

An Evidence-Based Project to Advance Oncology Nursing Practice

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Evidence-based practice is a conscious approach to using evidence for clinical decision making and care of patients with the goal of improving patient outcomes (Eaton & Tipton, 2009). The current concept of “best” evidence integrates several forms of knowledge: research, practice, patient and caregiver perspective, and knowledge internal to the context of the practice, such as audit or performance data (Rycroft-Malone et al., 2005).

Various models have been proposed to assess the strength of evidence for clinical practice, but less information is available on the process and outcomes of actual evidence-based projects in nursing (Thurston & King, 2004). This article describes an oncology nursing evidence-based project on chemotherapy-induced nausea and vomiting (CINV) at Yale-New Haven Hospital (YNHH), a National Cancer Institute (NCI)-designated Comprehensive Cancer Center. The project used a model for evidence-based practice (Rosswurm & Larrabee, 1999) (see Figure 1).

Assess the Need for a Change in Practice

The initial phase of an evidence-based project is to identify the impetus to assess practice and to identify stakeholders. The impetus to assess practice originated with the YNHH Oncology Nursing Council, which is an administratively supported practice council with the goal of advancing the nursing care of patients with cancer. The council is chaired by an oncology clinical nurse specialist (CNS) and has broad oncology nurse representation. Consistent with practice council functions described in the literature (Quinlan, 2006), the council serves as an important infrastructure for evaluating nursing practice. The council surveyed

staff nurses and asked them to list the top three clinical problems that warranted improvement.

The trigger for a need to change practice was based on the survey results, which identified CINV as a priority clinical problem. Three council members (oncology CNSs) agreed to review the literature, observe current nursing practice related to CINV, and report back to the council. The literature suggested that clinicians underestimate the incidence and severity of CINV, and findings from clinical observations indicated that nursing documentation of CINV was incomplete and varied across settings. Thus, a decision was made to initiate an evidence-based project focused on nursing assessment and documentation of CINV. CNSs are well recognized as leaders in integrating evidence into practice at the organizational level (Marshall, 2006), and one CNS (the first author of this article) assumed leadership of the project.

Essential to the initial phase of an evidence-based project is identification of stakeholders and creation of partnerships among the stakeholders (Cooke et al., 2004) (see Figure 2). Early identification of administrative and managerial stakeholders was viewed as critical to the implementation and success of the project. Nurse managers (NMs) have a critical role in evidence-based projects related to the work culture of their units, performance expectations, and resource allocation (Everett & Titler, 2006). Oncology NMs were council members and were supportive of the project. However, the project team leader met with each NM to secure specific support for at least one staff nurse from each practice site to be involved, specifically committing to attending one-hour meetings every other week, collecting data, and serving as project “champions” with staff

nurse colleagues during all phases of the project.

CNSs have the knowledge and skill to provide leadership, assess and navigate the organizational system, mentor, and role model for staff; thus, they are considered “opinion” leaders (Cooke et al., 2004; Miller et al., 1999). Having adult, pediatric, and inpatient/outpatient oncology CNSs in the settings provided considerable strength and support to a project. Engaging staff nurses early in the project has been identified as a key strategy to reduce resistance to change, enhance their perception of the ability to influence practice, and empower them as equal members of the team (Fink, Thompson, & Bonnes, 2005; Thurston & King, 2004).

Link to Interventions and Outcomes

A review of the existing standard for assessment and documentation of CINV across settings and an audit of current documentation by nurses were identified as initial activities. The results revealed that the existing CINV standard was incomplete, lacked specificity, and showed significant variation in documentation across settings. The targeted outcomes included a revised CINV standard and development of an assessment documentation tool that would provide consistency across settings.

Evaluate and Synthesize Best Evidence

To critically synthesize findings from the literature, the inclusion of faculty in evidence-based projects often is helpful (Hopp, 2005). In this project, a faculty member from the Yale School of Nursing synthesized the evidence on CINV and reviewed the clinical literature for