

Evidence-Based Practice in pre-registration nursing education: a comparison of UK and US clinical and academic teaching staff.

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Background

Evidence-Based Practice (EBP)

“Evidence-based practice within nursing is achieved by developing and supporting patient-centred approaches to care using the most current evidence.” (Emanuel et al., 2011; p.1)

Impact on policy

NHS plan (Department of Health, 2000), Service Frameworks (DH, 2001), clinical practice guidelines (Grinspun et al. 2002).

State Medicaid policy changes (AHRQ, 2012), Health Professions Education: A Bridge to Quality report (Institute of Medicine, 2003),

Changes to Pre-reg nursing in the UK – Nursing and Midwifery Council (2010), Quality and Safety Education for Nurses (QSEN) – US initiative

The study

Approach

Online survey (US & UK versions) – including the Evidence-Based Practice Questionnaire (EBPQ; Upton & Upton, 2006).

8 weeks – reminder email

Closed and open-ended questions

Sample

Quantitative N=81

Country	Academic context	Clinical context	Total
UK	9	43	52
US	12	17	29
Total	21	60	81

Quantitative findings

Country of practice

No significant differences

Context of practice

Significant difference between Academic & clinical staff on EBP knowledge/skills (small effect)

Interaction?

No interactions

The study

Sample

Qualitative N=82

Country	Academic context	Clinical context	Total
UK	10	43	53
US	11	18	29
Total	21	61	82

Qualitative findings of barriers

Five main categories:

Evidence-related issues

Organisational issues

Teaching-related issues

Skills-related issues

No barriers

Qualitative findings – barriers to teaching EBP

"some of the evidence itself being conducted on small groups in very specific arenas.." (Participant 46)

"poor communication of research to clinical faculty or bedside nurse" (Participant 44)

"...Difficult to do much of keeping up with laundry some days let alone literature and practice with a very busy workload and large number of students." (Participant 55).

Qualitative findings – barriers to teaching EBP

"At times it feels as if we are detached from the academic side of nursing and do not have opportunity or time to fully update on current EBP or other good practice" (Participant 3).

"Sometimes the students feel it's rather boring and pointless but when we point out how treatments have advanced over the years due to EBP and are able to give and show examples they quickly understand its value." (Participant 47).

Conclusions

Similar patterns of EBP Use, Attitudes and Knowledge/skills across US/US, clinical/academic
Similar qualitative barriers between US and UK
Slight differences between academic and clinical barriers identified

Implications

Greater cohesion between clinical and academic contexts needed
Mechanisms to help educators be confident their knowledge and skills are current need to be explored

Questions?