Advanced EBP Institute

Mastering Evidence-Based Practice (EBP) and Building Capacity

October 16-18, 2024
University of Iowa Health Care | Iowa City, IA

Please complete the application and email to kristen-rempel@uiowa.edu by **September 30, 2024 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 $1,500 registration fee may be paid online, or by check payable to University of Iowa Health Care, Department of Nursing. Request to cancel must be received by email before **September 15, 2024**. A processing fee of $100 will be deducted from your refund.

First Name: _____ MI: _____

Last Name: _____ Credentials: _____

Employer: _____

Work Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Cell Phone: _____

Mailing Address (we will mail materials): _____

City: _____ State: _____ ZIP: _____

Email: _____

Job Title: _____

Area of Specialization: _____

Percent of Employment: _____

Emergency Contact: _____ Phone: _____

Dietary Requests: _____

Friday Boxed Lunch Choice: turkey   tuna salad   vegetable

EXPERIENCE

1. What is your scope of practice?

2. What has been your experience with EBP?

INSTITUTE PLAN

Identification of EBP project

1. 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.

First Name: Last Name: Credentials:

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 = Population

U = Users

R = Responsible team

P = Problem

O = Outcomes

S = Setting

E = Effort (i.e., time frame, if relevant)

EBP PURPOSE Statement

Cullen, L., Hanrahan, K., Farrington, M., Tucker, S., & Edmonds, S. (2023). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the University of Iowa Hospitals & Clinics* (2nd ed.). Sigma Theta Tau International.

First Name: Last Name: Credentials:

Critique of the evidence: Each participant will attend a discussion session with sufficient time for critique. Sample research articles for the critique session will be distributed with additional pre-requisite readings for the program.

Medical librarian assisted literature searches: Consultation with a medical librarian will be scheduled for each participant to begin identifying the best evidence related to your clinical topic.

Do you have access to a medical librarian who can support your evidence search? ☐ Yes   ☐ No

Do you anticipate the need for advanced support for finding/accessing the evidence during your participation at the institute? ☐ Yes   ☐ No

Consultations: During the Institute, you will have scheduled time to consult with local experts specific to your topic and needs. **Please select your top two or three consultation choices**.

☐ Quality improvement: Integrating EBP into your QI program.
☐ Project evaluation: Developing an EBP project evaluation plan.
☐ Project evaluation stats: Understanding statistical analysis for EBP projects. (counts as two consultations)
☐ Organizational infrastructure: Building EBP into your organizational infrastructure and gathering support from key stakeholders.
☐ Clinical expert: Open discussion about your clinical topic.
☐ Educational materials: Creating educational resources that may be useful in promoting practice changes (e.g., resource manuals, algorithms, pocket cards, practice prompts, online training, etc.).
☐ Idea development: Forming a clear purpose statement for project work building on the PURPOSE components.
☐ Other (please specify):

Key questions for consultants:

Benefits of Institute for employing organization:
How will participation in this Institute benefit your organization?

Name of applicant's direct administrator/supervisor:

☐ If checked, I (administrator/supervisor) agree to release applicant to attend Institute and to provide continued support for integration of EBP.