

Appendix L: Education statements

Education statements for this BPG

RNAO has been at the forefront of creating BPGs since 1999, with its first BPGs being issued in 2001. From the outset, RNAO recognized the importance of individual and organizational approaches to the delivery of education on clinical BPG content to support evidence-based practice changes. As such, RNAO clinical BPGs included education recommendations directed to those responsible for the academic and in-service education of nursing students, nurses and the interprofessional team. These recommendations outlined core content and training strategies required for entry-level health programs, continued education and professional development.

An in-depth analysis of RNAO's educational recommendations was conducted in 2018. It included clinical BPGs published within a five-year period, as all clinical BPGs published within this period are based on a systematic review of the literature. It examined 26 education recommendations from nine different BPGs with diverse clinical topics and populations.

A rigorous thematic analysis showed similarities across BPGs. Thus, it was deemed appropriate to create standard education statements that would be applicable to all clinical BPGs to support evidence-based practice changes. The resultant two education statements and the associated discussion of the literature are described below. These statements can be contextually adapted within health service organizations and academic institutions to support the implementation of clinical recommendations for various guideline topic areas.

EDUCATION STATEMENT 1: ACADEMIC INSTITUTIONS INTEGRATE EVIDENCE-BASED GUIDELINES INTO CURRICULA FOR PRE- AND POST-LICENSURE NURSES AND OTHER REGULATED HEALTH PROVIDERS.

Discussion of literature

The thematic analysis of the education recommendation statements described above, found a particular theme to be the foundation of evidence-based practice capacity building:

Academic institutions integrate evidence-based guidelines into curricula for pre- and post-licensure nurses and other regulated health providers.

The following RNAO BPGs were analyzed:

- *Assessment and Management of Pain, Third Edition* (2013)
- *Care Transitions* (2014)
- *Person- and Family-centred Care* (2015)
- *Engaging Clients Who Use Substances* (2015)
- *Preventing and Addressing Abuse and Neglect of Older Adults: Person-centred, Collaborative, System-wide Approaches* (2014)
- *Primary Prevention of Childhood Obesity, Second Edition* (2014)

- *Delirium, Dementia and Depression in Older Adults: Assessment and Care, Second Edition* (2016)
- *Working with Families to Promote Safe Sleep in Infants 0-12 Months of Age* (2014)

Academic institutions should consider integrating BPG content into theoretical and practice-based courses for nurses and other regulated health providers, including social workers, physiotherapists, occupational therapists, dietitians and pharmacists in pre-licensure (e.g., diploma and undergraduate) and post-licensure (e.g., graduate) programs. Pre-licensure education establishes foundational knowledge that can be strengthened and augmented, as necessary, within health service organizations. Post-licensure education at the graduate level may include preparing nurses and other regulated health providers for advanced practice roles and functions within clinical practice, education, administration, research and policy (303). As such, the integration of guideline content into curricula will differ in terms of educational content and complexity based on the overall educational objectives of the program. In both cases, integrating guideline content into curricula supports student learning consistent with evidence-based practices, with the goal of enhancing the health outcomes of persons and families.

To support the integration of evidence-based BPGs into curricula, the following approaches may be utilized: 1) developing multi-level guideline-related learning objectives; and 2) designing BPG-related teaching and learning strategies. Both approaches are outlined below.

1. **Developing multi-level guideline-related learning objectives:** Guideline-related learning objectives at multiple levels of a program (pre-licensure and post-licensure) facilitate integration of guideline content into curricula.
 - At the program level, such integration broadens student knowledge, attitude, judgment and skill. For instance, a program-level outcome at the graduate level may include student awareness of elements of implementation science to support uptake and sustained use of guidelines in clinical settings (304).
 - At the course level, integration of guideline content supports student learning that is consistent with evidence-based practices within academic and practice settings. For example, course-level outcomes at the undergraduate level may include students being able to gain increased knowledge about guidelines, to select guidelines relevant to practice (and provide rationale for their selection) and to integrate guideline recommendations into plans of care for persons and families (304).
2. **Designing guideline-related teaching and learning strategies:** Teaching strategies should be tailored to address the program-level educational objectives and needs of learners and to equip the learner to improve practice and promote positive outcomes (305). The various guideline-related teaching and learning strategies are outlined below.
 - **Lectures:** Educators can use lectures as a means of providing a broad understanding of guidelines, specifically the rigorous process of developing guidelines and their various recommendations. Lectures can provide students with an understanding of the scope and strength of evidence that inform the recommendations (304).
 - **Interactive classroom activities:** Interactive learning activities within the classroom setting can support students to obtain additional information, participate in problem-solving and articulate knowledge gained. Examples include the following: assigning group work to help students learn how to navigate a guideline and become familiar with its recommendations; using case studies to provide students with opportunities to identify and apply guideline recommendations in care plans; and using videos and role playing to promote skills in articulating the rationale for selecting specific guidelines/recommendations in care plans (304).

- **Simulation:** High-quality digital simulation within skills lab settings can ease the uncertainty of students related to clinical practice; it can also increase skill acquisition, self-confidence and satisfaction. Faculty trained in pedagogy can use simulation to teach students content related to safe and effective person and family-centred care within a standardized clinical environment. Educators can also support students to incorporate guideline content into simulated practice sessions when teaching evidence-based practice (304).
- **Pre- and post-clinical conference discussions:** Focusing on a guideline at pre- and post-clinical conference discussions can support the critical thinking of students when they develop care plans, consider modifications based on guideline recommendations, articulate rationale for clinical decisions and evaluate the outcome of interventions. Students have the opportunity to evaluate if policies and procedures within the practice setting align with best evidence, and they can identify potential areas for practice change and consider how to initiate change (304).
- **Access to BPG-related resources:** Educators can promote and facilitate access to BPG-related links and resources (304).
- **Assignments and tests:** Students may be asked to incorporate guidelines into their learning plans or to write a reflective journal related to a guideline that is important to their area of practice. Tests or exam questions that demonstrate critical thinking related to guidelines can also be used. Overall, guideline-related assignments and tests can assist students to reflect upon guidelines, understand their application and critique them (304).
- **Preceptorship or mentorship in clinical placements:** Preceptors within clinical settings play an integral role in teaching practical skills that complement the theoretical learning of students. Preceptors are responsible for providing clinical teaching and supervision, and they perform formal student evaluation (306). Preceptors can support students to integrate guideline content into their learning objectives and clinical activities to promote evidence-based knowledge and practice.

EDUCATION STATEMENT 2: HEALTH SERVICE ORGANIZATIONS USE STRATEGIES TO INTEGRATE EVIDENCE-BASED GUIDELINES INTO EDUCATION AND TRAINING OF NURSES AND MEMBERS THE INTERPROFESSIONAL TEAM.

Discussion of literature:

The thematic analysis of the education recommendation statements in several BPGs found a second theme to be foundational to evidence-based practice capacity building:

Health service organizations use strategies to integrate evidence-based guidelines into the education and training for nurses and members of the interprofessional team.

The following BPGs were analyzed:

- *Assessment and Management of Pain, Third Edition* (2013)
- *Care Transitions* (2014)
- *Person- and Family-centred Care* (2015)
- *Engaging Clients Who Use Substances* (2015)
- *Preventing and Addressing Abuse and Neglect of Older Adults: Person-centred, Collaborative, System-wide Approaches* (2014)

- *Primary Prevention of Childhood Obesity, Second Edition* (2014)
- *Delirium, Dementia and Depression in Older Adults: Assessment and Care, Second Edition* (2016)
- *Working with Families to Promote Safe Sleep in Infants 0-12 Months of Age* (2014)

Nurses and members of the interprofessional team should continually seek new knowledge, identify opportunities for professional growth and pursue ongoing learning throughout their careers. Participation in education and training ensures congruence with evidence-based practices, enhances competence and improves care quality and individual outcomes (307). Integrating guideline content into education and training programs within health service organizations can improve evidence-based knowledge and skills for post-licensure nurses and members of the interprofessional team.

Education and training programs should be based on the principles of adult learning, including the following:

- Adults have an awareness of learning needs/goals.
- Adults are self-directed and autonomous.
- Adults value and utilize prior life experiences.
- Adults have a readiness to learn.
- Adults are motivated to learn.
- Adults are presented knowledge and skills in the context of practical, real-life situations (308).

Furthermore, education and training should be appropriate to the health provider's scope of practice and their defined role. Education and training strategies may include the following:

- **In-service education sessions:** In-service education sessions can be planned by clinical experts within practice settings to support the utilization of a specific BPG or recommendations stimulating evidence-based practice among staff. The education may include one-on-one or group sessions, and it should address the needs of learners. It is recommended that the education sessions are followed with refresher or booster sessions to provide feedback and enhance staff learning (309,310).
- **Workshops/seminars:** Highly interactive workshops/seminars help nurses and health providers maintain practice based on best evidence when they incorporate a variety of teaching–learning strategies, including pre-circulated materials, small group discussions using case studies and multimedia such as PowerPoint and videos that integrate relevant BPGs/recommendations. RNAO's Best Practice Champions Workshop and BPG Learning Institutes are examples of programs that provide education on how to implement BPGs within practice settings (311).
- **Quality improvement:** Participating in quality improvement within workplace settings can support nurses and health workers to recognize sentinel events and examine ways to improve care. Meeting accreditation standards is an important quality improvement activity that bridges gaps between current and best practices and supports continued competence. Examples of strategies that nurses and members of the interprofessional team can use to meet accreditation standards include the following:
 - participating in a unit-based guideline implementation process to promote patient safety, reduce risks and improve care outcomes;
 - choosing guideline-specific recommendations to facilitate practice change; and
 - sharing knowledge and lessons learned from reviewing guidelines with the accreditation committee (312,313).

Additional quality improvement opportunities include participating in incident reporting, patient safety initiatives and other health initiatives within areas of practice.

- **Post-licensure mentorship:** Post-licensure mentorship involves providing new graduates or less experienced staff with guidance for skill development and support for the growth of professional roles. Research suggests that working with mentors reduces stress and improves satisfaction for new staff during the transition process (314). Mentors can support integration of guideline content while teaching evidence-based practice.

EVALUATION

All educational strategies require evaluation to a) monitor the adoption of knowledge; and b) measure the impact on clinical outcomes.

RNAO has developed the *Practice Education in Nursing* BPG (315) to provide evidence-based recommendations that support the application of knowledge to various practice settings by student nurses. The BPG also assists nurses, nurse educators, preceptors and other members of the interprofessional team to understand the effective use of teaching–learning strategies in clinical settings.

The Leading Change Toolkit (4) identifies many strategies to support the evaluation of health outcomes at the levels of the person, provider, organization and health system. Examples of evaluation strategies may include the following:

- pre- and post-tests for staff educational sessions
- staff focus groups/interviews
- observation of patient–provider encounters
- chart audits to determine the impact on person and family outcomes
- person and family satisfaction surveys or interviews