

Evidence-based Practice Beliefs among Various Health Professional Students: Implications for Academic Programming

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Presentation Objectives

1. Describe the findings regarding EBP beliefs among health professional students
2. Discuss implications of the findings for academic curricula



***In God We Trust,
Everyone Else Must
Bring Data!***



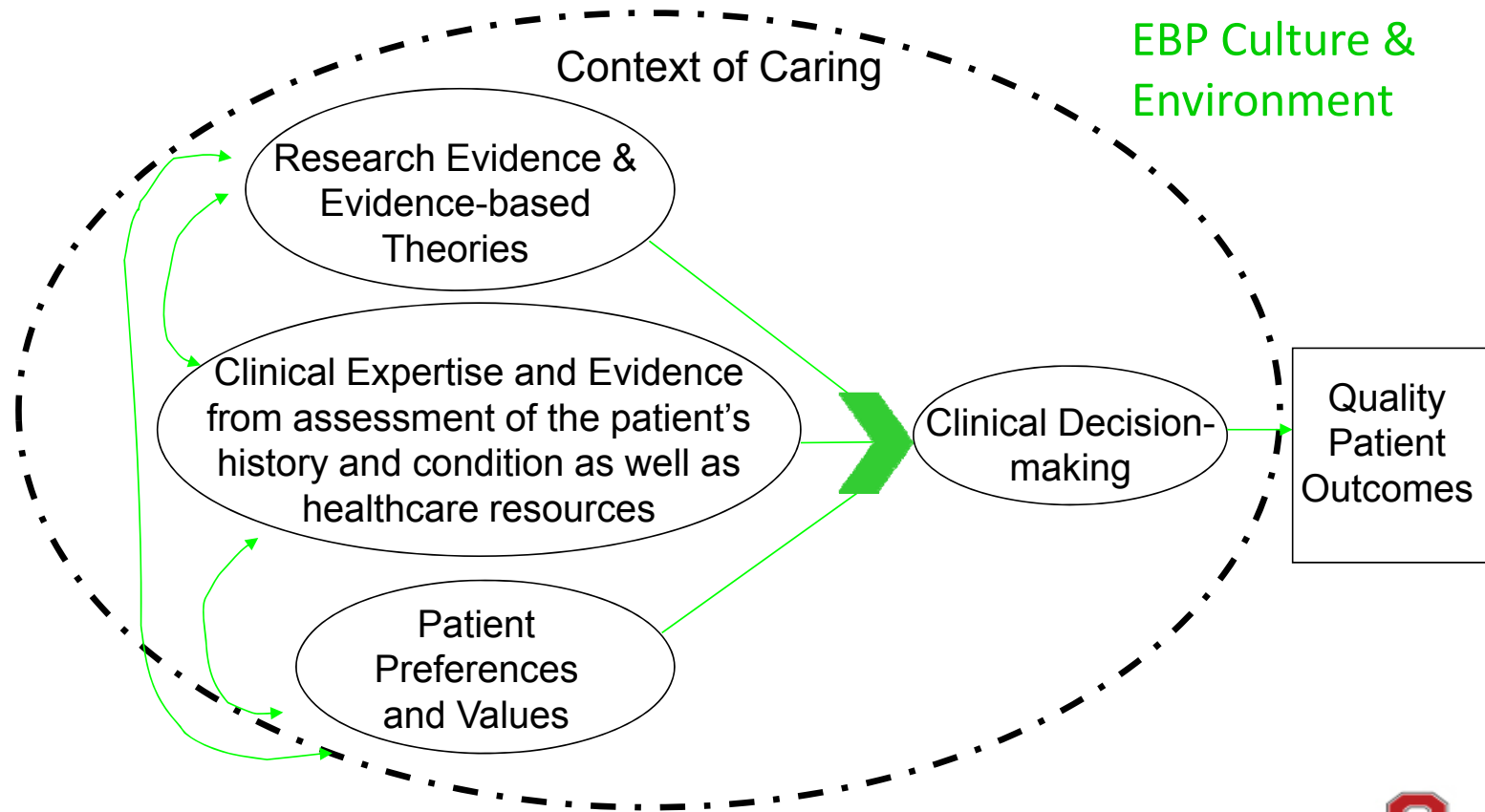
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The State of U.S. Healthcare

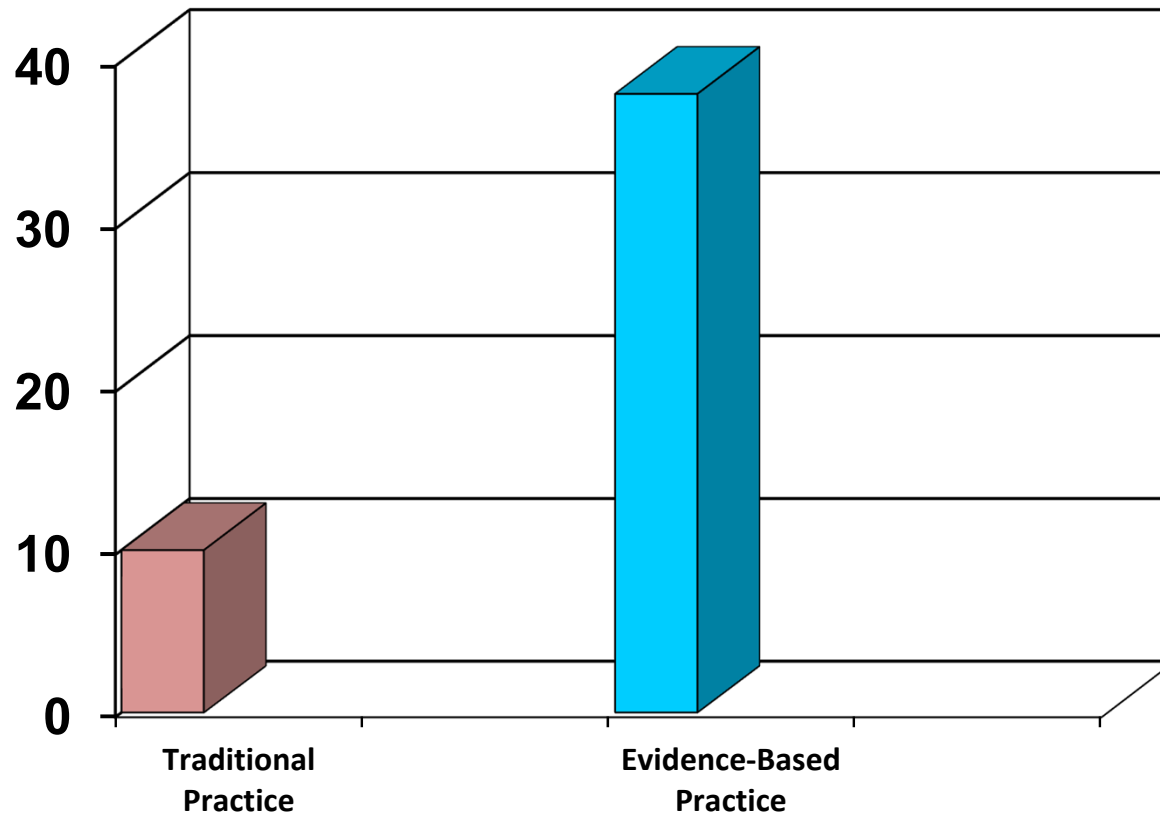
- There are up to 200,000 unintended patient deaths per year (more than auto accidents & breast cancer)
- Patients only receive about 55% of the care that they should when entering the healthcare system
- Poor quality healthcare costs the United States about 720 billion dollars every year
- The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare



The Merging of Science and Art: EBP within a Context of Caring & EBP Culture and Environment Results in the Highest Quality of Patient Care

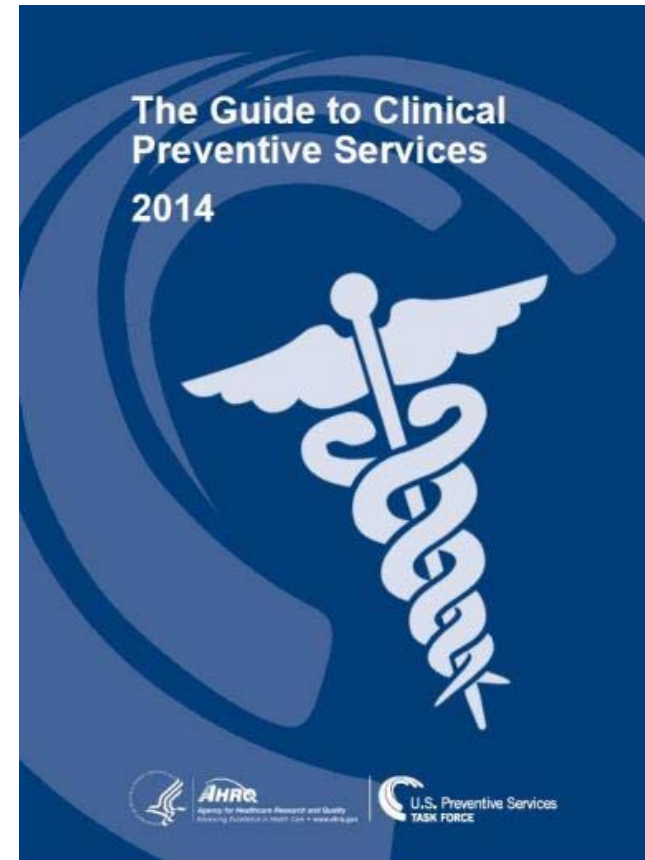


Patient Outcomes With and Without Evidence-Based Practice



Annual Guide to Clinical Preventive Services

- Evidence-based gold standard recommendations adapted for a pocket-sized book
- Formatted for clinicians to consult for clinical guidance in their daily practice
- Recommendations are presented in an indexed, easy-to-use format with at-a-glance charts



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Why Must We Accelerate EBP?

Despite an aggressive research movement, the majority of findings from research often *are not* integrated into practice to improve outcomes

The gap between the translation of research into practice and policy is huge; It often takes decades to translate research findings into practice and po



The IOM Roundtable on EBM

- Formed in response to the 2003 IOM's Committee on the Health Professions Education Summit recommendation that:

All healthcare professionals will be educated to deliver patient-centric care as members of an ***interdisciplinary team, emphasizing EBP***, quality improvement approaches and informatics

- **Ninety percent of healthcare decisions will be evidence-based by 2020**

- The IOM Roundtable on EBP



TEAMWORK:
Interdisciplinary collaboration



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Methods

- Primary Study Aim: To assess differences in EBP beliefs among health professional students from eight colleges and schools at a large public land grant university in the mid-west U.S.
- An anonymous IRB approved online survey was conducted with 838 students before attending an interprofessional seminar on disclosing medical errors.
- Demographics and the 16-item EBP Beliefs Scale, which has construct validity and internal consistency greater than .80, were administered.



Demographics

- Average Age of Respondent: 24.28 years
- Gender 63.9% Female and 36.1% Male
- Ethnicity

White, not of Hispanic background	282	77.9%
Black, not of Hispanic background	12	3.6%
Asian/Pacific Islander	47	13.0%
Hispanic	8	2.2%
Multiracial	6	1.7%
Other	6	1.7%



Demographics Continued

College of Enrollment	Number	Percent
Dentistry	51	14.0%
Health and Rehabilitation Sciences	47	12.5%
Medicine	77	20.5%
Nursing	12	3.2%
Optometry	17	4.5%
Pharmacy	73	19.5%
Social Work	5	1.3%
Veterinary Medicine	83	22.1%



Results

- 838 students were asked to participate, 375 responded (44.7% response rate)
- EBP Beliefs Scale (5 point Likert scale: 1= strongly disagree; 2= disagree; 3= neither agree or disagree; 4= agree; 5=strongly agree)
 - “I am sure evidence-based guidelines can improve clinical care.” (4.04)
 - “I believe that critically appraising evidence is an important step in the EBP process.” (3.98)
 - “I believe that EBP results in the best clinical care for patients.” (3.97)
 - “I am sure that EBP will improve the care that I deliver to my patients.” (3.95)



Results Continued

- Students had the lowest scores for:
 - “I am clear about the steps of EBP” (3.0)
 - “I am confident about my ability to implement EBP (2.98)
 - “I believe that EBP is difficult” (2.95)
 - “I know how to implement EBP sufficiently enough to make practice changes” (2.90)



Results Continued

- While no significant difference on EBP beliefs was found between students from the various colleges, health and rehabilitation sciences and nursing students had the strongest beliefs about EBP whereas optometry had the lowest.

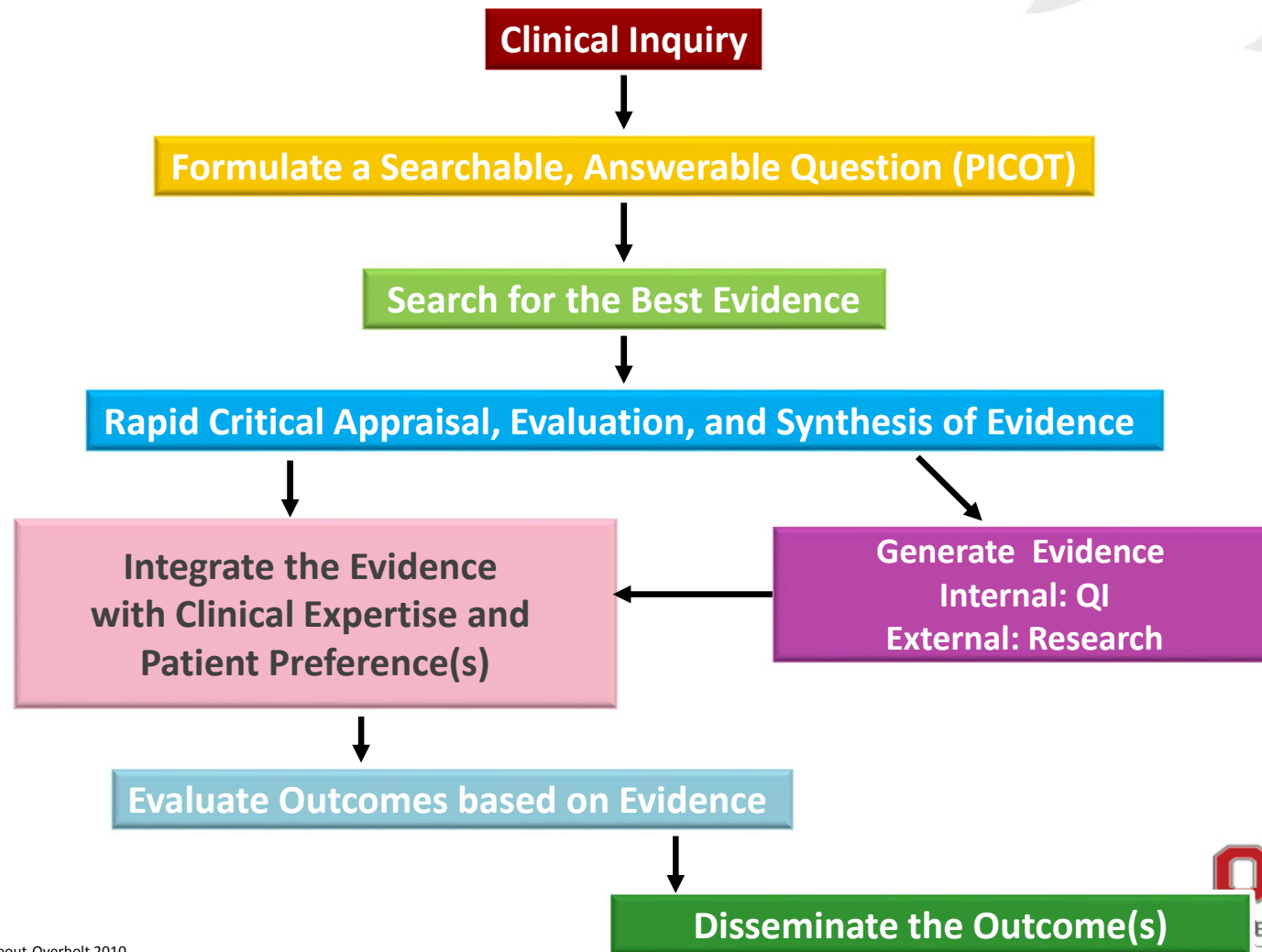
College	N= 353	Average EBP Score
Dentistry	50	53.86
Health and Rehabilitation Sciences	46	55.15
Medicine	73	53.56
Nursing	12	54.75
Optometry	16	47.56
Pharmacy	70	52.73
Social Work	5	52.20
Veterinary Medicine	81	51.37

Implications for Academic Curricula

- Health professional students must gain foundational knowledge and skills in EBP within an interprofessional framework at the start of their academic programming.
- Continued integration of EBP in interprofessional teams throughout health professional academic curricula will produce providers who yield better outcomes in healthcare quality, safety and costs.



The EBP Process



? ? ? ?

? “...because we’ve always done it that way.” ?

?

?

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