

Advanced EBP Institute

Mastering Evidence-Based Practice (EBP) and Building Capacity

Virtual Institute: February 9, 10, 16, 17, 2023

Please complete the application and email to kristen-rempel@uiowa.edu by January 27, 2023 or contact Kristen for an extension. Please note, attendance is limited due to the small group focus. Qualifying applicants will be accepted in order of receipt of application and payment, and the program may fill before the deadline.

The \$1,200 registration fee may be paid <u>online</u>, or by check payable to University of Iowa Hospitals & Clinics, Department of Nursing. Please note for this virtual institute, five participants from the same organization may attend for the price of four participants. Requests to cancel must be received in writing, postmarked on or before **January 27**, **2023**. A processing fee of \$100 will be deducted from your refund.

First Name:			MI:
Last Name:		_ Credentials:	
Employer:			
Work Address:			
City:		State:	<u>ZIP:</u>
Work Phone:	Ext:	Cell Phone:	
Mailing Address (we will mail materials):			
City:		State:	_ ZIP:
Email:			
Job Title:			
Area of Specialization:			
Percent of Employment:	_License #: _		State:
Emergency Contact:		Phone:	

EXP	EXPERIENCE				
1.	What is your scope of practice?				
2.	What has been your experience with EBP?				
IN2	TITUTE PLAN				
Iden	Please provide a brief description of the topic you plan to develop at the Institute. We recognize this may be preliminary information and may change. This information will be used for program planning and will be shared with consultants. a) Clinical topic or focus (e.g. fall prevention):				
	b) Why is the topic of interest to you? What is your rationale for selecting this content area?				
2.	Have you started working on this project? Yes No If yes, please describe where you are in the process.				

Tool 2.1 PURPOSE Elements for an EBP Purpose Statement

INSTRUCTIONS: Identify the PURPOSE elements for your evidence-based practice (EBP) project and use them to write a project purpose statemen in one to two sentences. P = PopulationU = Users R = Responsible team P = Problem O = Outcomes S = Setting E = Effort (i.e., time frame, if relevant) **EBP PURPOSE Statement**

First Name:	Last Name:	Credentials:	
-	ch articles for the critique session	d discussion session with sufficient time for n will be distributed with additional pre-	
		tion with a medical librarian will be schedu ence related to your clinical topic.	ılec
Do you have access to	a medical librarian who can su	pport your evidence search? 🗌 Yes 🔲 N	V O
Do you anticipate the r participation at the inst		finding/accessing the evidence during you	Jr
to your topic and need Quality improved Project evaluation Project evaluation Consultation Granizationation gathering su Clinical expert Educational material practice characterial in the continuous purpose continuous purp	s. Please select your top two or vement: Integrating EBP into you ation: Developing an EBP projection stats: Understanding statists) Il infrastructure: Building EBP into pport from key stakeholders. Copen discussion about your chaterials: Creating educational anges (e.g., resource manuals, or g, etc.). Coment: Forming a clear purpose imponents. Specify):	or QI/PI program. It evaluation plan. Ical analysis for EBP projects. (counts as two Ical your organizational infrastructure and	0
Key questions for c	onsultants:		
Benefits of Institute for e How will participat	mploying organization: ion in this Institute benefit your o	organization?	
Name of applicant's dir	ect administrator/supervisor:		
	inistrator/supervisor) agree to re I support for integration of EBP.	elease applicant to attend Institute and to	