

# 2017 Tenth National Doctors of Nursing Practice Conference: New Orleans



Nursing Experts: Translating the Evidence

## Significance of an online evidenced based practice education module: Nursing experts translating the evidence (NExT)

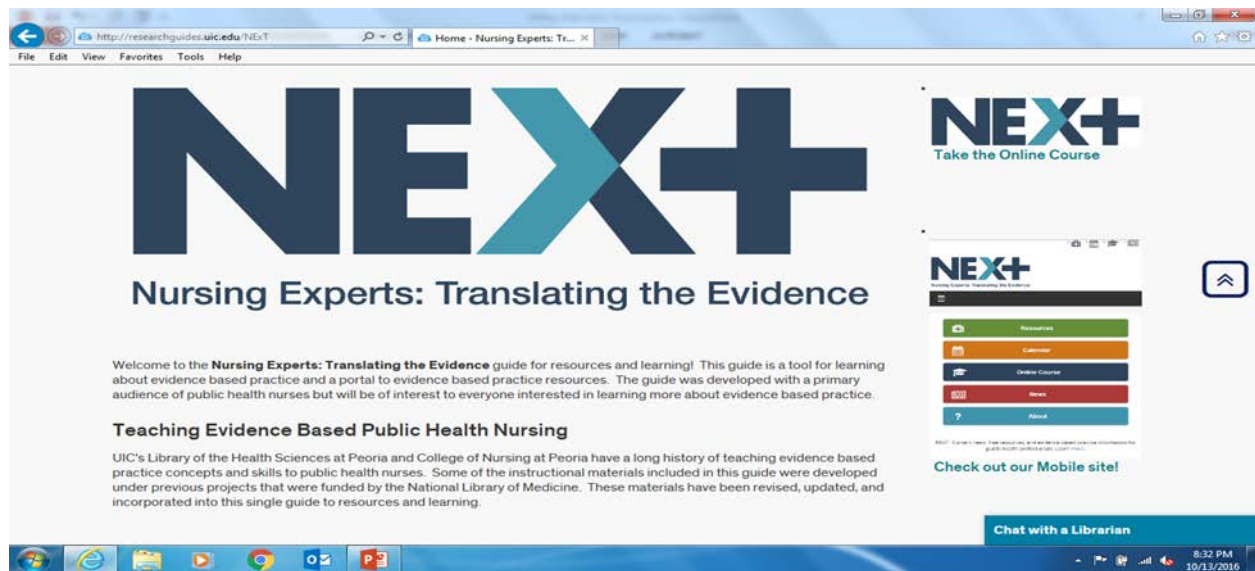
**THE  
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# Project Goals and Objectives

- Expand knowledge base associated with public health nursing
- Assist public health nurses to become more articulate regarding sound science and evidence based practice
- Increase public health nurses role in policy and program planning
- Conduct a search in PubMed for systematic reviews, meta-analysis, and clinical practice guidelines
- Identify additional electronic resources to use as a public health nurse
- Discuss primary and secondary literature types
- Construct a public health related PICO question
- Conduct a literature search in response developed PICO question
- Determine if literature is applicable to PICO question and local practice site
- Develop a plan for program implementation and evaluation based on findings from literature search
- Evaluation: Pre/Post Survey, Paired Questions: Concepts and Research Knowledge and Open Ended Satisfaction Questions



Find all of the resources and online tutorials <http://phnext.uic.edu>

https://www.softchalkcloud.com/lesson/serve/PVI softchalkcloud.com

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# NEX+

## NEXT Online Course

Nursing Experts: Translating the Evidence

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**Navigation**

- [Pre-Course Questionnaire](#)
- [Evidence Based Public Health Nursing](#)
- [Searching PubMed](#)
- [Online Resources](#)
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### NEX+ Online Course Overview

Welcome to the Nursing Experts: Translating the Evidence (NEX+) course!

We hope that you find the course and its contents useful. If you have any trouble with the course or wish to report a problem, please contact us at lib-pref@uic.edu.

You may work through the modules at your own pace. Each module consists of one or more video lectures followed by activities to reinforce key concepts from each lecture. For Continuing Education credit, you must complete the pre- and post- surveys. Navigate through the course by using the "Next Page" link to proceed through the content in the recommended order. This course is anticipated to take 3 hours. Please note: All hyperlinks will open in the same page. Please right-click to open them in a new tab or window. This course is best viewed on a large screen or desktop.

Modules:

- Evidence Based Public Health Nursing
- Searching PubMed
- Online Resources
- Critical Appraisal
- Knowledge Translation

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### What is Evidence Based Practice?

Evidence Based Practice is a process of life-long, problem-based learning. EBP is a concept that applies to all of the health sciences.

The process involves:

- Converting information needs into focused questions.
- Efficiently tracking down the best evidence with which to answer the question.
- Critically appraising the evidence for validity and clinical usefulness.
- Applying the results in clinical practice.
- Evaluating performance of the evidence in clinical application.

### Why is EBP Important?

There is now an overwhelming amount of new information generated annually, monthly, even weekly. Health professionals can not be expected to keep current by reading everything that is published.

Instead, *EBP teaches professionals how to find the information that they need when they need it*

### What is Evidence Based Public Health?

"The process of systematically finding, appraising, and using contemporaneous clinical and community research findings as the basis for decisions in public health."  
 -- Jenicek M and Stachenko S. (2003) 'Evidence-based public health, community medicine, preventive medicine.' Medical Science Monitor: 9(2):p. SR2.

"Evidence is limited for many public health interventions, yet approaches should be based on the best possible science, be multidisciplinary and center on sound planning and evaluation methods."

#### EBM/EBP

Sackett, et al. defined Evidence-Based Medicine (EBM) as "the integration of best research evidence with clinical expertise and patient values."

-- Sackett DL, Straus SE, Richardson WS, Rosenberg W Haynes RB. "Evidence-based Medicine: How to Practice and Teach EBM". Edinburgh: Churchill Livingstone.

For more information on EBP in general, please see the

**UIC Evidence Based Medicine Guide**

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### Online Resources to Explore:

#### The National Library of Medicine (NLM)



The **National Library of Medicine** provides not only **PubMed** and **MedlinePlus**, but several other useful resources.

- [National Institutes of Health](#)
- [PubMed](#)
- [MEDLINEplus](#)  
Consumers' health information produced by the National Library of Medicine that is authoritative and up to date.  
[more...](#)
- [Gallery of Mobile Apps](#)  
[more...](#)
- [NCBI Bookshelf](#)
- [TOXNET](#)  
TOXNET is a publicly available portal to materials on toxicology, hazardous chemicals, and biohazards.  
[more...](#)
- [Health Services Research \(HSR\) PubMed Queries](#)  
[more...](#)

### And More Online Resources to Explore:

#### Public Health Associations & Organizations

The following public health associations and organizations have a variety of resources available online.


- [U.S. Preventive Services Task Force](#)  
[more...](#)
- [Partners in Information Access for the Public Health Workforce](#)  
ph partners  
[more...](#)
- [American Public Health Association](#)  
[more...](#)
- [Association of State and Territorial Health Officials \(ASTHO\)](#)  
[more...](#)
- [Centre for Reviews & Dissemination](#)  
[more...](#)
- [health-evidence.ca](#)  
[more...](#)
- [Illinois Public Health Association \(IPHA\)](#)  
[more...](#)

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### Centers for Disease Control & Prevention



The CDC has a variety of statistical information available at the following links.

- [Data & Statistics](#)
- [CDC Wonder](#)
- [Epi Info](#)
- [FastStats](#)
- [National Notifiable Diseases Surveillance System](#)
- [Vaccination Coverage & Surveillance](#)
- [Youth Risk Behavior Surveillance System \(YRBSS\)](#)

### State of Illinois Health Statistics

- [Center for Rural Health](#)  
Provides a table listing areas of Illinois having state physicianand/or Federal health professional shortage areas.
- [Illinois Department of Public Health](#)
- [IPLAN](#)  
A regularly performed community health assessment and planning process in Illinois.  
# An online website, IPLAN Data System, has been created based on this data and offers a customizable data report system containing 102 health indicators.
- [IQuery](#)  
IQuery is a web-based community health data query system maintained by the Illinois Department of Public Health. It has data from multiple sources and can be accessed by most browsers.
- [Local Health Departments](#)  
Alphabetic Listing of Illinois Health Departments
- [Illinois Public Health Community Map](#)  
The purpose of this Web site is to make information about the quality of health in Illinois communities available to the public, and highlight socioeconomic and racial/ethnic disparities that may exist.

### Additional Sources of Statistics

- [Agency for Healthcare Research & Quality \(AHRQ\)](#)  
Data Resources
- [Centers for Medicare & Medicaid Services \(CMS\)](#)  
Research, Statistics, Data & Systems
- [Environmental Protection Agency \(EPA\)](#)  
My Environment
- [Environmental Protection Agency \(EPA\)](#)  
Envirofacts
- [Hospital-Data.com](#)
- [Illinois Behavioral Risk Factor Surveillance System](#)
- [Illinois Environmental Protec](#)

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**Health and Illness Statistics**

[Chat with a Librarian](#)

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# NExT

## Nursing Experts: Translating the Evidence

### UIC College of Nursing – Peoria

### Case Study

#### THE PROBLEM:

##### POPULATION

- Young adults aged 15 to 24 years have the highest rates of the most common STDs in the US. This group represents 25% of the sexually active population, however they account for 50% of the 19 million new STDs reported each year nationally.<sup>1</sup>
- Females age 15-19 represent the highest rates of reported chlamydia cases (3,005 per 100,000) while those age 20-24 encompass the second highest rate (2,998 per 100,000).<sup>1</sup>

### PICO Worksheet and Search Strategy

Define your question using PICO: Population, Intervention, Comparison, and Outcome.

Population: \_\_\_\_\_

Intervention: \_\_\_\_\_

Comparison: \_\_\_\_\_

Outcome: \_\_\_\_\_

Write out your question: \_\_\_\_\_

List the main topics and terms from your question that you can use to search: \_\_\_\_\_

Select any limit that may pertain to your search:

Age  Language  Year of publication  Other \_\_\_\_\_

Choose the types of studies/publications that you want to include in your search:

Systematic Review or Meta-Analysis  
 Clinical Practice Guidelines  
 Randomized Control Trials  
 Other Research Studies, including \_\_\_\_\_  
 Other Publications, including \_\_\_\_\_

Select the resources you want to search:

**Free Resources:**  
 PubMed  
 USPSTF  
 Guide to Community Preventive Services  
 NACCHO – Model Practices Database  
 National Guidelines Clearinghouse  
 phpPartners  
 CDC  
 AHRQ

**Subscription Based Resources:**  
 CINAHL  
 Cochrane Library  
 Joanna Briggs Institute  
 Nursing Reference Center  
 ACP Journal Club  
 Dynamed

What information did you find to help answer your question? \_\_\_\_\_

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### Critical Appraisal Table

PICO Research Question:						
Author/Date	Study Design/Level of Evidence	Sample Population	Intervention	Control/Comparison (if present)	Outcomes	Limitations/Bias

instruments, and threats to the internal validity of the study design such as bias and confounding)

**Figure 1. Synthesis of the Literature**

**PICO Research Question:** For pregnant adolescents (15-24 years) infected with Chlamydia, what is the most effective type of screening/diagnostic practice to decrease infant infection rates?

Author	Level of Evidence	Sample	Intervention	Outcomes	Limitations
Mason, 2009	Randomized Community Trial	N=342 low-income African American women 18+ from the south side of Chicago who reported at least 2 STIs in the previous year. Average age = 38.	Women were randomized into 2 groups, Well Woman Program (WWP) and Minimal Intervention Group (M).  WWP consisted of an exam, 1:1 NP counseling, no standardized STI presentations, and 1 condensed group session.  Both groups came for 4 visits.	Both groups reduced STIs in the 1 <sup>st</sup> 6 months.  WWP showed an overall reduction in STIs of 20%.  STI rates: Visit 1- WWP 75.3%, M 74.4% Visit 2- WWP 75.3%, M 74.4% Visit 3- WWP 63.3%, M 70.8% Visit 4- WWP 53.7%, M 70.8%. X <sup>2</sup> (1, n=342) = 5.59, p < .05	High attrition rates.  Bundled interventions prevent identification of perinatal infection.  Study location had to be moved across gang lines to an area with fewer public transportation options.  Participants had transportation issues.  Unknown whether there would be a weakening of the impact without a boost session.

# Demographics (Participants=73) and Results

- Age: 65% (Under 30), 14% (30-39), 6% (40-49), 8% (50-59), 7% above 60
- 80% white, 6% Black, 6% API
- Education: 17% associates, 21% bachelor's, 30% some college
- 95% of participants reported the session was a good use of their time
- 76% reported interest in attending a future session
- 81% reported Increased development of new skills and increased ability to find evidence based literature.

## Open Ended Responses



NEXT

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<b>(Likert 1-5 Never- Rarely – Sometimes- Often- All of the Time)</b>					
Question	Mean at baseline	Mean after intervention	Mean Change	t value	p- value
Evidence based public health (n=70)	3.54	4.24	-0.70	-7.58	<.0001
PICO question (n=70)	3.67	4.5	-0.83	-7.83	<.0001
Critical Appraisal (n=70)	3.18	4.22	-1.04	-9.05	<.0001
Knowledge translation of evidence (n=70)	3.06	4.14	-1.08	-8.98	<.0001

**Table 1. Current and anticipated future use of resources (Likert 1-5 Never- Rarely –Sometimes- Often- All of the Time)**

Question	Mean at baseline	Mean after intervention	Mean Change	t value	p- value
PubMed (Medline) (n = 70)	2.97	3.71	-0.74	-5.47	<.0001
Guide to community preventative service (n = 70)	1.70	3.13	-1.43	-10.30	<.0001
Public health partners (n = 69)	1.38	2.87	-1.49	-12.41	<.0001
National Guideline clearinghouse (n = 70)	1.63	3.04	-1.41	-11.25	<.0001
USPSTF (n = 68)	1.68	3.06	-1.38	-11.25	<.0001
NACCHO (n = 71)	1.44	2.92	-1.48	-12.94	<.0001