

# EBP Certification: Recognizing Nursing and Interprofessional Expert Mentors in Evidence-Based Practice

August 9, 2023  
1:00 – 2:00 p.m. EDT

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## Learning Objectives

**By the end of the presentation, participants will:**

- Identify the Domains and items that validate the EBP competencies for interprofessionals
- Recognize knowledge, attitudes/beliefs, and tasks for the interprofessional EBP Mentor role
- Describe how the Role Delineation Study findings can guide interprofessional EBP education

### The EBP Mentor role is critical to integrate EBP

#### • Purpose of the Study:

- Validate knowledge, beliefs/attitudes, and tasks needed for the EBP Mentor (mentor, teacher, & leader)
- Define expectations for both nursing and interprofessional EBP Mentors

#### • Results will:

- Be used to develop test items for the EBP Certification
- Identify key factors to include in EBP education to support the interprofessional EBP Mentor Role

## Interprofessional EBP Experts Advisory Panel

- **47** participants
  - **42** Nurses (RN and APRN)
  - **5** non-nurses (Librarians, Physical Therapist, Quality Improvement Specialists)
- **4** discussion groups (nurse and non-nurse participants)
- **11** domains (based on competencies & steps of EBP across models)
- Identified **107** items (knowledge, attitudes/beliefs and tasks) for EBP Mentor (thematic analysis)



# **EBP Role Delineation Study Conclusions**

## **Domains-11**

**Tasks/Knowledge/Skills-107** (Include EBP Basic & Advanced Competencies)

### **Likert Scale 1-4 for all items**

- 1 = Not Important (Task not essential)
- 2 = Somewhat Important (Task minimally essential)
- 3 = Important (Task moderately essential)
- 4 = Very Important (Task clearly essential)



## Domain 1: Culture to support a “Spirit of Inquiry”



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

\*Means C=EBP Competency ■ < 3.5 ■ > 3.8

### 1. Domain: Culture to support a “Spirit of Inquiry”

- \_\_\_ 1.1 Identifies clinical issues/problems using internal data. C:2 (3.737)
- \_\_\_ 1.2 Identifies the need to engage stakeholders as part of organizational assessment (Staff, providers, leaders, patients/families, etc.). (3.624)
- \_\_\_ 1.3 Role models a spirit of inquiry evidence-based decision-making and the steps of EBP using consistent language and models to support a culture of EBP. (3.855)
- \_\_\_ 1.4 Encourages clinical inquiry and questioning of practice and processes. C:1 (3.880)
- \_\_\_ 1.5 Recognizes importance and awareness of clinical and organizational priorities/initiatives. (3.697)
- \_\_\_ 1.6 Identifies resources for EBP steps and processes. (3.517)
- \_\_\_ 1.7 Develops a collaborative partnership between clinical and administrative leaders, academic teachers for clarity of needs, priorities, and/or project development. (3.721)
- \_\_\_ 1.8 Develops a culture of evidence-based practice and actively works on organizational transformation to an EBP culture and environment. (3.835)
- \_\_\_ 1.9 Assesses culture and readiness for evidence-based practice in the clinical practice environment. (3.657)
- \_\_\_ 1.10 Sets expectations for a culture of inquiry, which includes encouraging questioning. (3.729)

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[https://e.itg.be/AB\\_PubMed/unit\\_1\\_pico.html](https://e.itg.be/AB_PubMed/unit_1_pico.html)

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## Domain 2: PICOT/Search Question



**Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?**

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

\*Means C=EBP Competency [ ] < 3.5 [ ] >3.8

## 2. Domain: PICOT/Search Question

- 2.1 Identifies the clinical issue/problem based on internal evidence and organizational priorities. (C:2 (3.689))
- 2.2 Formulates searchable questions using acronym (PICOT, PESCO, ASK, etc.) and templates. (C:3 (3.753))
- 2.3 Identifies relevant resources and how to access (time, librarian, PICOT repository, etc.). (3.781)
- 2.4 Reinforces PICOT/searchable question is the search strategy not the project. (3.745)
- 2.5 Reinforces the differences between EBP searchable questions and research questions. (3.737)
- 2.6 Demonstrates competence in steps of EBP including formation of PICOT/searchable question. C:3 (3.833)
- 2.7 Provides/supports resources for development of PICOT/searchable questions. (3.773)
- 2.8 Sets expectations for formation of PICOT/searchable question as part of first steps in addressing issues, across units/department/disciplines. (3.737)



- › [Health Sciences Databases](#)
- › [Ohio State University Library Catalog](#) 
- › [Online Journals and eBooks List](#) 
- › [PubMed](#) 
- › [Access Databases: McGraw-Hill](#) 
- › [Bates' Visual Guide](#) 
- › [Browse Health Sciences Journals in BrowZine](#) 
- › [CINAHL](#) 
- › [ClinicalKey](#) 
- › [Cochrane Library](#) 
- › [Covidence](#) 
- › [Embase](#) 
- › [Journal Citation Reports](#) 
- › [LWW Medical Education Health Library](#) 
- › [NetAnatomy](#) 
- › [Scopus](#) 
- › [UpToDate](#) 
- › [Web of Science](#) 

## Domain 3: Searching for Best Evidence



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

\*Means C=EBP Competency < 3.5 >3.8

### 3. Domain: Searching for Best Evidence

- 3.1 Searches for external evidence to answer focused clinical questions. C:4 (3.669)
- 3.2 Develops search strategies to include use of PICOT/search question, appropriate databases, MeSH headings, journal quality, research literacy and citation management. (3.661)
- 3.3 Systematically conducts a comprehensive/exhaustive search for external evidence to answer clinical questions. C:14 (3.633)
- 3.4 Determines relevance of research studies in addressing the inquiry (inclusion/exclusion strategies for searching). (3.761)
- 3.5 Demonstrates how to access resources for searching: librarian, library services, a reference/citation manager tools. (3.717)
- 3.6 Demonstrates competency in search strategies to support EBP. C:4, C:14 (3.797)
- 3.7 Sets expectations for staff/providers to search evidence to address question/problems for practice and process. (3.697)

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## Keeper Articles For Body of Evidence

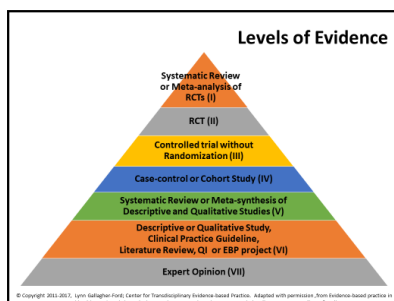


<https://nursingeducationexpert.com/critical-appraisal-results-important/>

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## Domain 4: Critical Appraisal of Evidence



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

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### 4. Domain: Critical Appraisal of Evidence

- 4.1 Uses critical appraisal tools to determine reliability, validity, and applicability (quantitative studies) or dependability, confirmability, and transferability (qualitative studies). C:5, C:6, C:15 (3.777)
- 4.2 Demonstrates research literacy (study designs, bias, methodology, interpretation of data/statistics, and statistical significance/clinical meaningfulness). (3.761)
- 4.3 Identifies and facilitates access to experts in research methodology and statistical/clinical significance. (3.598)
- 4.4 Breaks down barriers for staff and mentors to conduct critical appraisal. (3.705)
- 4.5 Engages stakeholders and key resources (i.e., nurse scientist, etc.) to participate in appraisal process. (3.629)
- 4.6 Differentiates EBP, Process Improvement, Evidence-based Quality Improvement, and Research. C:5, C:6, C:15 (3.804)

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## Synthesis of the Evidence



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## Domain 5: Evaluation and Synthesis of the Evidence

[illegible]

Completed Outcomes Synthesis Table from EBP AJN series:

	1*	2*	3*	4*	5*	6*	7	8	9	10	11	12	13	14	15
ISMR		██				██	N/E		█	N/E	N/E			N/E	█
	ackd and push														
GRO	N/E	N/E	N/E	N/E		██	N/E	N/E	█	█	█	█	N/E	█	█
OR	█  push and ackd	N/E	█		N/E		█		N/E	N/E	N/E	N/E		N/E	N/E
UCSIA	N/E	N/E	N/E	██	N/E	N/E	N/E	█	█		N/E	N/E	N/E		██

1 = Chen PL, et al. (2010); 2 = McConaghy J, et al.; 3 = Winters BD, et al.; 4 = Hillman K, et al.; 5 = Shorak PJ, et al.; 6 = Chen PL, et al. (2009); 7 = DeWitt ML, et al.; 8 = Masley J, et al.; 9 = Doucet AM, et al.; 10 = McArthur SD, Masley S, et al.; 11 = Chen PL, et al.; 12 = Betsart C, et al.; 13 = Brown L, et al.; 14 = Huffer C, et al.; 15 = Bader MR, et al.

OR = cardiopulmonary arrest or code rates; CRO = code rates outside the CCR; HWR = hospital-wide mortality rates; NR = not evaluated; HIR = not reported; UGCA = unapplied UIC93A adjustments

\* highest level evidence; † statistically significant findings; ‡ statistical significance not reported; § non-UIC93A mortality was reduced

Source: © 2012, Adapted with permission from Evidence-based practice in nursing and healthcare, (p. 521), by Melnyk, Bernadette Mazurk, and Ellen Fineout-Overholt, Lippincott Williams & Wilkins, 2011.

**Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?**

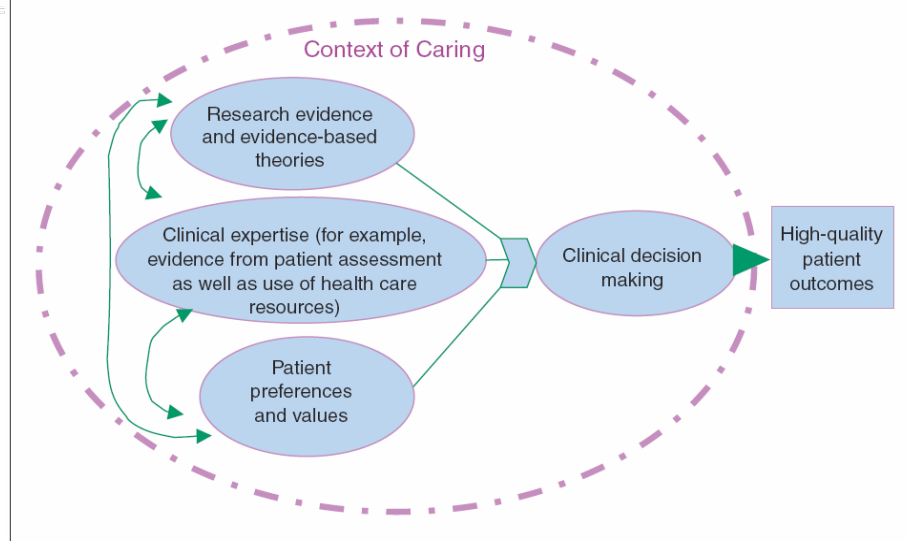
Likert Scale			
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\*Means C=EBP Competency     < 3.5   >3.8

## 5. Domain: Evaluation and Synthesis of the Evidence

- 5.1 Is knowledgeable about the quality of journals and databases (peer reviewed versus predatory journals). (3.741)
- 5.2 Facilitates structured processes for evaluation and synthesis of the evidence (use of tables, tools for easy visualization of the key article elements, levels of evidence, biases, and statistics, themes, outcomes, applicability/clinical relevance to the search inquiry). C:15 (3.781)
- 5.3 Demonstrates strong competence in use of critical appraisal tools and evaluation, summary, and synthesis tables. C:7, C:15 (3.696)
- 5.4 Demonstrates how to evaluate and synthesize the evidence from the literature. C:7 (3.653)
- 5.5 Utilizes the synthesis of the body of evidence to drive all recommendations for practice/process change. C:9, C:16 (3.697)
- 5.6 Provides resources for evaluation and synthesis (time to work on the EBP initiative, mentors, assures tools are available). (3.685)
- 5.7 Assists with navigating barriers and facilitates process by collaborating with senior leadership and interprofessional stakeholders. (3.697)

## EBP Organizational Culture



**Figure 1.** The EBP Paradigm: the merging of science and art. EBP within a context of caring and an EBP culture results in the highest quality of health care and patient outcomes. © Melnyk and Fineout-Overholt, 2003.



## Domain 6: Integrating Evidence for Best Practice Change



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
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### 6. Domains: Integrating Evidence for Best Practice Change

- 6.1 Identifies experts and stakeholders to gather internal and external data needed for the EBP initiative. C:18 (3.633)
- 6.2 Advocates for necessary resources including decision support, help navigating barriers, gap analysis, equity, diversity, inclusion sensitivity. (3.586)
- 6.3 Facilitates inclusion of patient preferences/clinical expertise and assures inclusion of internal and external data in integration with utilization of shared decision-making tools. C:17 (3.733)
- 6.4 Educates on the EBP change process and change models to be used in evidence-based practice change recommendations. (3.685)
- 6.5 Provides EBP education to meet the learner's level of education and experience in healthcare. (3.737)
- 6.6 Participates in the generation of external evidence with other healthcare professionals if no strong external evidence. C:21 (3.375)
- 6.7 Assures EBP recommendations align with priorities and regulatory compliance. (3.705)
- 6.8 Engages interprofessional collaboration for approvals, support, and resources. (3.669)
- 6.9 Facilitates best practice/process change by navigating barriers and providing authority to make necessary changes. (3.645)
- 6.10 Utilizes change management strategies including feasibility and data visualization, and incremental rollouts to lead transdisciplinary/interprofessional teams in the EBP change. C:17 (3.637)
- 6.11 Assures evidence-based clinical practice changes are written into standard practice documents such as policies, procedures, plans of care, teaching plans, and clinical care guidelines. C:20 (3.721)

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<https://www.projectmanager.com/blog/implementation-plan>

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## Domain 7: Implementing Evidence-based Practice



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

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### 7. Domain: Implementing Evidence-based Practice

- 7.1 Uses implementation and project management tools and strategies. C:10 (3.637)
- 7.2 Applies models and theories to facilitate EBP (Organizational and individual/behavioral theories/models). (3.562)
- 7.3 Assures recommended proposed best practice change aligns with organizational priorities and/or needs. (3.673)
- 7.4 Assures importance of key stakeholders and their roles in the implementation. (3.645)
- 7.5 Demonstrates competence in how to develop SMART/outcomes goals. (3.657)
- 7.6 Determines when pre-post measures are needed to assess impact. (3.665)
- 7.7 Works with leadership to identify strategies to break down barriers for the initiative. (3.709)
- 7.8 Serves as a champion for EBP projects by readily checking on progress, providing feedback, removing barriers, and offering encouragement. C:17, C:22 (3.611)
- 7.9 Assures appropriate stakeholder collaboration and communication with teams. (3.637)
- 7.10 Facilitates connections to resources and academic/clinical partners. (3.562)
- 7.11 Budgets for project management and other resources for implementation. (3.235)

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### MEASURING RESULTS



<https://study.com/learn/lesson/outcome-evaluation.html>



<https://fitzgeraldgroup.com/return-on-investment-is-roi-the-right-measure-of-agency-success/>

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## Domain 8: Evaluation of Outcomes, Including Return on Investment and Value of Investment



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

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### 8. Domain: Evaluation of Outcomes, including ROI and VOI

- 8.1 Monitors baseline, pre and post initiative data, and costs for the EBP initiative implementation evaluation. C:8, C:19 (3.514)
- 8.2 Compares outcome data and processes to baseline, and develops reports (tables, charts, etc.) for dissemination. C:8, C:11 (3.600)
- 8.3 Sets realistic timelines and milestones for progress checks. (3.673)
- 8.4 Explores expected and unexpected findings with team for future modification of initiative activities. (3.606)
- 8.5 Calculates Return on Investment (ROI) and Value of Investment (VOI) as appropriate for evidence-based change projects. C:11 (3.406)
- 8.6 Identifies and applies validated and reliable measurement tools for evaluation. (3.637)
- 8.7 Uses validated and/or existing sources/tools to compare EBP initiative quantitative and qualitative outcomes to baseline data to calculate ROI. C:8 (3.526)
- 8.8 Establishes/maintains relationships with internal partners needed for measurement, evaluation, and analysis. (3.637)
- 8.9 Budgets for evaluation/ROI needs. (3.207)
- 8.10 Knows differences in evaluation strategies for EBP and EBP/Process Improvement (PDSA, Lean Six Sigma) and teaches need for iterative cycles of evaluations. (3.514)
- 8.11 Determines if SMART/outcome goals are met. (3.594)
- 8.12 Identifies helpful resources such as literature, statisticians, nurse scientists, data analytics, and mentors for evaluation. (3.625)
- 8.13 Advises on benefits and use of tools for visual data display for reporting outcomes. (3.562)

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## Dissemination



<https://registrations.publichealthpractice.org/Training/Detail/304>

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## Domain 9: Dissemination



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

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### 9. Domain: Dissemination

- 9.1 Identifies a plan for internal and external dissemination. C:12 (3.618)
- 9.2 Mentors how to write and submit abstracts. (3.530)
- 9.3 Create evidence-based initiative posters or podium presentations. (3.478)
- 9.4 Mentors how to write and submit manuscripts to appropriate journals. (3.446)
- 9.5 Recognizes the need for acquiring appropriate approvals and use of tools and templates. (3.590)
- 9.6 Advises dissemination ethics and standards. (3.558)
- 9.7 Mentors writing mechanics including how to access resources such as templates and guides for dissemination. (3.454)
- 9.8 Recognizes the value of professional organizations and building networks to disseminate EBP. (3.641)
- 9.9 Secures funding sources for conference registration, time for attendance, and travel for sharing of evidence-based initiatives. (3.112)
- 9.10 Develops and maintains internal/external networks, professional association membership and connections to aid staff in dissemination. (3.498)
- 9.11 Encourages/inspires staff to try again if rejected. (3.721)
- 9.12 Recognizes and celebrates EBP initiatives. (3.535)

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## Sustainability



<https://www.rootinc.com/sustaining-change-hard/>

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## Domain 10: Sustainability of Evidence-based Practice Initiatives



Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

Likert Scale			
1=Not Important (Task not essential)	2= Somewhat Important (Task minimally essential)	3= Important (Task moderately essential)	4= Very Important (Task clearly essential)

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### 10. Domain: Sustainability of Evidence-based Practice Initiative

- ☐ 10.1 Reinforces the need for sustainability plans including periodic review. C:13 (3.669)
- ☐ 10.2 Identifies behavior and organizational change models, change readiness, and continues improvement. (3.610)
- ☐ 10.3 Supports decision-making for initiative ownership for auditing, reporting, maintenance, and review once fully implemented. C:23 (3.606)
- ☐ 10.4 Establishes goals for data acquisition, use, and display of outcomes for the EBP initiatives. (3.566)
- ☐ 10.5 Sets expectations for/requires an action plan when goals are not met, celebrates successes when met/exceeded. (3.610)
- ☐ 10.6 Role models the same EBP behaviors expected from staff. (3.656)

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## Sustaining an Interprofessional EBP Culture And Organization

<https://healthtimes.com.au/hub/nursing-careers/6/guidance/ht1/nurses-in-collaborative-care-teams/2879/>

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Is this an essential task for the EBP Mentor (Mentor, Teacher and/or Leader in Evidence-based Practice)?

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\*Means C=EBP Competency < 3.5 >3.8

#### 11.Domain: Sustaining an Organizational Culture of Evidence-based Practice

- 11.1 Assess EBP cultural regularly. (3.550)
- 11.2 Advocates for multiple resources to support EBP steps/processes (time, computers, space, mentors, support session structure and time, training, and time for staff and mentors, tools, etc.). (3.693)
- 11.3 Establishes and maintains collaboration/relationships across departments, hospital, and/or organization to engage staff and support EBP. C:24 (3.749)
- 11.4 Identifies appropriate units/departments, stakeholders for EBP initiatives. (3.610)
- 11.5 Incorporates participation in EBP competencies in job descriptions, performance appraisals, clinical ladders, promotional portfolios, and policies and procedures. C:24 (3.606)
- 11.6 Supports communication across unit/department, hospital, and/or organization about EBP initiatives, opportunities, and outcomes. (3.705)
- 11.7 Justifies budgetary resources and infrastructures to support a culture of EBP. (3.410)
- 11.8 Adjusts approach based on levels of experience with EBP. (3.641)
- 11.9 Advocates and budgets for resources and tools to support staff and providers for EBP process (computers, space, databases, full text article access, librarians & library services, reference manager, mentors, training, and time). (3.406)
- 11.10 Identifies opportunities collaborations between clinical and academic partners and build networks to support implementation. (3.494)

## Domain 11: Sustaining an Organizational Culture of Evidence-based Practice

- 11.11 Develops interprofessional workshops/classes to teach/mentor and support the step of EBP: PICOT development, appraisal for all types of research design, evaluation, and synthesis of internal/external evidence with patient preferences, implementation, evaluation, and sustainability. (3.602)
- 11.12 Supports appraisal process through journal clubs, real time coaching, scheduled team sessions, and tailored to competence level of the staff, providers. (3.594)
- 11.13 Sets expectations for and makes use of the evaluation/synthesis for determining outcomes, decision-making, policy setting, guidelines, and other tools to move the evidence closer to decisions impacting care. (3.582)
- 11.14 Sets expectations for and models dissemination of EBP initiatives and assists with internal/external dissemination planning with EBP leaders. (3.636)
- 11.15 Assures evidence-based clinical practice changes are written into standard practice documents such as policies, procedures, plans of care, teaching plans, and clinical care guidelines. (3.625)
- 11.16 Tracks initiatives and owners for ease of reference over time to minimize duplication of effort and encourage periodic review. (3.526)

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## EBP Role Delineation Study Conclusions - Domain Item Means and Cronbach Alpha

\*High = 0.8-0.89, \*\*Very High ≥ 0.9-1.0

- Domain 1: Culture of Support a "Spirit of Inquiry"
  - Means: (3.657-3.880)
  - Cronbach Alpha: \*0.875
- Domain 2: PICOT/Search Question
  - Means: (3.689-3.853)
  - Cronbach Alpha: \*0.886
- Domain 3: Searching for Best Evidence
  - Means: (3.633-3.797)
  - Cronbach Alpha: \*0.881
- Domain 4: Critical Appraisal of Evidence
  - Means: (3.598-3.805)
  - Cronbach Alpha: \*0.836
- Domain 5: Evaluation/Synthesis of the Evidence
  - Means: (3.685-3.853)
  - Cronbach Alpha: \*0.850

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## EBP Role Delineation Study Conclusions - Domain Item Means and Cronbach Alpha

\*High = 0.8-0.89, \*\*Very High  $\geq$  0.9-1.0

- **Domain 6: Integrating Evidence for Best Practice Change**
  - Means: (3.375-3.737)
  - Cronbach Alpha: \*\*0.907
- **Domain 7: Implementing Evidence-based Practice**
  - Means: (3.235-3.817)
  - Cronbach Alpha: \*\*0.932
- **Domain 8: Evaluation of Outcomes (ROI & VOI)**
  - Means: (3.207-3.673)
  - Cronbach Alpha: \*\*0.955
- **Domain 9: Dissemination**
  - Means: (3.112-3.721)
  - Cronbach Alpha: \*\*0.933
- **Domain 10: Sustainability of EBP Initiatives**
  - Means: (3.566-3.869)
  - Cronbach Alpha: \*\*0.914
- **Domain 11: Sustaining an Organizational Culture of EBP**
  - Means: (3.406-3.749)
  - Cronbach Alpha: \*\*0.955



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## EBP Mentor Role



- The Role Delineation Study assessed **knowledge** about Interprofessional EBP Mentor roles and **tasks** as related to the steps/**competencies of EBP**.
- **Guides** and **supports** the **EBP Mentor** role.
- **Tasks** for the **EBP Mentor** were **consistent across settings, educational degrees, and professional roles**.
- **Validity** for the **tasks/roles** for the **interprofessional Evidence-based Practice Certification**, and the clear expectations for the **EBP Mentor role**.



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## References

- Albarqouni, L., Hoffmann, T., Straus, S., Olsen, N.R., Young, T., Ilic, D., Shaneyfelt, T., Haynes, R.B., Guyatt, G., Glasziou, P. (2018). Core Competencies in Evidence-Based Practice for Health Professionals Consensus Statement Based on a Systematic Review and Delphi Survey. *AMA Network Open*. 1(2):e180281. <https://doi.org/10.1001/jamanetworkopen.2018.0281>
- Fisher, C., Cusack, G., Cox, K., Feigenbaum, K., Wallen, G.R. (2016). Developing Competency to Sustain Evidence-Based Practice. *JONA*. 46:11, 581-585. <https://doi.org/10.1097/NNA.0000000000000408>
- Melnyk, B.M., Gallagher-Ford, L., Long, L.E., & Fineout-Overholt, E. (2014). The Establishment of Evidence-based Practice Competencies for Practicing Registered Nurses and Advanced Practice Nurses in Real-World Clinical Settings: Proficiencies to Improve Healthcare Quality, Reliability, Patient Outcomes and Cost. *Worldviews on Evidence-Based Nursing*, 2014; 11:1, 5–15. <https://doi.org/10.1111/wvn.12269>



## EBP Certification FAQs

<https://fuld.nursing.osu.edu/ebp-c-faq>



# Questions?



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