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.