

Advanced Practice Institute:

Promoting Adoption of Evidence-Based Practice October 28-30, 2015

First Name:			MI:
Last Name:		C re d e ntia ls:	
Employer:			
Work Address:			
C ity:		Sta te :	ZIP:
Work Phone:	C e ll Pho ne :		
Em a il:			
Home Address:			
C ity:		Sta te :	ZIP:
Pre fe rre d Mailing Address: Home	₩o rk		
Title :			
Are a of Specialization (if applicable): _			
Percent of Employment:	Lic e nse #:		Sta te :
Emergency Contact:	Pho ne :		
Alle rg ie s:			

Please complete the application and send via email to Kristen Rempelat kristen-rempel@uiowa.edu by September 16, 2015. (Please note, attendance is limited due to the small group focus. Qualifying applicants will be accepted in order of receipt of application and payment.)

Registration Fee of \$1500 may be paid online by clicking <u>here</u>, or by check payable to University of lowa Hospitals and Clinic s/Department of Nursing.

EX PERIENC E				
1.	What is your scope of practice?			
2.	What has been your experience with evidence-based practice?			
INS	SITIUIE PIAN			
	ntification of Evidence-Based Practice Project to be Developed			
1.	Content area Please provide a brief description of the topic you plan to bring to the Institute. We recognize this may be pre liminary information and may change. This information will be shared with the			
	consultants. a) Clinical topic or focus (e.g. fall prevention):			
	b) Why is the topic of interest to you? What is your rationale for selecting this content are a?			

Progress to-date

a) Have you started working on this project? Yes

If yes, please describe where you are in the process.

2.

Employer:	C re d e ntia ls:
	PICO Components
Pa tie nt P o p ula tio n	
C linic a l P ro b le m	
P îlo t a re a	
Intervention(s)	
C o m p a riso n	
Antic ip a te d O utc o me s	
Key Questions for Cons	ulta nts

Last Name:

First Name:

Medical Librarian-Assisted Literature Searches: The literature search will be scheduled for each participant and will start identifying the best evidence related to your clinical topic.

Critique of the Evidence: Each participant will attend a discussion session with sufficient time for critique. Sample research articles for the critique session will be distributed with additional prerequisite readings for the program.

C onsultation Requests : During the Institute, you will have scheduled time to consult with experts
pecific to your topic and needs. Please select your top three consultation requests.
Quality improvement: Meet with UIHC expert to discuss integrating evidence-based practice into your QIPI program.
Project evaluation: Meet with a UIHC expert to discuss development of evidence-based practice project evaluation plan.
Project evaluation: Meet with a UIHC expert on statistical analysis for evidence-based practice projects.
Organizational infrastructure: Meet with a UIHC expert to discuss building evidence-based practice into your organizational infrastructure and gathering support from key stake holders.
Clinical expert: Meet with a UIHC expert to discuss your "identified" clinical topic. Development of educational materials: Meet with a UIHC expert in nursing education to
disc uss development of educational resources found to be useful in promoting practice changes (e.g. resource manuals, algorithms, pocket cards, posters, reminders, practice prompts, computer based training, etc.).
Idea development: Meet with a UIHC expert to create a clear purpose statement for project work building on the PICO Components form submitted. Other (please specify):

Benefits of Institute for Employing Institution:

How will participation in this Institute benefit your organization?

Resources to Bring for Your Use:

- Project materials
- Policy and procedure template
- Departmentalorganizationalchart
- Pre-requisite materials
- Laptop (optional)

Name of Applicant's Direct Administrator/Supervisor:

If checked, I (Administrator/Supervisor) agree to release applicant to attend conference and to provide continued support for integration of evidence-based practice.