



The Leadership and Professional Development column has a slightly new look in 2014. Throughout the year, the authors will address ideas and strategies that were suggested in our January column—The Future of Oncology Nursing Research: Research Priorities and Professional Development. The following article is the first of a two-part series showcasing a group of oncology nurses who effectively implemented translational research findings on an inpatient oncology surgical unit using an interprofessional team approach.

Implementing Evidence-Based Practice Using an Interprofessional Team Approach

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Translational research has been defined as “bench-to-bedside” research or “laboratory-to-clinical” research. Benefits to this type of research are that it fast tracks biomedical advances to improve the quality of care and life for patients with cancer (Callard, Rose, & Wykes, 2011). The challenge, however, is translating the research findings to the bedside in a timely fashion. Burns and Foley (2005) described an estimated 20-year delay in getting research findings translated to care delivery.

In 2010, The Institute of Medicine’s (IOM’s) report, *The Future of Nursing: Leading Change, Advancing Health*, offered recommendations for transforming the nursing profession that included expanding opportunities for nurses to lead and manage collaborative improvement efforts by building an infrastructure for the collection and analysis of interprofessional healthcare workforce data. The National Institute of Nursing Research (NINR, 2013) continues to promote the health of individuals, families, and communities with the expansion of the number of nurse scientists and the development of innovative interprofessional teams to address research on clinical practice, prevention of disease, management of symptoms, and improvement of palliative and end-of-life care.

The Oncology Nursing Society ([ONS], 2014) is a global leader in research, promoting best practice in cancer nursing; however, implementing that research at the bedside has been a challenge. The ONS Research Agenda highlighted seven priorities, including health

promotion, cancer symptoms, late effects of cancer treatment and long-term survivorship issues, end-of-life issues, psychological issues, nursing-sensitive patient outcomes, and translational science (Givens, 2009). Each of these priority areas is critically important to patients with cancer and families because patient outcomes are improved by 30% when interventions are developed from evidence generated in well-designed studies (Lobiondo-Wood & Haber, 2006). The future of oncology research is extremely complex and would benefit from building interprofessional teams to advance the science of cancer care at the bedside (Moore & Badger, 2014). Oncology nurses have an integral and essential role in the translation and implementation of research findings to the care of patients with cancer and their families.

Interprofessional Collaboration

The implementation of evidence-based practice (EBP) and development of research activities have become more interprofessional in nature, with nursing providing leadership in both areas. Interprofessional collaboration is a process by which multiple disciplines share goals and responsibility toward improving patient outcomes, sharing leadership, and incorporating a holistic view of the patient (Petri, 2010). Goals for the patient are collaboratively set and evaluated. This approach to decision making, development of a treatment plan, and evaluation of goals often produces greater results than an accumulation of contri-

butions made without the benefit of the team setting (Pecukonis, Doyle, & Bliss, 2008). The focus has now been placed on improved quality of care and safety in clinical practice (Neville & Horbatt, 2008).

Interprofessionalism encourages all team members to contribute their expertise to produce the best outcomes possible for the patient, as well as improves role appreciation and job satisfaction between team members (Hall & Weaver, 2001). Pullon and Fry (2005) found that participants reported an increased understanding of their profession and felt encouraged to continue working in their field as a direct result of interprofessional education.

The complexity of care inherent in the inpatient oncology population requires effective interprofessional collaboration and integration of EBP at the point-of-care delivery. Oncology nurses should be prepared to collaborate with many disciplines to promote EBP at the bedside, continuously evaluate patient outcomes to identify areas for potential improvement, and participate and lead continuous quality improvement (CQI) projects. The American Nurses Credentialing Center (ANCC, 2014) Magnet Recognition Program® challenges hospitals to focus on delivering quality care while integrating evidence-based best practices.

This two-part article showcases an EBP project implemented on a gynecologic oncology surgical unit in a Magnet

ONF, 41(4), 434–437.
doi: 10.1188/14.ONF.434-437