Course Description

The Evidence-Based Practice (EBP) program is designed to introduce clinical staff to the principles of evidence-based practice and to provide an overview of the components necessary to implement EBP in the clinical setting.

The course focuses on preparing scholars to engage in evidence-based practice by providing the skills needed to ask the right questions and to critically evaluate information that is available from research findings and professional expert opinion.

During the course, scholars collaborate with a mentor to develop, implement and evaluate and evidence-based practice change for their clinical area. Scholars choose a clinical policy/procedure or current clinical questions requiring EBP evaluation and focus on reviewing the evidence for the policy initiation or update.

Course Objectives

1. Define evidence-based practice and the describe the EBP process
2. Identify a clinical problem and use of the the EBP process to implement change.
3. Formulate a clinical question using the “PICO format.
4. Search for relevant evidence demonstrated by use of an evidence-based filter of academic research databases
5. Systematically evaluate and grade evidence and outcome worksheets.
6. Promote use of evidence by staff to improve patient outcomes.

Intended Audience

The fellowship course is open to staff working in a clinical environment. A total of 12 scholars will be selected. See application for details.

Dates for 2014: October 23, 24, & 31, November 7, 21, December 5

Location: October 23 & December 5 Minneapolis Campus

October 24, 31, November 7, 21 St. Paul Campus

Class Times: 0800-1630

Course Outline

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<th>Topic</th>
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<td>1</td>
<td>Creating a vision for EBP Asking the right questions</td>
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<td>2</td>
<td>Types of Evidence in the Literature</td>
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<td>3</td>
<td>What Did We Find in the Literature? Critically analyzing the evidence</td>
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<td>Moving Evidence into Practice</td>
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<td>5</td>
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Faculty

Casey Hooke, PhD, RN, CPON
Mary Langevin, MSN, RN CPON HN-BC
Lee Diedrick, MA, RN, C-NIC
Beverly Clark, BSN, RN, CNOR
Evidence Based Practice Scholar’s Program Application  
Fall 2014 Program

Name (Last) ___________________________________ (First) ___________________________________

Address: ________________________________________________________________________________

(Include city, state, & zip code)

Telephone: _______________ Email: _______________ Years of practice: _______________

Unit/Department: ___________ Years at Children’s: _______ Manager: ________________________

College/School attended: ___________________________ Date of Graduation/Degree: _______________________

College/School attended: ___________________________ Date of Graduation/Degree: _______________________

I.  EBP Area of Interest Related to Clinical Practice -- Please specify two or more:

______________________________________________________________________________________

______________________________________________________________________________________

II. Unit council membership dates and/or Unit/Department/Hospital Committees you have participated
    in with dates:

______________________________________________________________________________________

III. Please state your reasons for applying to the Scholars program and the clinical practice question
     you are interested in exploring during this EBP program: In two short paragraphs on a separate
     piece of paper (with your name at the top) and attach to the application.

IV. Please discuss your EBP interest with your manager, inform him/her of your application and receive
    a letter of support from your unit manager to participate in the EBP Scholar program.

Application due by **July 31, 2014**  
Applicants will be notified of acceptance by **August 15, 2014**

Classes are 0800-1630: October 23, 24, 31, November 7, 21, December 5, 2014

Targeted Scholar Population for 2014 course: Staff working in a clinical environment

Program Eligibility Criteria:  
- Employed by Children’s Hospitals and Clinics for a minimum of one year
- Commit to the EBP scholars 6 day course

Please submit your completed application to Lee Diedrick, Center for Professional Development and Practice at mailstop 40-405 to be received by 7/31/14 with the following:

- Completed and signed application form
- Short paragraph attached on separate paper
- A letter of support from your patient care manager

Lee Diedrick, Clinical Education Specialist, will confirm receipt of your application by email to you.

By applying to this program, I commit to attending all six classes and working with my manager and/or unit council on an EBP project.

__________________________________  
Applicant’s Signature