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Librarian Contributions to the Advanced Practice Institute

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I volunteered to write about this program because being involved in it has been the most gratifying and positive experience I have had yet as a librarian. I knew I would learn so much more if I wrote about it. As a new librarian, it has been exciting and sometimes intimidating, to have the opportunity to work with Laura Cullen, the leader of the Advance Practice Institute. Laura’s title requires nearly a full paragraph: Evidence-Based Practice Coordinator for the Research, Quality, and Outcomes Management Program of Nursing Services and Patient Care (at the University of Iowa Hospitals and Clinics). In preparation for this paper, I talked with her to learn more about the background of the Advanced Practice Institute and hear her perspective on how librarians might initiate or increase their contributions to evidence-based nursing initiatives/projects.

I suppose I should start with what this program is, because from what I can tell, there are just a few similar programs in existence. The Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice was started in 2002 with the goal of developing advanced skills for nursing leaders in support of improving opportunities/ success with evidence-based projects for improved quality of care. Program participants are advanced practice nurses in any setting who have responsibilities for leading nursing or multidisciplinary teams. The program, which is a rather intense 3 days, usually takes place at the University of Iowa Hospital (Iowa City), though there have been 9 programs that were arranged off-site at the request of a sponsoring organization or multisite hospital system. Registration is limited to 20 to ensure a small group size, in the interest of promoting networking and participation. To provide a sample of what the content of the program is, I will list a few examples of session titles: mentoring and leading for evidence-based practice, beginning with a clear focus, synthesis and use of the evidence, piloting the practice change, building an organizational evidence-based practice program, and sustaining the change. The Iowa Model of Evidence-Based Practice is utilized throughout the program as a framework to guide the complicated and messy process of building evidence-based practice programs in complex health care organizations (Titler et al., 2001).

There has been a librarian involved in the program since its start and this component has been identified through formal and informal feedback mechanisms to be highly valued. The librarian provides a presentation on the first day of the program. The title of the session currently is: Show me the Evidence! Finding Evidence-Based Information. The focus is on reviewing the hierarchy of evidence, providing an overview of search strategies for a variety of resources (CINAHL, PubMed, National Guideline Clearinghouse, AHRQ), explaining use of advanced features in Google, and evaluating the quality of web resources. Participants receive power point slides of the presentation and additional slides that detail the search that was demonstrated during the presentation. Later on during the first day, participants meet with a librarian for 30 minutes.
each to identify search strategies for the topic. Generally, the participant conducts the search on a laptop provided by the program while the librarian advises. Several months prior to the program, topics were sent to the program administrator and shared with the librarian for completion of a preliminary search on the topic. Often times, participants arrive with electronic or paper copies of articles that help to jump-start the search. This is helpful, given the time constraints of these individual meetings. These librarian consultations are continued the second day of the program, for scheduling purposes. Generally 2 librarians staff the consultation segment of the program. Often times, much of the time spent during this session is devoted to making sure that the participant has connected with a librarian at their facility/area, has obtained access to CINAHL when it is available, and has created database account(s) to save citations and searches.

I became involved in the Advanced Practice Institute during my first month on the job at the University of Iowa (Jan 2009). I was immediately impressed by the high quality of this program and since that time, I have had the chance to observe additional sessions and talk with several of the contributors, who are highly regarded for their expertise. The program has not been widely publicized and many participants find out about it from word of mouth communication. I hope that anyone reading this might consider sharing information about the program with advanced practice nurses/nursing leaders in their organizations. There is also the potential to have the program travel to your organization or system. If the organization has the library staff/interest (and your organization just happens to be able to dedicate the funds!), I would share my presentation materials. It is not necessary for me to travel with the other program presenters but it is important to ensure that the librarian roles are filled and that the program content is similar.

This is a good chance for me to share specific data about the evaluation of this program. Feedback obtained following the program affirms its success. 99% of participants report being able to initiate a specific EBP project at the completion of the program. 99% also can describe the organizational infrastructure for EBP and identify strategies for implementation of EBP changes in health care systems. Over 85% highly recommend the program to colleagues. Immediately after the program, 19% of respondents reported that managing the evidence (includes locating, organizing, critiquing, and synthesizing) is the second biggest challenge to the evidence-based practice process. At 2 years post completion of the program, 58% of participants report that they need some support with using the electronic resources for locating high quality evidence (Cullen, Titler, & Rempel, 2010). In my view, this data not only supports the value of this program, but also reflects a need for librarians to contribute to evidence-based programs, processes, and culture in their organizations.

I will also share a few of Laura’s comments about ways librarians can support evidence-based nursing initiatives. None of these are too surprising. And many of them may not be realistic for certain librarian positions. She values being able to have a librarian visit her in her office to collaborate on literature searches and mentioned that she feels this should be broadly communicated, not only on a library web site, but during nursing meetings by senior leadership,
on their intranet, and by other methods identified to be effective. She also appreciates being able to request literature searches when this is needed, though reported a preference for visits to office or clinical spaces. She emphasized that a librarian needs to seek out opportunities to attend meetings or sessions where they can learn about opportunities (L. Cullen, personal communication, August 25, 2009). I do have the opportunity to attend a professional nursing practice meeting to connect with advanced practice nurses who are working on updating nursing policies/procedures. Laura is currently working on ensuring that there is a mechanism in place to ensure that changes to policies and procedures are based on evidence, whenever possible.

I asked Laura what can be done when there are not many connections already in place and she recommended scheduling a talk with leaders in area of patient services/nursing quality and outcomes as a good starting point (personal communication, August 25, 2009). Getting to know the leaders in the hospital organization that are most focused on quality and outcomes is surely a slow process with many potential obstacles. Laura mentioned that important qualities for librarians to possess are initiative and persistence. Fortunately, these are traits that seem common to most librarians!

References
