Making EBP the Work Culture: Efforts of a New Shared Governance Structure
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University of Tennessee Medical Center’s Nursing Research Council 2008, 2009

Problem:
EBP was not a well-integrated part of the nursing culture in our 500 bed urban academic medical center. Almost half of our nursing sensitive indicators were above the national benchmarks in 2008. All our best efforts to that point had not yielded significant improvements. We needed to change the way we did things. We needed to implement evidence-based nursing.

Evidence:
It takes an average of 17 years for new evidence to be put into practice.
National Institute of Health calls for all health care workers to put evidence into practice.
Teach nurses how to do evidence-based practice not research.
Changing culture is HARD.
Administrative support and library resources are needed to promote EBP.
(7th Annual Summer Institute on EBP, 2008)

Strategy:
These facts were the take home points highlighted by a nursing research council member who attended the 2008 Summer Institute on Evidence-Based Practice. The barely six-month-old Nursing Shared Governance structure of a 500-bed academic medical center sent three nurses to attend this national conference. In the following two years, the department of nursing and these conference attendees worked through the councils to promote EBP into the work culture of the department of nursing.

Practice Change:
The approach to this task included several administrative decisions and several EBP promotion projects including the following:

• The Quality & Research Council was divided into two separate councils.
• A half-time Research Coordinator was hired.
• EBP promotion was adopted as a major goal of the Nursing Research Council.
• The medical librarians were given seats on all the councils.
• The Research Council and the medical librarians launched a CINAHL trial subscription project and monitored nurse's use.
• Bi-annual EBP Poster Presentations were started: one all nursing; one interdisciplinary
• Bi-annual EBP Seminars for staff nurses were started.
• A Journal Club was initiated; the first attempt failed, and the second attempt is underway.
• A challenge of EBP was presented to new Council Chairpersons at their first meeting.
• The Research Council adopted an algorithm to direct clinical questions (EBP vs. Research).
• The Research Council adopted Forsyth EBP Scale and began teaching it to staff nurses.
Evaluation:
Numbers of CINAHL site visits, searches, and article requests were electronically monitored before, during, and after the CINAHL trial subscription. Numbers of staff nurses attending EBP seminars and journal clubs were also measured.

Results:
Many of these initiatives yielded successful results; a few did not seem to work. Some efforts spread to the organization at large to become interdisciplinary efforts. Successes, lessons learned, and on-going strategies are summarized. Statistical analysis of the CINAHL project is included. Librarians’ statistics on increased number of nurse calls are included.

Recommendations:
1. Medical librarians on the councils have made them much more in touch with nurses' needs and made our nursing staff much more likely to call on them for assistance.
2. CINAHL project was a tremendous success. Increased nurse use, article requests and downloads were significantly increased. This project led to budget allocations for CINAHL subscriptions for the hospital.
3. Our initial format for the journal club did not succeed. The numbers in attendance dwindled. Now the journal club is being held on each unit with librarians helping the staff nurses present articles.

Bibliography:
ACESTAR, 2008. Summer Institute on Evidence-Based Practice. Academic Center for Evidence-Based Practice: UT Health Science Center at San Antonio.