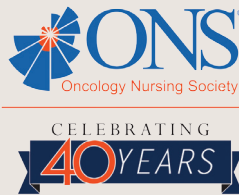


Success Is Not Final: Onward to the Future of Evidence-Based Practice

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As the Oncology Nursing Society celebrates its 40th anniversary, the success of its focus in evidence-based practice should also be considered. One of its greatest accomplishments is the creation of the Putting Evidence Into Practice (PEP) initiative 17 years ago. PEP now represents 20 specific practice resources for cancer-related symptoms.



At a Glance

- Evidence-based practice has evolved for oncology nurses during the past 40 years.
- The Oncology Nursing Society has been a leader in helping to translate new knowledge into practice through the Putting Evidence Into Practice (PEP) program.
- The Oncology Nursing Society has created 20 specific PEP resources for cancer-related symptoms, such as mucositis, pain, and anxiety, that are used by oncology nurses for symptom management.

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The Oncology Nursing Society (ONS) is celebrating its 40th anniversary, so it seems only fitting that this column focuses on how evidence-based practice (EBP) has evolved for oncology nurses and ONS during the past 40 years. EBP has been around for a very long time. In the famous *Notes on Nursing* published in 1860, Florence Nightingale noted that, “The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms can indicate improvement—what the reverse—which are important—which are of none” (p. 5). This quote seems pertinent given that a large part of what oncology nurses do is related to the management of symptoms, either from cancer or its treatment (e.g., chemotherapy, radiation). In addition, during the past 10–15 years, nurses have

been immersed in providing symptom management interventions that are based on evidence, not just in hearsay or ritual.

For example, think about how the management of nausea and vomiting has changed. Many can remember the early days of bone marrow transplantation prior to the availability any 5-HT₃ blockers (e.g., ondansetron) when patients were given IV lorazepam when they became nauseated or were vomiting. It was unclear if it helped with nausea or vomiting or just made patients fall asleep or become less anxious. Think about what is known about the management of nausea and vomiting at present, about the work of ONS with Putting Evidence Into Practice (PEP) and other organizations, such as the National Comprehensive Cancer Network and the Multinational Association of Supportive Care in Cancer. It is daunting to

think about how far oncology nurses have traveled using EBP as a tool to improve the care and treatment of patients with cancer. The Internet and the availability of EBP information on the Internet has also changed the quality of care for patients.

Leadership in Evidence-Based Practice

Stevens (2013) noted the movement of EBP and nursing in that “nurses have been part of a movement that reflects perhaps more change than any two decades combined” (p. 1). ONS has been a leader during the past 17 years in helping translate new knowledge into practice through the PEP program. PEP originated in 1998 when ONS members defined oncology nursing-sensitive outcomes and provided direction for the promotion of EBP in clinical environments. In 2006, ONS released the first PEP resource with a focus on chemotherapy-induced nausea and vomiting, fatigue, prevention of infection, and sleep-wake disturbances. These initial works were published on cards, which were designed to fit in the pockets of oncology nurses so they could use them in their daily practice. Today, ONS has an impressive website with 20 specific PEP resources (see Figure 1). Each resource is focused on a specific symptom, such as mucositis or hot flashes, and provides a brief overview of the symptom along with a rating of interventions ranging from “likely to be effective” to “not recommended for practice.”

The ONS Director of Research Gail Mallory, PhD, RN, noted,

The work of ONS members over the past 20-plus years to facilitate the generation of new research through the ONS Foundation research funding, the identification of oncology nursing-sensitive patient outcomes,

the development of synthesized research evidence for interventions (PEP), the continual updating and re-packaging of the PEP evidence summaries, the ONS Foundation Institute for Evidence-Based Practice Change, the testing of Breast Cancer Quality Measures developed from the PEP evidence, and now the opportunity to obtain quality measure feedback and peer comparators through the ONS Quality Registry has been on the cutting edge of evidence-based, quality cancer care. From the first distribution of the PEP cards at the 2006 Congress in Boston to now, there have been hundreds of ONS members and other oncology professionals actively involved in moving this incredible project along step by step. (G. Mallory, personal communication, November 11, 2014)

Barriers to Implementation

For all of the success of the EBP movement during the past 1.5 decades, the barriers to implementation of EBP are well known. Melnyk and Fineout-Overholt (2011) noted that some of the barriers to EBP include (a) lack of EBP knowledge and skills, (b) lack of time and resources to use EBP, (c) lack of EBP mentors, (d) resistance to change, (e) overwhelming patient loads, and (f) voluminous amounts of information. These barriers create tremendous amounts of lag time in moving evidence to patients at the bedside or chairside. Oncology nurses, particularly chief nursing officers and other nurse leaders, should do all they can to promote environments where EBP is welcome and expected. Past studies suggest that clinicians report more empowerment and satisfaction when they engage in EBP (Maljanian, Caamanica, Taylor, McRae, & Beland, 2002; Strout, 2005). In addition, a more dramatic and increased tempo is needed in the use of interdisciplinary teams to derive or establish interventions that are based in the most recent evidence. The future of health care will only be successful when all members of the healthcare team work together to determine what the best treatments for patients with cancer are.

Use in Everyday Practice

Individual oncology nurses should be provided opportunities to become con-

sumers of EBP and then held responsible for using EBP in their daily practice. In a survey of more than 3,000 ONS members, 45% said they have never used the online ONS PEP resource (G. Mallory, personal communication, November 11, 2014). More than 40% of members said that they do not use this information because they were unaware of these resources. Hopefully, more and more nurses will move toward using EBP. This polling information clearly delineates the challenges ahead for ONS.

Conclusions

As ONS continues to strive to remain pertinent and relevant to its members, the leadership must continue the level of excellence that has been present in EBP and PEP for the past 17 years. The challenges for ONS are two-fold. The first challenge, given the vast amount of information and research being generated, is how to keep the PEP resources pertinent and up to date. The second challenge is to continue to attract new nurses into the organization and become member volunteers to the already successful PEP program to enable it to remain fresh and attractive to all users. ONS must also consider the other formats of media (e.g., Facebook, Twitter) to advertise the PEP resources to its members, always remembering that excellent quality of cancer care comes from the education of oncology nurses and through the use of programs like ONS PEP.

EBP is everywhere. If EBP is so ingrained in all that we do, how long will a column focused on EBP be needed? Will oncology nurses get to a point in the future where the assumption can be made that all of the columns and articles that appear will include an EBP focus? Only time will tell.

On the 40th anniversary of ONS, nurses should stop for a moment and enjoy and celebrate the pinnacle of success in EBP, particularly ONS's very valuable PEP resources. Nurses can never estimate the difference this program has made to millions of patients across the world who found relief from nausea, pain, depression, or other debilitating symptoms from their nurses using this resource. After reveling in the success for a moment, nurses must forge ahead to new endeavors while facing the numerous barriers to EBP. In the words of Winston Churchill, "Success is not final. Failure is not fatal.

- Anorexia
- Anxiety
- Caregiver strain and burden
- Chemotherapy-induced nausea and vomiting
- Cognitive impairment
- Constipation
- Depression
- Diarrhea
- Dyspnea
- Fatigue
- Hot flashes
- Lymphedema
- Mucositis
- Pain
- Peripheral neuropathy
- Prevention of bleeding
- Prevention of infection
- Radiodermatitis
- Skin reactions
- Sleep-wake disturbances

FIGURE 1. Oncology Nursing Society Putting Evidence Into Practice Resources

Note. Based on information from Oncology Nursing Society, 2015.

It's the courage to continue that counts" (BrainyQuote, 2015).

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