



**IOWA**  
**HEALTH CARE**

# Advanced EBP Institute

## Mastering Evidence-Based Practice (EBP) and Building Capacity

Virtual Institute: February 19, 20, 26, 27, 2026

Please complete the application and email to [kristen-rempel@uiowa.edu](mailto:kristen-rempel@uiowa.edu) by **January 22, 2026** 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 registration fee may be paid [online](#), or by check payable to University of Iowa Health Care, Department of Nursing. Please note for this virtual institute, five participants from the same organization may attend for the price of four participants. Request to cancel must be received by email before **January 22, 2026**. A processing fee of \$100 will be deducted from your refund.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (for program materials; no PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Job Title: \_\_\_\_\_ Area of Specialization: \_\_\_\_\_

Percent of Employment: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have access to Microsoft Teams?    Yes    No    Zoom?    Yes    No



## Tool 2.1 PURPOSE Elements for an EBP Purpose Statement

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**INSTRUCTIONS:** Identify the PURPOSE elements for your evidence-based practice (EBP) project and use them to write a project purpose statement in one to two sentences.

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P = Population

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U = Users

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R = Responsible team

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P = Problem

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O = Outcomes

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S = Setting

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

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**EBP PURPOSE Statement**

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**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.