

DEFINING EVIDENCE-BASED PRACTICE ACROSS THE DISCIPLINES: FIRST STEPS FOR INTERPROFESSIONAL EDUCATION

Jamie Conklin, MLIS; Duke University Medical Center Library
Leila Ledbetter, MLIS; Duke University Medical Center Library
Beverly Murphy, MLS; Duke University Medical Center Library
Brandi Tuttle, MSLIS; Duke University Medical Center Library
Megan Van Noord, MSIS; Duke University Medical Center Library
Megan von Isenburg, MSLS; Duke University Medical Center Library

Background: Evidence-based practice (EBP) content is mandated by national curricular standards for nursing, medical, physician assistant, and physical therapy students. At the same time, there is an increased interest and emphasis on interprofessional education (IPE) as seen by the development of the Interprofessional Education Collaborative (IPEC) core competencies for interprofessional collaborative practice and the Duke Health strategic goal to increase IPE, as well as interprofessional research and practice. At Duke, Research and Education librarians currently collaborate with each of the student programs with EBP instruction and recognize the potential for developing an interprofessional EBP curriculum. While all professions participate in EBP, they may have different approaches and terminology that would make it difficult to merge in an IPE setting.

Objectives: Our study identified how health professions conceptualize and teach EBP. Specifically, we investigated differences in EBP instruction for the 2016-2017 academic year among the health professions academic programs at Duke in order to inform any future interprofessional EBP curriculum development. We sought to identify commonalities and variations among EBP contexts, processes, types of questions, and terminology.

Methods: We collected EBP curricular materials from the medicine, nursing, physician assistant, and physical therapy programs at Duke. Curricular materials included health professions educational standards, concepts within assigned EBP textbooks, EBP course syllabi, and student project topics. We compared course structures, contexts, and objectives, as well as librarians' roles and other elements.

Results/Outcomes/Improvements: All four health profession disciplines shared a common definition of EBP and the course objectives of recognizing the importance of EBP, formulating questions, searching for evidence, and appraising evidence. Students from all disciplines were most likely to choose therapy questions for their projects. The medicine and physician assistant programs teach EBP within the context of clinical skills and biomedical statistics and share the same course text. Meanwhile, the nursing and physical therapy programs teach EBP within a professional identity context with broader connections to quality improvement, research, and patient values. EBP credits ranged from 2-4 hours, while course seat time ranged from 27 hours for the ABSN program to 60 hours for the DPT program.

Significance/Implications/Relevance: The challenges in delivering a single EBP course to an interprofessional group of health professions students include logistical concerns for timing and space, as well as the academic context in which students are taught. However, these challenges are minimal compared to the benefits student might receive from interprofessional curricular efforts addressing students' abilities to locate, appraise, and apply the best evidence. Potential merits of IPE EBP could include students experiencing how their information needs interrelate, practicing the decision making process in a team environment, and seeing how actions one profession takes based on evidence and expertise might impact what other team members are doing. An interprofessional EBP course would emphasize the importance of EBP across disciplines, as well as Duke's commitment to fostering interprofessional collaborative practice.