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TRANSLATION OF EVIDENCE INTO NURSING AND HEALTHCARE

THIRD EDITION



Kathleen M. White
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Editors

*Translation of Evidence Into
Nursing and Healthcare*

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Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com
<http://connect.springerpub.com/home>

Acquisitions Editor: Adrienne Brigido
Compositor: Exeter Premedia Services Private Ltd.

ISBN: 978-0-8261-4736-3
ebook ISBN: 978-0-8261-4737-0
PowerPoints ISBN: 978-0-8261-4738-7
DOI: 10.1891/9780826147370

Qualified instructors may request supplements by emailing textbook@springerpub.com

19 20 21 22 23 / 5 4 3 2 1

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Library of Congress Cataloging-in-Publication Data

Names: White, Kathleen M. (Kathleen Murphy), 1953- editor. | Dudley-Brown, Sharon, editor. | Terhaar, Mary F, editor.

Title: Translation of evidence into nursing and healthcare / Kathleen M. White, Sharon Dudley-Brown, Mary F Terhaar, editors.

Other titles: Translation of evidence into nursing and health care

Description: Third edition. | New York, NY : Springer Publishing Company, LLC, [2020] | Preceded by Translation of evidence into nursing and health care / [edited by] Kathleen M. White, Sharon Dudley-Brown, Mary Terhaar. Second edition. 2016. | Includes bibliographical references and index.

Identifiers: LCCN 2019043554 (print) | LCCN 2019043555 (ebook) | ISBN 9780826147363 (paperback) | ISBN 9780826147370 (ebook) | ISBN 9780826147387 (PowerPoints)

Subjects: MESH: Evidence-Based Nursing—organization & administration | Diffusion of Innovation | Translational Medical Research—methods

Classification: LCC RT51 (print) | LCC RT51 (ebook) | NLM WY 100.7 | DDC 610.73—dc23

LC record available at <https://lcn.loc.gov/2019043554>

LC ebook record available at <https://lcn.loc.gov/2019043555>

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Printed in the United States of America.

*This book is dedicated to our students,
who embrace the tremendous challenge of exploring the issues,
weighing the evidence, and transforming practice.*

*It is essential that each and every one of us
question the status quo, expect better ways to care, and collaborate always.
Society demands better outcomes:
Together, we have the ability and the responsibility to deliver.*

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Preface

We are excited to share with you the third edition of this text, which is intended to serve as an introduction to and a comprehensive resource for the work of translation. Consistent with the first edition, we use the language of translation because our focus is more precisely on the planning, execution, and achievement of important outcomes rather than the development of the science of implementation. We intend to encourage and facilitate broad adoption of translation as a means to achieve the Quadruple Aim and to ground the work solidly in theory and evidence. Ultimately, this approach contributes to the scholarship and rigor of the DNP as well as the advancement of implementation science.

In recent years, the frameworks, approaches, and analytics that are useful for translation have become more plentiful and more diverse. Familiar structures, processes, and approaches to collaboration have been refined and new ones have been developed to promote success. More important, many innovative and effective translation projects have been reported in the literature. All are useful as a means to guide the novice as well as inspire and challenge the practiced translator to achieve greater impact.

Since the first text was published, so much has changed in the area of translation and the body of related work has both expanded and matured. Many resources are now available. This text can form the scaffold for DNP education and the scholarly project. It can also serve as a playbook for DNPs as they begin to practice nursing at the highest level and transform healthcare and the health of society.

This third edition presents refreshed and expanded content to describe the work of translation. Examples of successful translation projects are presented to demonstrate the process of working from a problem; through meticulous prosecution of the evidence; to careful planning, execution, evaluation, and finally, broad dissemination. The exemplars presented here demonstrate high-impact, sustainable change that transforms culture and practice. This content is provided in six discrete but compatible sections introduced here.

■ PART I: TRANSLATION OF EVIDENCE

Part I contains three chapters that describe the process of translation from a theoretical perspective. Part I will be familiar to those who used earlier editions, but the

content represents recent developments in practice and the literature. **Chapter 1**, Evidence-Based Practice, serves as a primer on the topic. This chapter reviews the key tenets of evidence-based practice, presents a historical view of the work, and introduces a select few frameworks that have demonstrated impact over time. **Chapter 2**, The Science of Translation and Major Frameworks, provides a detailed overview of many frameworks that help to organize and facilitate the process of translating science into practice. In this edition, you will find new frameworks and an emphasis on improvements and revisions to the originals. **Chapter 3**, Change Theory and Models: Framework for Translation, describes the major theories and models as they relate to the process of translation. After all, translation is a powerful approach to accomplishing change, therefore, understanding the change process is essential.

■ PART II: USE OF TRANSLATION

Part II contains four chapters that describe the application of translation to select practice foci, including outcomes management, safety and quality, leadership, and health policy. Each chapter presents refreshed content related to the important topics covered in the first edition. **Chapter 4**, Translation of Evidence to Improve Clinical Outcomes, focuses on the use of evidence to support practice guidelines across the discipline in support of improving outcomes that matter. **Chapter 5**, Translation of Evidence for Improving Safety and Quality, describes the fast growing evidence base for safety and quality work. **Chapter 6**, Translation of Evidence for Leadership, describes the body of knowledge about leadership that applies to the work of translation to achieve the Quadruple Aim, attain professional success, and ensure practice excellence. **Chapter 7**, Translation of Evidence for Health Policy, provides a guide to help the DNP influence health policy through the application and dissemination of evidence.

■ PART III: METHODS AND PROCESS FOR TRANSLATION

Part III contains five chapters that describe a reliable and rigorous approach to the process of translation. The focus here is practical, and much is new in this edition. **Chapter 8**, Methods for Translation, describes 15 commonly applied methods used to translate evidence into practice and explores the best fit and utility of each. This chapter is intended to help those engaged in the work to consider the many approaches to translation and to select the approach that is best suited to the practice environment and clinical challenge at hand. **Chapter 9**, Project Management for Translation, provides a tactical and pragmatic approach that can be used to ensure that the work achieves faithful translation of evidence as well as appropriate adaptation to the individual practice setting. The unfolding case describes application of project management tools to plan for and manage the execution of a single, high-impact translation project. **Chapter 10**, Ethical Responsibilities of Translation of Evidence and Evaluation of Outcomes, describes the responsibilities of the DNP engaged in

translation and explains the processes to follow when preparing for institutional review board review. **Chapter 11**, Data Management and Evaluation of Translation, serves two purposes: It promotes reliable and rigorous evaluation of translation efforts and, in so doing, increases the successful dissemination of improvement work. In **Chapter 12**, Dissemination of Evidence, the authors strongly encourage high-quality dissemination of the work of translation, and this chapter is a guide to help the reader accomplish that goal.

■ PART IV: ENABLERS OF TRANSLATION

Part IV is new to this edition. In it you will find content to support effective translation. The processes described here are necessary but not sufficient for successful translation. **Chapter 13**, Education: An Enabler of Translation, describes approaches that support adoption of evidence in teaching in order to change the knowledge, skills, attitudes, and behaviors of caregivers and patients. **Chapter 14**, Information Technology: A Foundation for Translation, serves as a guide to help the reader understand how information technology and informatics techniques both support the translation process and serve as a medium for a translation itself. **Chapter 15**, Interprofessional Collaboration and Teamwork for Translation, provides an overview of the body of evidence to guide effective interprofessional collaboration in support of high-impact translation. The final chapter in this section, **Chapter 16**, Creating a Culture That Promotes Translation, describes best practices for building strong culture that has a significant impact.

■ PART V: ISSUES IN TRANSLATION

Part V contains two chapters to promote successful translation. **Chapter 17**, Best Practices in Translation: Challenges and Barriers in Translation, provides an experience-based guide to the potential impediments to successful translation in order to support effective planning, surveillance for early warning signs, and proactive problem-solving, and describes best practices in translation. **Chapter 18**, Legal Issues in Translation, provides an environmental scan of the potential risks and threats to success when teams undertake a program of improvement.

■ PART VI: TRANSLATION EXEMPLARS

This section was added in the second edition. It contains three chapters in which examples of successful translation projects are presented. **Chapter 19** presents five population health exemplars, **Chapter 20** presents eight specialty practice exemplars, and **Chapter 21** presents eight healthcare system exemplars. Fifteen exemplars relate to a method presented in Chapter 8. The remaining six relate to the education strategies presented as enablers to translation in Chapter 10. All projects presented

TABLE P.1 Practice Innovation Spectrum

	Research	Evidence-Based Practice	Quality Improvement
Nature of knowledge	Discovery	Application	Problem-solving
Nature of the result	New knowledge	Fidelity and fit	Fast fix
Level of control	High	Moderate	Low
Context	Precise	Expanded	Untidy
Scope	Variable	Local	Local
Adaptation	Rigorous control	Adaptability	Practicality
Applicability	Generalizable findings	Population specific and site specific	Problem focused
Analytics	Qualitative and quantitative	Qualitative and quantitative <i>or</i> Statistical process control	Statistical process control
Statistical power	Essential	Optional	Optional
Goal	Precision	Replication applicability impact	Impact
Leadership	PhD and IP team	DNP and IP team	DNP and IP team

IP, interprofessional.

in Part VI were conducted by DNP students in collaboration with interdisciplinary teams and all have been formally disseminated. All exemplars come from a broad range of practice areas, and all accomplished clinically relevant, measurable, sustainable improvement. Reference to the primary source is contained within each. *Qualified instructors may obtain access to supplementary material (PowerPoints) by emailing textbook@springerpub.com.*

■ CONCLUSIONS

The conversation in nursing and the health professions has historically emphasized the distinctions between the scholarship of the PhD and that of the DNP. It has become generally accepted recently that discovery is the domain of the former and translation the work of the latter. At the time of publication of this third edition, it remains useful to frame these efforts on a continuum of innovation (Table P.1). On the one hand, research seeks to discover new knowledge—where none is available—to support effective practice and care. On the other hand, quality improvement seeks to address problems encountered in the provision of that care. In between these two

poles, translation seeks to bring evidence to bear on challenges in the real world of practice using reliable and valid evidence to improve care and robust analytics to evaluate the impact. All the work represented on this continuum is essential to improving outcomes and attaining the Quadruple Aim.

Whereas different curricula develop in students and graduates the competencies required to lead efforts at different points along that continuum, in fact, it will be diverse teams that accomplish innovation. Both sets of competencies will be essential. But it will be diverse interprofessional teams, whose members possess these skill sets and this knowledge, that will achieve the greatest success and highest impact. So this book provides a description of the resources and processes that DNPs will rely on to drive translation, which are the same ones that teams can rely on and practice to guide and support that work.

The editors and contributors hope you find this to be a useful and practical, yet scholarly guide and resource. We encourage you to visit the primary sources to deepen your understanding of projects that interest you. As the body of evidence to support and direct translation grows, your contribution is much needed and encouraged.

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