

Implementation and Refinement of a Research Utilization Course for Oncology Nurses

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Purpose/Objectives: To describe the implementation and refinement of a yearly research utilization (RU) course for oncology nurses.

Design: Formative program evaluation.

Sample: 22 oncology nurses selected based on competitively reviewed project proposals.

Methods: The one-day RU course was held five times prior to the annual fall Oncology Nursing Society conference. The course consisted of brief didactic sessions on RU, project presentations by participants, faculty reviews, and discussions of practical issues related to project implementation.

Main Research Variables: Course content, usefulness of course components.

Findings: Based on immediate postcourse, 6-month, and 12-month feedback, refinements were made to the course. A major change (in year three) was the addition of a "preparation packet," which contained resources about RU and directed students to accomplish specific precourse goals, and access to a faculty mentor. Evaluation scores were good to outstanding for the content and usefulness of the course presentations, critiques by faculty, and discussion sessions. Interviews with participants indicated that a majority completed or were working on their projects within four years of completing the course.

Conclusions: RU and some of its components (pursuing a literature search, making a practice change) are not processes that most nurses are familiar with, but these processes can be taught to nurses with focused clinical concerns.

Implications for Nursing: An RU course with a low faculty-to-student ratio, adequate course materials, and systematic instruction can lead to research-based changes in practice.

Key Points . . .

- Applying research findings to current work settings is not a simple accomplishment for nurses.
- A course with a low faculty-to-student ratio can assist nurses in implementing research-based practice changes.
- Pursuing a literature search may be a daunting task for most nurses.
- Practical information about implementing and maintaining changes in clinical settings can aid nurses in successful completion of evidence-based practice changes.

findings to changes in clinical practice. The outcome from EBP is enhanced clinical decision making.

Although definitions of evidence-based medicine include knowledge of pathophysiology and patient preferences as pieces of evidence (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996), the emphasis in medicine has been on identifying and appraising studies and synthesizing or translating results into practice changes. In nursing, a movement that preceded EBP was research utilization (RU) (Barnard, 1986; Cronenwett, 1995; Donaldson, 1992; Funk, Tornquist, & Champagne, 1989; Horsley, Crane, Crabtree, & Wood, 1983; Rutledge & Donaldson, 1995; Stetler, 1994; Titler et al., 1994). RU involves the use of scientifically based knowledge in nursing practice. It differs from the conduct of research. The systematic RU process incorporates components of planned change. Pertinent findings from research studies are translated into a practice protocol (standards of care), which then is implemented and evaluated (Rutledge, 1995). Although RU focuses on research as its principal source of knowledge, EBP in nursing uses knowledge from wider sources

Research-based findings do not always make it to the patient's bedside. For example, the diffusion of pain management research into oncology nursing practice still has not occurred in many settings (Dooks, 2001; Hollen, Hollen, & Stolte, 2000; McMillan, Tittle, Hagan, & Laughlin, 2000; Weissman, Griffie, Gordon, & Dahl, 1997). Once changes based on research are implemented, they may not be maintained over time (DuPen et al., 2000; Howell, Butler, Vincent, Watt-Watson, & Stearns, 2000). Recently, awareness of substantial variations in practice and gaps in treatment (Krumholz & Herrin, 2000) has led to multidisciplinary interest in evidence-based practice (EBP), a movement that began outside the United States. Several iterations of definitions for EBP exist, but its essence is care delivery that is based on knowledge that integrates current best scientific evidence with practitioner expertise (Madigan, 1998). Skills required in EBP include literature retrieval (usually from computerized databases such as MEDLINE® and CINAHL®), appraisal and critique of studies, "sophisticated techniques to synthesize information" (Jennings & Loan, 2001, p. 121), and application of

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