

Purpose

The purpose of this review was to identify current instruments that broadly assess the use of evidence-based practice (EBP) in human service organizations.

Summary

Fewer than a dozen instruments that assess the use of EBP were identified. These instruments were developed primarily in healthcare and social service fields. Though the strengths of the current instruments include the ability to assess many domains and obtain multiple perspectives, they are designed to target specific changes. A number of recommendations are offered regarding the development of a new instrument, including: the inclusion of items assessing EBP use at an organizational level, as well as at an individual level. The new instrument should also be feasible and easy to use. The Evidence Based Practice (EBP) Self-Assessment Tool was designed to incorporate such recommendations. It is a 20 item measure, comprised of three subscales, including: organization, individual, and practice.

Implications

Results of the EBP Self-Assessment Tool can be used to initiate organizational change and to facilitate better understanding and use of EBP. The tool can also be used to determine whether progress toward EBP goals is being achieved. It is designed for use across disciplines, which can also promote the use of shared language related to EBP across settings.

Those interested in beta testing the EBP Self-Assessment Tool should contact the Institute for Human Development via email (trina.spencer@nau.edu).

Evidence Based Practice Self-Assessment

by Tiffany Sellars

Introduction

In recent years, evidence-based practice (EBP) has been gaining ground as an interdisciplinary approach to using the best available evidence when making decisions related to client care. Though the term was initially introduced in the medical field, it has the potential to improve practices for many disciplines, which could lead to improved client outcomes. However, to improve organizational use of EBP, it is necessary to determine current use, which necessitates a valid and reliable measure for doing so.

Literature Review

The term “evidence-based practice” has been primarily cited in the literature related to the fields of healthcare and social services, with some citations in education and mental health. Assessment instruments related to EBP typically assess respondents’ beliefs and attitudes about the construct, rather than the degree to which EBP is being utilized within their organization. Similarly, instruments related to organizational change are generally designed to assess respondents’ attitudes, often targeting a specific change within an organization.

A review of the literature identified fewer than a dozen instruments intended to assess staff perceptions of change and use of evidence-based practice. Assessment measures included the Organizational Readiness for Change Assessment (ORCA), the Texas Christian University Organizational Readiness for Change survey (TCU-ORC), the Innovation Configuration Component Map (ICCM), and the Evidence-Based Practice Attitude Scale (EBPAS). Each of the currently available assessment instruments has strengths, including the ability to assess multiple dimensions of readiness for organizational change and the ability to obtain multiple perspectives. However, no single instrument addresses implementation, attitudes, and barriers. A review of the current literature and available instruments suggests the necessity of developing a new instrument designed to assess the use of EBP at the organizational level.

Findings

Based on the findings of this literature review, a number of recom-

mendations are offered. First, the new instrument should have items that ask about the organization as a whole, as well as the behaviors of individual professionals within the organization. Second, to be feasible and easy to use, it should be limited to one page. Many of the instruments reviewed were several pages in length and may not be feasible to complete in busy human service settings. Third, to be useful to organizations, a simple score should be determined. Scores should be summarized across many members of the organization, especially those from professionals at administration and direct staff levels. Finally, and most important, the tool must be used for organizational improvement and not evaluation. The utility of EBP instruments depends on the organization's sincere interest in implementing EBP.

Development of the Evidence Based Practice Self-Assessment Tool

The purpose of the EBP Self-Assessment Tool is to help professionals and organizations consider the extent to which they embrace the core tenants of EBP and to identify the organization's strengths and areas to improve. For the purpose of the EBP Self-Assessment Tool, EBP is a decision-making process that is informed by three sources: 1) best available research evidence, 2) clinical expertise, and 3) client and family characteristics, values, and preferences. In this context, the term "practice" refers to all professional activities of an individual and not a single intervention or program.

The EBP Self-Assessment Tool includes 20 items and three subscales:

organization, individual, and practice. The organization subscale includes items related to the use (or perception) of EBP at the organizational level, while the individual subscale inquires about personal beliefs, barriers, and actions related to EBP. Finally, the practice subscale includes five items related to specific actions taken by respondents in the past eight weeks.

The EBP Self-Assessment Tool is intended to be completed by 50% of an organization's professional staff and administrators. The results should be summarized and shared for the purpose of identifying areas for growth related to the organization's use of EBP. Goals should be derived from the results and the process of gathering information using the EBP Self-Assessment Tool should be repeated at regular intervals (e.g., 6 months) to monitor the organization's progress toward comprehensive implementation of EBP.

Implications

With the ability to quickly assess staff and administrators' use of EBP, as well as assess their perceptions of the use of EBP at an organizational level, organizations can identify areas for improvement and initiate change. Once changes have been implemented, the EBP Self-Assessment Tool can be used to determine whether intended EBP related outcomes are being achieved. The EBP Self-Assessment Tool is designed in such a way that it can be employed by organizations in a variety of disciplines. A cross-discipline tool can promote the use of shared language among interdisciplinary professionals.

About the Author

Tiffany Sellars is a doctoral student in school psychology. She receives mentorship from Dr. Trina Spencer at the Institute for Human Development and has worked with her on numerous EBP projects.

EVIDENCE BASED PRACTICE SELF-ASSESSMENT TOOL

DATE: _____ CHECK ONE: I am an administrator I am a professional staff Other _____

The purpose of the Evidence Based Practice (EBP) Self-Assessment Tool is to help professionals and organizations consider the extent to which they embrace the core tenants of EBP and to identify the organization's strengths and areas to improve. Although it is common to use the phrase "evidence based practice" to refer to a program, curriculum, intervention or treatment, for the purpose of the EBP Self-Assessment Tool, EBP is a decision making process that is informed by three sources: 1) best available research evidence, 2) clinical expertise, and 3) client and family characteristics, values, and preferences. Importantly, in this context, the word "practice" refers to all professional activities of an individual and not a single intervention or program.

Directions for Use: Approximately 50% of an organization's professional staff and administrators should independently complete the Self-Assessment Tool in a manner that ensures confidentiality of responses. Someone within the organization should gather the completed Self-Assessment Tools and summarize the results. At a staff meeting, the results should be shared with an eye toward identifying areas in which the organization and professionals can improve their implementation of EBP. Goals should be derived from the results and the process of gathering information using the Self-Assessment Tool should be repeated at regular intervals (e.g., 6 months) to monitor the organization's progress toward comprehensive implementation of EBP.

Indicate the extent to which you agree with each statement by circling a number between 0-4.

ORGANIZATION	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know
EBP is central to the mission and philosophy of my organization.	4	3	2	1	0
EBP is implemented in my organization.	4	3	2	1	0
Administrators regularly supply resources (e.g., articles, reports, professional development) to support the implementation of EBP.	4	3	2	1	0
Fiscal resources are used to support the implementation of EBP.	4	3	2	1	0
Monitoring and sharing outcomes are essential in my organization's culture.	4	3	2	1	0

INDIVIDUAL	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I value EBP as a decision making framework.	4	3	2	1
I have an ethical and professional responsibility to implement EBP.	4	3	2	1
I regularly use research findings to inform my practice.	4	3	2	1
I regularly use client data to inform my practice.	4	3	2	1
I regularly use professional resources other than research studies (e.g., websites, practice guides) to inform my practice.	4	3	2	1
When making decisions, I value research evidence.	4	3	2	1
When making decisions, I value clinical/field experience.	4	3	2	1
When making decisions, I value the characteristics, values, and preferences of my clients.	4	3	2	1
I have sufficient time to implement EBP.	4	3	2	1
I have sufficient resources and support to implement EBP.	4	3	2	1
I have sufficient reason or motivation to implement EBP.	4	3	2	1

PRACTICE Circle whether you have or have not done each activity in the past eight weeks.

I have (1) I have not (0)	Read a research study.
I have (1) I have not (0)	Collected data to examine the impact of a practice.
I have (1) I have not (0)	Shared findings of a research study with a colleague, administrator, or client/family member.
I have (1) I have not (0)	Shared program data with a colleague, administrator, client/family member.

TOTAL POINTS:

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