Evidence-Based Behavioral Practice

An Exemplar of Interprofessional Collaboration

Robin P. Newhouse, PhD, RN, CNAA, BC, CNOR

In this department, Dr Newhouse highlights hot topics in nursing outcomes, research, and evidence-based practice relevant to the nurse administrator. The goal is to discuss the practical implications for nurse leaders in diverse healthcare settings. Content includes evidence-based projects and decision making, locating measurement tools for quality improvement and safety projects, using outcome measures to evaluate quality, practice implications of administrative research, and exemplars of projects that demonstrate innovative approaches to organizational problems. In this article, the author describes an interprofessional initiative to develop a model of evidence-based behavioral practice, define basic competencies, and provide tools and resources to foster capacity to use research findings across professional boundaries in behavioral practice.

Interprofessional collaboration is essential to deliver unified, cohesive, patient care; yet our work in evidence-based practice is often profession-specific, without exchange of theories, models, or tools in a unified approach focusing on a specific patient outcome. Efforts of each individual profession are grounded in specific knowledge, value, and belief systems, with resulting variations in forms of and values for specific types of evidence. Social boundaries result in poor diffusion across professions. This status quo is intolerable if we are to advance the quality of care for patients in all settings.

Consider a patient requiring treatment for depression. Providers of care may include a clinical psychologist, psychiatrist, nurse practitioner, social worker, and registered nurse case manager. Treatment may be provided by a team, but individual providers may use evidence specific to their professional domain. They may or may not access evidence from partner professions. Use of best evidence across professions by an interprofessional group will result in comprehensive guidelines for best practice.

Council on Evidence-Based Behavioral Practice

Under the leadership of Dr Bonnie Spring, principal investigator, the Council on Evidence-Based Behavioral Practice (EBBP) was formed to collaborate, learn about discipline-specific evidence-based practice, and create training resources for behavioral practice. The project is supported by the National Institute of Health’s Office of Behavioral and Social Sciences Research. Council members represent the professional domains of medicine, nursing, psychology, social work, and public health (Table 1).

The overall aim of the project is to create an integrated EBBP that supports collaborative implementation of evidence-based health practices at the individual, community, and population levels. Specific goals of the project are included in Figure 1. To date, the council has reviewed the progression of evidence-based practice in each profession, developed an integrated conceptual model and process for EBBP, authored a
white paper describing the work that has been reviewed by stakeholders, constructed a Web site for public access to the groups’ work and shared resources, and reviewed draft Web-based training to build the skills, knowledge, and abilities for providers engaged with behavioral health.

Conceptual Model and Process
The EBBP model uses an ecological framework, with decision making at the core of the model (B. Spring, unpublished information, 2008). An ecological framework posits that by influencing multiple levels (interpersonal, organizational, community, and public policy), health is affected. Patient-centered care and interprofessional collaboration are a basic tenet. Healthcare decisions are a product of the best research evidence; practitioner expertise; resources; and patient state, needs, values, and preferences. These decisions are made within a context or environment (such as a practice, unit, or organization), which influence decision making. Examples of these contextual variables include infrastructure (ie, access to Web-based resources or evidence), business agreements, state regulatory requirements, relationships, or teamwork with collaborators or stakeholders. The process specified to answer a behavioral health question includes 5 steps: ask, acquire, appraise, apply, analyze/adjust. Providers who engage in EBBP possess 3 broad sets of skills: assessment, communication/collaboration, and engagement/intervention.

Web Site and Education
The Web site is a source of education and information about the progress of the EBBP council’s work, providing competencies, documents, a publication list, and links to resources from multiple sources and professions. Council members provide video clips that are available for viewing, which discuss the origin, perspectives, issues, and trends in each

| Council Chair: Bonnie Spring, PhD | Director of Behavioral Medicine and Co-Program Leader in Cancer Prevention, Department of Preventive Medicine, Northwestern University, Chicago, Illinois |
| Ross Brownson, PhD | Professor of Epidemiology, Co-Director, Prevention Research Center in St. Louis, George Warren Brown School of Social Work, Department of Surgery and Siteman Cancer Center, Washington University, School of Medicine, Washington University in St. Louis |
| Edward Mullen, DSW | Willma & Albert Musher Chair Professor, School of Social Work, Columbia University, New York, New York |
| Robin Newhouse, PhD, RN | Assistant Dean, Doctor of Nursing Practice, School of Nursing University of Maryland, Baltimore, Maryland |
| Jason Satterfield, PhD | Director, Behavioral Medicine Unit, School of Medicine, University of California San Francisco, San Francisco, California |
| Evelyn Whitlock, MD, MPH | Director for Research-Healthcare Integration, Kaiser Permanente Center for Health Research, Oregon Evidence-Based Practice Center Oregon Health Sciences Center, Portland, Oregon |
| Kristin Hitchcock, MSI | Department of Preventive Medicine, Northwestern University, Chicago, Illinois |
| Former Associate Chair: Barbara Walker, PhD | Department of Psychological and Brain Sciences, Indiana University, Bloomington, Indiana |

Figure 1. Goals of evidence-based behavioral practice.
profession. Educational modules will be available in Fall 2008.

The Insiders View
There were a number of insights gained through participation in the EBBP council. The most striking were the profession-specific perspectives of each member, the language we used, and the resource base that we draw from.

At the first council meeting, members presented the state of evidence-based practice in each profession. It was clear that there are profession-specific opinion leaders who have championed efforts to improve the link between research findings and practice application. The development of specific models and tools in each profession supports the scope of practice of providers. Differences exist between professions in the definition of evidence, how to frame a question, models, and the level of interest (ie, patient or population). All agree that the basic process includes asking a question, searching the best evidence, appraising the evidence using a rating and grading scale for individual and overall evidence, making recommendations, implementing recommendations, and evaluating outcomes.

Each council member uses profession-specific language, terms, and approaches to research—requiring the group to come to common definitions and meanings. For example, what is evidence? Public health research is grounded in epidemiology, with designs often reflecting natural experiments such as case-control design or cohort studies. Randomized controlled trials are conducted in medicine to test the effectiveness of interventions. Nursing uses multiple designs, incorporating experimental, nonexperimental, and qualitative approaches. Evidence for practice decisions is often generated through quality improvement processes, yet the data generated are often not included as evidence by other professions. Language used is rooted in each discipline’s science, education, and training.

The third insight was the availability of resources in each profession. There are diverse tools, training, and expertise specific to each profession. Without knowledge of these resources, each profession continues to work in isolation. The EBBP Web site provides links to resources from multiple professions, improving their availability and use.

Conclusion
Evidence-based practice is core to all healthcare professional practice and all academic programs that prepare healthcare professionals including nurses, physicians, social workers, and clinical psychologists. Despite the clear need to work together for a common patient-centered goal, professions tend to approach improvements in care by setting boundaries around their scope-specific activities. Profession-specific patient goals are important but must also be integrated into unified action.

In a recent review of interprofessional collaboration, most studies (9 of 14) support positive outcomes associated with better interprofessional communication. Authors propose that a shared evidence base among professions, of which all are aware, will result in detection and interception of decisions that lack an evidence base by other interprofessional team members. The healthcare team must serve as the patient’s safety net, holding each other to evidence-based standards in an integrated approach.

The EBBP council’s work exemplifies an interprofessional effort to promote a shared evidence base. Nursing leaders in both practice and academia will need to focus efforts to prepare nurses with the skills, knowledge, and abilities to fully engage in patient, population, organizational, and public health forums that promote evidence-based interprofessional decision making. The potential to affect improvements in the quality of care delivered through interdisciplinary teams informed by evidence is the opportunity of the decade.

REFERENCES