE II?

To provide a systematic framework for appraising the quality of clinical guidelines

✓ To help *guideline developers* follow a structured and rigorous methodology

✓ To help *policymakers* decide which guideline to recommend for use in practice

✓ To help *health care providers* assess guidelines before adopting recommendations in practice
DEFINITION of GUIDELINE QUALITY

‘Quality of guidelines’ is the confidence that:

☑ the potential biases of guideline development have been addressed adequately

☑ the recommendations are both internally and externally valid, and are feasible for practice
Quality Appraisal Process: Using AGREE II Instrument

- Each guideline should have 2-4 reviewers assessing the same guideline
- Rationale: to increase the reliability of assessment
AGREE II – Six Domains

- 23 items
- 7-point Likert Scale

2 Global Overall rating items: Overall Assessment

1. Scope & purpose (1-3)
2. Stakeholder involvement (4-6)
3. Rigour of development (7-14)
4. Clarity & presentation (15-17)
5. Applicability (18-21)
6. Editorial independence (22-23)

User guide
DOMA\nIN 1. SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is(are) specifically described. (pg 12 AGREE II manual)

2. The health question(s) covered by the guideline is(are) specifically described. (pg 13 AGREE II manual)

3. The population (patients, public, etc.) to whom the guideline is meant to apply are specifically described. (pg 14 AGREE II manual)
4. The guideline development group includes individuals from all the relevant professional groups. (pg 16 AGREE II manual)

5. The views and preferences of the target population have been sought. (pg 17 AGREE II manual)

6. The target users of the guideline are clearly defined. (pg 18 AGREE II manual)
7. Systematic methods were used to search for evidence. (pg 20 AGREE II manual)

8. The criteria for selecting the evidence are clearly described. (pg 21 AGREE II manual)

9. The strengths and limitations of the body of evidence are clearly described. (pg 22 AGREE II manual)

10. The methods used for formulating the recommendations are clearly described. (pg 23 AGREE II manual)
11. The health benefits, side effects and risks have been considered formulating the recommendations. (pg 24 AGREE II manual)

12. There is an explicit link between the recommendations and the supporting evidence. (pg 25 AGREE II manual)

13. The guideline has been externally reviewed by an expert panel prior to publication. (pg 26 AGREE II manual)

14. A procedure for updating the guideline is provided. (pg 27 AGREE II manual)
15. The recommendations are specific and unambiguous. (pg 29 AGREE II manual)

16. The different options for management of the condition are clearly presented. (pg 30 AGREE II manual)

17. Key recommendations are easily identifiable. (pg 31 AGREE II manual)
DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application. (pg 33 AGREE II manual)

19. The guideline provides advice and/or tools on how the recommendations can be put into practice. (pg 34 AGREE II manual)

20. The potential resource implications of applying the recommendations have been considered. (pg 35 AGREE II manual)

21. The guideline presents monitoring and/or auditing criteria. (pg 36 AGREE II manual)
22. The views of the funding body have not influenced the content of the guideline. (pg 38 AGREE II manual)

23. Competing interests of guideline development group members have been recorded and addressed. (pg 39 AGREE II manual)
Scoring the AGREE II

- Quality Scores is calculated for each of the six AGREE II domains.
- Domain Scores are independent “not to be aggregated” into a single quality score!!
- Domain scores are calculated by summing up all scores of the individual items in a domain.
- The scaled domain is a percentage of the maximum possible score for that domain.
RESULTS:

AGREE Scores for all guidelines

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<td>Domain Score</td>
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<td>Purpose</td>
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<td>Stakeholder</td>
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<td>Rigour</td>
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<td>Clarity</td>
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<td>Applicability</td>
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<td>Ed. Ind.</td>
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</table>
### AGREE Scores for all Guidelines

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Purpose</th>
<th>Stakeholder</th>
<th>Rigour</th>
<th>Clarity</th>
<th>Applicability</th>
<th>Edit. Ind.</th>
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<tbody>
<tr>
<td>WOCN 2003</td>
<td>83.3</td>
<td>29.2</td>
<td>40.5</td>
<td>79.2</td>
<td>11.1</td>
<td>75.0</td>
</tr>
<tr>
<td>RNAO 2002</td>
<td>66.7</td>
<td>72.2</td>
<td>81.0</td>
<td>88.9</td>
<td>74.1</td>
<td>66.7</td>
</tr>
<tr>
<td>AHCPR 1994</td>
<td>63.0</td>
<td>100.0</td>
<td>71.4</td>
<td>86.1</td>
<td>46.3</td>
<td>27.8</td>
</tr>
<tr>
<td>EPUAP 1998</td>
<td>29.6</td>
<td>11.1</td>
<td>20.6</td>
<td>55.6</td>
<td>13.0</td>
<td>11.1</td>
</tr>
<tr>
<td>Singapore 2001</td>
<td>66.7</td>
<td>38.9</td>
<td>53.2</td>
<td>72.2</td>
<td>33.3</td>
<td>16.7</td>
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<tr>
<td>WHS 2006</td>
<td>51.9</td>
<td>38.9</td>
<td>61.9</td>
<td>65.3</td>
<td>7.4</td>
<td>16.7</td>
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<td>PVA 2000</td>
<td>77.8</td>
<td>55.6</td>
<td>83.3</td>
<td>75.0</td>
<td>14.8</td>
<td>50.0</td>
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<tr>
<td>IOWA 1997</td>
<td>37.0</td>
<td>8.3</td>
<td>19.0</td>
<td>59.7</td>
<td>33.3</td>
<td>11.1</td>
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</table>

The numbers above are a percentage score for the six individual domains, based on the responses to the items within the domains.
OVERALL Guideline ASSESSMENT (1):
Requires a judgement on the quality of the guideline, make sure to comment!!

1. Rate the overall quality of this guideline

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tr>
<td>Lowest possible quality</td>
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<td></td>
<td></td>
<td></td>
<td>Highest possible quality</td>
</tr>
</tbody>
</table>

2. I would recommend this guideline for use.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes with modifications</th>
<th>No</th>
</tr>
</thead>
</table>

Yes
Yes with modifications
No
AGREE II Instrument

- User Manual
- Translations
- Training Resources
- Validation Studies

www.agreetrust.org
Let’s try it out....
Figure 1: Integration of Best Practice Guidelines into Learning Events
What influences ‘uptake’

- **Personal/individual factors**
  - Attitude toward research and research utilization or toward the specific evidence, belief suspension, amount of education, trust in the knowledge source

- **Context**
  - Culture, leadership, work environment

- **Implementation strategies**
  - Evidence traditionally from medicine, but nursing is increasingly contributing to this body of knowledge

Academia and service are alike in many ways in the adoption of change. Change is a people process.
Knowledge transfer

...is the process of moving knowledge into practice. The process is successful when research and practice-based evidence is clear and relevant, the context shares the characteristics of a learning organization, and facilitation mechanisms are appropriate to the needs of the community of practice members.

Rycroft-Malone (2007)
Integration of Best Practice Guidelines into Learning Events
The Nature of Nursing Education...

Academia

Overall Curriculum Planning
Need synergy between theory and practice

Year /Level Planning
Overall year objectives both theory and practice

Course planning
Theory and practice application. Means of evaluation in classroom and clinical

Lesson Planning
Students presented with theory, or opportunities to apply content and demonstrate level of understanding and clinical competence
The Nature of Nursing Education...

Academia and BPG Implementation

<table>
<thead>
<tr>
<th>Overall Curriculum Planning</th>
<th>Year /Level Planning</th>
<th>Course planning</th>
<th>Lesson Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPGs provide a Thematic Approach to the curriculum</td>
<td>Bundling BPGs related to key areas of focus in the Curriculum</td>
<td>• BPGs related to specific focus of course</td>
<td>Use of BPGs as evidence to explain phenomena and support interventions. Clinical practice, assignments, reflections</td>
</tr>
<tr>
<td>• Evidence based practice And management decision making</td>
<td>• BPGs related to care of older persons</td>
<td>Cardio Vascular Wound care</td>
<td>Clinical practice, assignments, reflections</td>
</tr>
<tr>
<td>• Client Centred Care</td>
<td>• BPGs related to health promotion</td>
<td>• BPGs that provide a framework for a course...leadership, workplace health and safety</td>
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<tr>
<td>• Therapeutic Relations</td>
<td>• BPGs related to women and families</td>
<td>• Assignments based on course can relate to applying a BPG, analyzing a BPG, reviewing evidence, identifying relevant BPGs for their patient situations</td>
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<tr>
<td>• Supporting &amp; Strengthening Families</td>
<td>• BPGs related to mental health</td>
<td>• At leadership level, policy implications</td>
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<tr>
<td>• Pain</td>
<td>• BPG recommendations can guide education and expected practice and theory behaviour</td>
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Implementation Enablers

- Support: Accreditation, demonstrates research and practice linkage
- Collaboration: Curriculum planning teams, and academic and service partners
- BPG Champions: Need Champions in Academia too...faculty and students
- Leadership...Dean, senior faculty, year and course leads, faculty
- Administration involvement: buy-in from key stakeholders above
- Education: Resources, Champion Training,
- Congruence with current practice, beliefs and values...Service academia partnerships to create evidence based practice cultures
Barriers and ways to Overcome in Academia

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Strategies to Overcome Barriers</th>
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<tbody>
<tr>
<td>Fear of loss of control</td>
<td>Emphasize that BPG fit into the curriculum and practice and are not taking it over. BPG are only one example of EBP, not a comprehensive approach to curriculum.</td>
</tr>
<tr>
<td>Misunderstanding or confusion about new vocabulary and jargon, due to</td>
<td>Meet with educators or staff to review BPG, EBP and reassure them that BPG fit into their present approaches.</td>
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<tr>
<td>lack of information</td>
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<tr>
<td>Perception of lack of skill to progress with new demands on time and</td>
<td>Many nurses discover that their practice already reflects BPG recommendations. Pointing this out may raise acceptance.</td>
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<tr>
<td>energies</td>
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<tr>
<td>Differing views about what needs to be done</td>
<td>Meet to discuss common goals and strategies.</td>
</tr>
<tr>
<td>Lack of motivation to study the change</td>
<td>Appeal to values of high quality care, integration of research into teaching students and practice expectations.</td>
</tr>
<tr>
<td>Lack of perception of a need to change (if it’s not broken, don’t fix it)</td>
<td>Explore what is already in place, identify where changes are indicated.</td>
</tr>
<tr>
<td>Too many changes and too many demands related to the change process</td>
<td>Emphasize how BPG implementation fits into existing practice and changes already underway.</td>
</tr>
<tr>
<td>Adversarial relationship with leader</td>
<td>Develop coalitions at all levels to promote change from the bottom up, not top down. See RNAO Toolkit: Chapter 2 for stakeholder involvement.</td>
</tr>
<tr>
<td>Idea that “no on can tell me what to do”</td>
<td>Appeal to values of best possible care and evidence as basis of practice.</td>
</tr>
<tr>
<td>Threat to change current social support systems</td>
<td>Involve entire teams of educators or practitioners so that social support will be maintained.</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>Mobilize resources before starting BPG implementation.</td>
</tr>
<tr>
<td>View that formal methods used to facilitate change are barriers rather</td>
<td>Use informal as well as formal strategies within work teams and course groups.</td>
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<td>than helps</td>
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<tr>
<td>Lack of rewards</td>
<td>Identify intrinsic and extrinsic methods to recognize exemplary practice and implementation of BPG.</td>
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Implementation Plan

• Curriculum review and revision plan
• Detailed plan of each step in implementation
  – What is the goal/scope of the implementation activity? Decide on type of curriculum implementation to start with
  – Tailor strategies to overcome barriers and build on facilitators in academic setting
    • Use data from stakeholder analysis &
    • environmental assessment
• Plan the budget/resource implications & evaluation
Other Specific Considerations in Academia

• The integration of BPGs throughout curricula will promote the values of evidence-based practice. These values include:
  – Having an evidence-base for practice
  – Integrating systematic reviews of evidence into recommendations for practice
  – Critical selection of appropriate recommendations for the client and the context, and
  – Transferring knowledge to nursing care
### Planning for BPG Integration into the Academic Setting

<table>
<thead>
<tr>
<th>Academic Course</th>
<th>Strategies for Implementation</th>
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| Research Courses      | • Use as exemplars of EBP or systematic reviews  
                        | • Have students assess levels of evidence and critique  
                        | • Have students recommend other topics for BPG development and provide rationale |
| Theory Courses        | Analyze applicability of utilizing guideline in client's care                               |
| Clinical Courses      | Assess the relevance of the recommendations of a BPG for a specific client or population in a clinical agency. |
Implementation Strategies

- Individual level
- Organizational level

Goal: Maximize enablers and overcome barriers

Support nursing students as knowledge professionals.
Individual Level
Academic Champions

- Raising awareness
- Self-reflection/assessment
- Developing capacity through professional development
- Motivating action (acknowledgement and recognition)
- Providing cues/reminders
- Supporting behaviours
- Tools and Resources
Organizational Level

- Defining scope of academic/practice/environmental improvement
- Environmental Readiness
- Healthy Work Environment
- Assigning a lead: faculty, staff in clinical partner organization
- Developing a curriculum plan
- Allocating resources
- Using change management principles
- Enacting transformational leadership, team work, etc.
- Developing capacity
- Using feedback from students
Key Messages

- Although the evidence base for implementation strategies in health care is growing, most has come from medicine, and little focuses on Academia.
- Issues of culture & work organization, facilitation as well as personal characteristics of the faculty need to be considered in the planning process.
- Passive dissemination alone is not effective.
- Change happens within a social system.
- Multiple, multi-level implementation strategies are required.
- Changes in academia re EBP can influence practice and vice versa.
Service and Academia must focus on evidence based nursing in concert!!

Together with faculty, students, clinicians, managers & researchers we can enhance the quality of care and education.