Message from the President

Start Empty and Make New Choices for the Next Adventure

Jennifer L. Embree

As I pondered this issue’s message, I reflected over the last couple of months. Determining how best to settle into a new professional routine provided me with the opportunity to start empty and fill up my day and my world. I shifted my paradigm to working to live versus living to work.

I found that I did not have to bring along all of my old baggage. I did not have to bring along anything. I brought my current talents, weaknesses, a great sense of humor, and whatever else I could carry on this next adventure.

I wonder why we do not realize more often that each day we have the opportunity to empty ourselves of our perceived burdens and make different choices. We do not have to move to other career options to empty our burdens. We believe we have many tasks to complete. These items must be placed on a daily checklist that connects to a career plan that is part of the overall strategy of the organization. These items all must be accomplished in order for us to have a fulfilling day and to be successful. What we choose each day to do, or purposefully chose not to do, are actually choices.

I had many questions in this new world. I had to navigate different nursing territory and wanted to determine how best to share my expertise with nurses and students who were in a different world than I was currently. How did this new role allow me to stay connected with my professional passions—my organizations and those members?

I reviewed a nursing course that introduces students into the discipline of nursing. I read the previously supplied information about nursing organizations. I wondered what mechanism would best engage less than 50 students in the importance of being part of their professional organizations. These students held previous careers with academic degrees and chose nursing as their next adventure. They were energized, enthusiastic, and ready to make a difference.

I wanted the students to realize that nursing is a journey. In addition, when determining one is going on a journey, they need to have a plan. Moreover, when selecting a journey, the destination is just as important as the journey itself. There would be stops along the way, bumps in the road, detours, roadblocks, and u-turns.

The students needed to be aware that there would be support along the journey for refreshment, refocusing, and redefining where they were going. Knowing the journey map would be different when they got there would also be important because they would most likely end up somewhere quite different from where they had initially planned.

Therefore, I focused their energy upon investigating nursing professional organizations and how to build an extraordinary career in nursing (Shirey, 2000). I asked that they select an organization that they would want to join, explain how that association would best meet their needs, and provide a visual presentation of where they were on their journey in nursing. I wanted them to be aware of the importance of professional organizations to their career success and enjoyment.

An important point for them to remember was that career planning in nursing requires long-term decisions.
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focus. Extraordinary careers are cultivated and
planned. Unexpected opportunities can be seized
by demonstrating flexibility. Courageous risk
taking can pay off.

discovers their strengths and aligning
those talents with passion would accelerate their
career momentum. When strategizing about their
career, they are never alone in nursing, and they
will need and must accept assistance from peers.
Passing knowledge and strength forward and
mentoring the next generation of leaders is crucial
to their career success.

Also important for them to remember is that
extraordinary careers are from individuals with
documented, consistent, and exceptional records of
career success. These people have stellar
reputations, value in the marketplace, and impact
on their organizations (Citrin & Smith, 2003).

As I reviewed their work, I recognized a
resounding theme: belief that they needed to
be members of a national organization. Many
were interested in an organization that afforded
benefits at the international level.

Is there a message for those in professional
organizations? Are those viewing nursing as a
viable career option already seeing the national
and international needs? With their advanced

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influence the quality nursing and health care.

ISNA accomplishes its mission through advocacy,
education, information, and leadership.

ISNA is a multi-purpose professional association
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ISNA is a constituent member of the American Nurses Association.

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as a stakeholder in the ongoing development of a comprehensive, inclusive state-wide trauma system.

- not reapply for accreditation as an approver of continuing nursing education from the American Nurses Credentialing Center.
- work with the Ohio Nurses Association (ONA) to transfer ISNA's continuing nursing education approval program to ONA.
- designate the Ohio Nurses Association as the preferred approver of continuing nursing education activities and providers in Indiana.

Members also approved a major overhaul of the ISNA Bylaws. The Bylaws as amended September 28, 2012, are available on the web at www.IndianaNurses.org on the “About Us” page. The ISNA Nurse Political Action Committee (PAC) raised over $1,000 in contributions. The day ended with a brief tribute to Executive Director Klein and a reception honoring his retirement from ISNA at the end of December.
The Indiana State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The Indiana State Nurses Association (ISNA) has long been supportive of and involved in continuing nursing education (CNE). Indiana was one of the first states in the nation to develop and implement a process to ensure that continuing nursing education activities meet high educational standards. A statewide plan for CNE in Indiana was developed in 1972-1973 and implemented during 1973-76 through a grant from the W.K. Kellogg Foundation. Effective January 1, 1977, the Indiana Statewide Program for Continuing Education in Nursing (ISPCE) officially became a part of the Association. ISNA has been continuously accredited as an approver of continuing nursing education since 1977.

At the September 28, 2012, annual meeting, ISNA members voted not to renew ANCC accreditation as an approver of continuing nursing education and to transfer that activity to the Ohio Nurses Association (ONA). ISNA designated ONA as the preferred approver of Indiana continuing nursing education activities and providers of CNE.

For more information, contact the ISNA office, e-mail ce@IndianaNurses.org or visit the ISNA web site www.InianaNurses.org.

Certified nurses are special, and this is the story of one of these certified nurses in her own words. Meet Beth Bahrber, RN, BSN, and hear about her unique certification journey:

“When I first started my journey in nursing, I wanted to have a bunch of letters behind my name. I had a great mentor who had a bunch of letters, and I thought that those were some of the foundational pieces to being great!

After I graduated from nursing school, I worked as a dialysis nurse. The first thing I wanted to do was obtain a certification so I could add those credentials to my signature. As I started studying, I had an epiphany! I was learning! I was developing into a great dialysis nurse because I was gaining knowledge that I could apply to my practice. I did not need those letters to signify greatness. I needed the knowledge that was gained through the process of certification! I obtained that first certification and was obviously proud! I can tell you that I do not even remember signing my name with those three letters behind.

I have since moved forward with my career. I have been a critical care nurse for several years. I am certified, which is accompanied with an immense amount of pride. I have continued to expand my knowledge. I feel a sense of professionalism when I think about being certified. I am proud of my profession and my area of nursing. This certification was a personal goal for me. It was a test of my knowledge that I could apply to my practice. I did not need those letters to signify greatness. I needed knowledge that I could apply to my practice. I did not need those letters to signify greatness. I needed knowledge that was gained through the process of certification! I obtained that first certification and was obviously proud! I can tell you that I do not even remember signing my name with those three letters behind.

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Evidence-Based Practice: Why Does It Matter?

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It is clearly understood that nurses do not work in a vacuum; they must work effectively as members of the healthcare team. The Joint Commission has emphasized the need for all healthcare providers to work together more effectively in the delivery of patient care to improve outcomes. Nurses play a critical role in the healthcare team and have knowledge and skills that can contribute to improving patient outcomes.

Introduction
Evidence-based practice has become a commonly used term in health care in the past few years. It is important for nurses to know what it means, how to use it, and how important it is in protecting patient safety. This study will define evidence-based practice and provide examples of how evidence-based practice questions can be used to guide delivery of safe patient care.

Significance
In 2002, Sigma Theta Tau International, the honor society of nursing, developed a position statement on evidence-based practice. This paper describes how important it is for nurses to be able to access, evaluate, integrate, and use “best practices” to promote patient safety. The document was revised in 2005 and is available at http://www.nursingsociety.org/aboutus/Position_Papers/Pages/EBN_positionpaper.aspx (STTI, 2005). In this document, the society defines evidence-based practice as “integration of the best evidence available, nursing expertise, and the values and preferences of the individual patient, families, and communities who are served.” This takes into account not only the research-based evidence, but the unique situations nurses face when implementing best practices with people of various cultures, needs, and health care preferences. Sigma Theta Tau International (2005), in its position paper, defines evidence-based nursing as “an integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families and communities who are served.” This takes into account not only the research-based evidence, but the unique situations nurses face when implementing best practices with people of various cultures, needs, and health care preferences.

Evidence-based practice has become a commonly used term in health care in the past few years. It is important for nurses to know what it means, how to use it, and how important it is in protecting patient safety. This study will define evidence-based practice and provide examples of how evidence-based practice questions can be used to guide delivery of safe patient care.

The National Council of State Boards of Nursing (NCSBN) has stated that evidence-based practice is not just another buzzword but is an expected standard of ensuring safe patient care that is “here to stay” (Spector, 2007).

Definition
Evidence-based practice, in its simplest form, means using evidence to guide practice. This is an alternative to “flying by the seat of your pants,” doing things “because we’ve always done them that way,” or doing things “because I don’t know what else to do, so I’ll try this and see how it works.” Nurses enter practice with a knowledge base that has been acquired through formal education, including opportunities for both didactic learning and clinical practice. This education forms the basis for beginning practice and serves as a springboard for future professional development. This is NOT the end of the learning process!

New evidence comes into play every day as research is completed, technology advances, and patients present with unique challenges and personal experiences.

Tiller (2008, p. 1-113) defines evidence-based practice as “the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.” Evidence comes from several sources, including research, our past experiences, the knowledge and experience of colleagues, and the patient/family. One of these alone does not constitute a solid frame of reference for determining a plan of care.

Using Research
When available, research studies that have been conducted in controlled circumstances provide strong evidence to support practice decisions. For example, research has been done to determine various types of wound care dressings that are most appropriate for different kinds of wounds. The nurse caring for a patient with a decubitus ulcer needs to thoroughly assess the patient and the wound, and then review the research to determine the best options. The wound may be a result of the patient’s condition and the physician reviews the patient’s situation, they can develop a plan that incorporates recommendations based on research findings, the specific characteristics of the wound, and the patient’s situation – lifestyle, current self-care capability, availability of resources, and other factors that will determine how the treatment plan is carried out.

There are many areas of nursing practice, however, in which structured quantitative and/or qualitative research has not yet been done. There may be anecdotal evidence from others’ experiences, or there may be some “soft” data generated by one or two research studies with small populations or with a different focus than the area of current concern. New research is being conducted in a variety of areas of nursing practice and is disseminated through resources such as the National Institute of Nursing Research (NINR) at the National Institutes of Health.
Several sources, including the University of Southern California (2010), have published tools to aid in reviewing this literature. Key questions they suggest include:

- What is the purpose of the research and how does it relate to the problem?
- How was the investigation done? Was the study conducted in accordance with sound principles and without bias?
- What are the findings and conclusions, and how do they relate to the problem?
- How are the findings applicable to my practice?

Other factors the reader might want to consider when reviewing published research data include:

- How big was the data base in the study? A study that only looked at responses of 30 patients to a nursing intervention may not yield data that is as beneficial as a study in which 100,000 patients were assessed. After all, if six out of ten patients responded positively to a nursing intervention, the response rate would be 60%. That number looks impressive. It isn’t nearly as impressive, however, if six out of 100,000 patients had the same response—then it would be only 0.06%.

- What was the population in the study? If the study looked at the effects of an antidepressant medication on adults and your patients are children, the results of the study will not benefit your current practice.

- Who funded the study? Publishers and authors disclose the sources of funding for their research. If a study comparing the effectiveness of two antihypertensive medications was conducted by a pharmaceutical company that makes one of the medications, what steps were taken during the design, implementation, and analysis of the study to ensure that the study was factual? Please note that it is not unethical or illegal for a pharmaceutical company to fund research about its medications. In fact, this is a critical tool for evaluating the effectiveness of a medication. What is critical is that (1) bias is prevented in the conduct of the study, and (2) readers of the study have full disclosure about funding.

- Who conducted the study? What were the qualifications of the people who carried out the work? Did they have a particular “vested interest” in the outcome? Unfortunately, there have been situations where researchers have had a particular desire to see a certain outcome of a study, so data are manipulated or interpreted in a way to make the desired outcome a reality. To protect integrity and try to prevent misuse of subjects and data related to them, facilities in which data are collected and research is conducted have institutional review boards (IRBs). Prospective researchers submit their proposals to IRBs to get approval prior to conducting their research if human subjects are involved. There may be situations where a researcher is receiving funding from a product manufacturer, or the researcher serves on the speakers’ bureau for the company that makes the product—in these cases, the researcher has to be sure that his/her involvement with the company does not introduce bias into the research process. Some organizations allow this researcher to continue with the research as long as disclosure is provided and integrity is maintained; other organizations disallow the researcher from participating in that particular research project. Publishers are required to disclose any potential “conflicts of interest” of authors and to indicate how these potential conflicts were resolved.

- What were the outcomes of the study? Do they make any relevant to your practice or your population of patients? Further analysis into the statistical analysis of the data to see how the researchers arrived at their conclusions. If not, consider the evidence of this study as an Adventure in new learning, and move on to something else!

While research is an important component of evidence-based practice, an important factor to remember is that one research study does not generally provide “evidence.” A nurse can search! Databases for individual articles, these include CINAHL, MEDLINE, and others. More valuable is a compendium of research studies that have resulted in publication of evidence that comes from several sources. Three notable sources of this type of data are the Cochrane Collaboration, the National Guideline Clearinghouse, and the Agency for Healthcare Research and Quality. All three of these sources provide searchable databases that enable the user to collect evidence compiled from a number of sources in relation to a specific clinical problem.

Some evidence that has been proven through the National Guideline Clearinghouse, the evidence has been used to formulate a guideline that is then considered to be a “standard” of practice, by an on-availability best in the time the standard was written. That is another significant factor to consider—when was the study done, and how current are the findings? Review of the literature may point to evidence of change in standard over time—the prudent nurse will be aware of the most recent sources of evidence.

Spector (2007) states in the NCSBN paper that it is important for nurses to recognize the difference between “research utilization” and “evidence-based practice.” While research utilization suggests that one adopt the findings of a research study as “standard practice,” evidence-based practice indicates that findings from multiple studies, in conjunction with thorough assessment of the current patient situation, forms the basis for nursing diagnoses and interventions. She states that goals of this process are to give nurses tools to provide evidence, to provide a valid and reliable way to solve clinical problems, and encourage innovation and creativity in how evidence-based data is implemented in practice. As additional clinical problems and challenges are identified, there is opportunity for more innovation as new strategies are implemented to address ongoing quality improvement initiatives.

Tools and Resources

Policies and procedures of facilities should be based on evidence, not on tradition. One recommendation is to include a footnote with each policy, stipulating the foundational documents that were used in formulating the policy. Regularly scheduled policy reviews can then be conducted by referring to the original sources of data to look for updates and changes.

One example of an evidence-based practice standard that has been shown to increase patient safety is the SBAR tool for interprofessional communication (IHI, 2010). Numerous studies over the past several years have indicated that a major cause of patient safety lapses in acute care settings has been poor communication among members of the healthcare team. As noted earlier, The Joint Commission issued an event alert in July of 2008, indicating that hospitals must take a more active approach in ensuring respectful, appropriate communication that fosters a culture of teamwork and trust. The SBAR communication tool has proven to be an effective resource to assist healthcare team members in addressing that concern.

The model uses the acronym SBAR to stand for situation, background, assessment, and recommendation. When one member of the team is giving report to another or calling a colleague for guidance, use of this framework provides a consistently reliable way of collecting, analyzing, and organizing data to share with the other person. It is a particularly valuable tool for new members of the team, as they are learning strategies for effective communication. The process is more intuitive for more proficient practitioners. Regardless of whether use of the standard is formal or informal, it provides a way to share data that is understood by both parties, includes relevant information, and excludes extraneous information that might “muddy the water” in making sure the patient’s needs are appropriately addressed. Evidence has shown that using this technique in shift-to-shift reports, transfers of a patient from one department to another, or call to a prescriber regarding a change in
Evidence-Based Practice continued from page 7

plan of care has resulted in clearer communication and better patient outcomes.

Several models have been developed to assist people in using evidence to guide their practice. One is the SCIP Star Model of Knowledge Transformation, developed at the University of Texas Health Science Center at San Antonio (Stevens, 2004). According to this model, the five points of a star represent key points in development of evidence-based practice: discovery, translation, implementation, evaluation, and review. New data is discovered, but only as evidence from several studies supporting that finding are accumulated over time. The data are summarized in a framework that then can be translated into expectations for practice. At that point, nurses need to be educated and system-wide adjustments have to be made in order for those expectations to be incorporated into practice. For example, evidence could show that providing rest at the patient’s bedside is an effective tool to promote patient safety and enhance staff function ability, but if staff is not educated about how to do this new practice effectively, it will not be utilized appropriately. Similarly, if staff are educated, but policies and procedures are in place that dictate how rest is to be given in the conference room with certain people present at each change of shift, the new practice will not be able to be implemented. At times, changes in policy/procedure, technology, and/or the culture of the unit or organization are needed in order for new evidence to be incorporated into practice.

Many health care organizations have implemented quality improvement initiatives such as the PDCA (plan/do/check/act) process and Six Sigma. These are examples of use of evidence to guide practice, however, without the framework that organizations need to work toward quality, cost-effectiveness, and efficiency. While the initial onset of quality improvement initiatives has taken place in the manufacturing and industrial sectors of the economy, hospitals and other health care organizations have followed suit. Another model is one suggested by light of the IDM reports referenced earlier in this study that indicate hospitals have issues that affect safety for patients and preclude effective and efficient care. As mentioned earlier, the care providers in health care, healthcare organizations are now realizing the need to be more accountable in both the services they provide and the infrastructure that supports provision of these services. According to the American Society for Quality (2003), there are several reasons for the emphasis on evidence-based initiatives in the healthcare sector: (1) a desire to reduce costs and increase profits; (2) a recognition of the need for evidence to support decision making; and (3) the need to improve quality to meet the expectations of customers. The database has grown significantly in its ten-year history and has contributed substantially to the evidence supporting nursing’s critical role in patient safety. Data are collected from member hospitals and benchmarked with other facilities and quality assurance indicators—those variables that reflect the structures, processes, and outcomes that affect the quality of nursing care that is provided in outpatient hospitals. The database has grown significantly in its ten-year history and has contributed substantially to the evidence supporting nursing’s critical role in patient safety. Data are collected from member hospitals and benchmarked with other facilities and quality assurance indicators—those variables that reflect the structures, processes, and outcomes that affect the quality of nursing care that is provided in outpatient hospitals.

Professional nursing associations also have a wide variety of activities currently underway to investigate and support evidence-based practice in particular areas of nursing. Just as two examples, the Oncology Nursing Society has substantial evidence-based practice information available in regard to nursing care of patients with cancer. The Emergency Nurses Association has practice standards, publications, online testing, and educational materials for use in emergency nursing. Contact a professional association of interest to you to learn about the resources, education, and data bases they currently have available.

As a Registered Nurse, you understand the significance of education. Your skills and knowledge are put to use on every shift. You are an important member of the healthcare team. A degree from Indiana Wesleyan University says you value the education, not just the degree. It says you want to treat the whole person, not just the patient. And it says you want to make a difference in your life and the lives of others.

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A degree from Indiana Wesleyan University makes a statement.

Other Sources of Evidence

Clinical Expertise

With all of this discussion surrounding research and data bases, don’t lose sight of the fact that collecting evidence from the literature is only one step in implementing evidence-based practice. Going back to the definition of evidence-based practice, remember that there are three key components: the evidence, clinical expertise, and the situational context. Clinical expertise is a required element of evidence based practice. That might be the expertise you have, or the “borrowed” expertise of a colleague or mentor. Recognition of the expertise when you need help and finding the appropriate person to provide that assistance, enables you to “data mine” to develop a strong evidence-based plan of care.

Clinical expertise comes with clinical experience. The novice nurse is very focused on policy and procedure and “how to,” rather than “what to do” or “why to do,” let alone “how and when to modify” based on a patient’s need at any given point in time. As clinical experience grows, the nurse transitions to higher levels of thinking and functioning (Benner, 1984). As the nurse progresses from novice through the stages of advanced beginner, competent practitioner, proficient provider, and expert, the ability to think about “what if” strategies increases significantly. The nurse who is able to do “what if” thinking explores options and alternatives and uses research-based evidence to support recommendations to modify a plan of care to meet unique needs of an individual patient.

Critical Thinking, while taught in nursing schools, is more of a theoretical exercise until there is a practice framework to guide the thinking. The more experience the student has, the more proficient provider, and expert, the ability to think about “what if” strategies increases significantly. The nurse who is able to do “what if” thinking explores options and alternatives and uses research-based evidence to support recommendations to modify a plan of care to meet unique needs of an individual patient.

Critical thinking derives from the ability to look at the big picture, ask relevant questions, seek additional information, and challenge the “usual.” It includes the nurse’s ability to not only collect data, but to analyze that data in context with the patient situation. Critical thinking requires that the nurse be present in the moment and not act reflexively in response to it. Critical thinking is also the process of evaluating the strength of arguments and evidence with regard to a particular need in this case? Is this something that you value the education, not just the degree. It says you want to treat the whole person, not just the patient. And it says you want to make a difference in your life and the lives of others.

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Evidence-Based Practice: Why Does It Matter?

This independent study has been designed to empower nurses to engage in evidence-based practice to strengthen their own professional roles. 1.37 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Association (OKEN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation Expires 8/2013

DIRECTIONS
1. Please read carefully the enclosed article “Evidence-Based Practice: Why Does It Matter?”
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the information, return the following to the Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224.
   • The post-test;
   • completed registration form;
   • fee
   • evaluation form.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Zandra Ohri, MA, MS, RN, Director, Continuing Education, education@ohri.org 614-448-3027, or Zandra Ohri at 614-448-1030, Ohio Nurses Association at (614) 237-5414.

OBJECTIVES
Upon completion of this independent study, the learner will:
1. Define evidence-based practice.
2. Describe ways to use evidence-based practice to ensure safe patient care.

This independent study was developed by: Pamela N. Dickerson, PhD, RN/BC, RN Concerted Education. The author and planning committee members have declared no conflict of interest.

There is no commercial support or sponsorship for this independent study.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice or to be a comprehensive compendium of evidence-based practice. For specific implementation information, please contact an appropriate professional, organization, legal source, or facility policy.

Evidence-based practice is a process that uses the best available scientific evidence to inform clinical decisions. It is a systematic approach to making decisions about the best course of action for a given situation. Evidence-based practice is based on the use of evidence, which includes research evidence, clinical expertise, and patient preferences and values.

The evidence-based practice process involves the following steps:
1. Define the problem or question.
2. Search for and critically appraise the evidence.
3. Apply the evidence to the patient's situation.
4. Evaluate the outcomes of the intervention.

Evidence-based practice is important in nursing because it helps nurses to provide the best possible care to their patients. It also helps nurses to improve their own practice and to contribute to the body of knowledge in their field.

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Evidence-Based Practice

Post Test, Evaluation Form, and Registration Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: _____________________________
Date: _____________________________  Final Score: _________

1. Learning from previous education is adequate to enable the nurse to practice safely throughout his/her career.  
   a. False  
   b. True  

2. Evidence to guide practice decisions can come from:  
   a. Experience  
   b. Patients  
   c. Research  
   d. All of the above  

3. In the PICO formula, the “O” is indicative of:  
   a. Objective  
   b. Operation  
   c. Opportunity  
   d. Outcome  

4. In the PICO formula, the “P” stands for:  
   a. Possibilities for actions  
   b. Prediction of the desired outcome  
   c. Problem the patient has  
   d. Procedure the nurse is considering  

5. In the PICO formula, the “I” stands for:  
   a. Individual needs of the patient  
   b. Intervention being considered  
   c. Investigation technique to be used  
   d. Involvement of the healthcare team  

6. In the PICO formula, “C” is used to indicate:  
   a. Coordination of the plan  
   b. Communication strategies  
   c. Comparative interventions  
   d. Comprehensive plans  

7. The group that represents all of the state boards of nursing is the:  
   a. NCSBN  
   b. NNSDO  
   c. NCOC  
   d. NRB  

8. The Ohio Board of Nursing has a rule regarding practice according to knowledge, skills, and ability.  
   a. Acquired  
   b. Current  
   c. Previously learned  
   d. Tested  

9. The National Council of State Boards of Nursing states that evidence based practice is a:  
   a. Buzz word  
   b. Fac  
   c. Fallacy  
   d. Reality  

10. A nurse who practices only based on what was learned in nursing school becomes:  
    a. Dangerous  
    b. Inefficient  
    c. More proficient  
    d. Stronger  

11. The purpose of the Ohio Board of Nursing is to:  
    a. Perform public service  
    b. Protect the public  
    c. Provide post-graduate nursing education  
    d. Safeguard the nurse  

12. Policies and procedures are best written based on:  
    a. Accreditation requirements  
    b. Evidence  
    c. Experience  
    d. Tradition  

13. One research study is usually not adequate to provide evidence for clinical decision-making.  
   a. False  
   b. True  

14. Sigma Theta Tau International considers evidence based practice to play what role in nursing practice?  
   a. Experiential  
   b. Foundational  
   c. Guiding  
   d. Supportive  

15. SBAR is an evidence-based practice standard used for:  
   a. Communication among health professionals  
   b. Maintaining adherence to Joint Commission standards  
   c. Reporting patient safety violations  
   d. Working through patient clinical problems  

16. The National Institute of Nursing Research is part of the:  
   a. American Nurses Association  
   b. National Honor Society of Nursing  
   c. National Institutes of Health  
   d. World Health Organization  

17. Pharmaceutical companies cannot conduct research about medications they make.  
   a. False  
   b. True  

18. An important aspect of reading a research article is to look at:  
   a. How bias was prevented in the design, implementation, and analysis of the study  
   b. How many people researched and/or authored the study  
   c. How the results of the study have been used by other organizations  
   d. Why the investigators chose to study this particular issue  

19. A process to validate the integrity of a research study is use of an:  
    a. Administrative Research Review  
    b. External Panel of Experts  
    c. Institutional Review Board  
    d. Optimal Research Outcomes Analysis  

20. Evidence-based practice suggests that findings of several research studies support the planned intervention.  
    a. False  
    b. True  

21. Education of nurses about change in practice based on new evidence is sufficient to create new practice.  
    a. False  
    b. True  

22. For new evidence to be integrated into practice, there needs to be:  
    a. Education, system-wide support, and availability of resources to make the change  
    b. Enough staff to implement the new plan  
    c. Data from at least five sources to support the need for a change in current practice  
    d. Wide-spread understanding that the new process will not cost more than the current one  

23. The National Database of Nursing Quality Indicators® is a data collection venue for nursing indicators of quality in:  
    a. All healthcare settings  
    b. Ambulatory Care  
    c. Hospitals  
    d. Nursing Homes  

24. The SBAR acronym stands for:  
    a. Sample size, Biology, Anatomy, and Research  
    b. Situation, Background, Assessment, and Recommendations  
    c. Suggestions, Basis of opinion, Algorithms, and Responses  
    d. Surgery, Bariatrics, Anesthesia, and Radiology  

25. Evidence to support evidence based practice comes from:  
    a. Empirical research, previous experience, and clinical data  
    b. Evidence-based study, analytical data, and NDNQI  
    c. Supportive data, use of EBP models, and rationale  
    d. The literature, clinical expertise, and the patient  

26. Sigma Theta Tau defines evidence based practice to include:  
   a. Evidence based on the nurse's personal value system  
   b. Information that was learned in nursing education programs  
   c. Standards of practice from licensure boards  
   d. Values and preferences of individuals and families  

Evaluation

1. Were the following objectives met?  
   a. Define evidence-based practice  
   b. Describe ways to use evidence-based practice to ensure safe patient care.  
   c. Identify when a study is an effective method of learning?  
   d. How long did it take you to complete the study, the post-test, and the evaluation form?  
   e. What other topics would you like to see addressed in an independent study?  

Registration Form

Name: (Please print clearly) _____________________________
Address: ____________________________________________
City/State/Zip: _______________________________________
Daytime phone number: ___________________________  RN  ________ LPN
Fee: ________ ISNA Member/LPN ($15)  ________ Non-ISNA Member ($25)

Please email my certificate to: ________________________________________________
Email address: ___________________________________________________________

ISNA OFFICE USE ONLY

Date Received: _____________________________

Amount: ________ Check No. _____________________________

MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION.

Enclose this form with the post-test, your check, and the evaluation and send to:  
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Or email completed forms to ce@IndianaNurses.org. Payment may be made online at wwwIndianaNurses.org.
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