

IOWA HEALTH CARE

Advanced EBP Institute

Mastering Evidence-Based Practice (EBP) and Building Capacity

Virtual Institute February 18, 19, 25, 26, 2027

Please complete the application and email it to kristen-rempel@uiowa.edu by **January 20, 2027,** or contact Kristen if you need an extension. Please note that attendance is limited due to the small-group format.

The registration fee may be paid online or by check payable to University of Iowa Health Care, Department of Nursing. Request to cancel must be submitted by email on or before **January 20, 2027**. A processing fee of $100 will be deducted from any refund.

First Name:_____Last Name: _____

Credentials: _____

Email:_____

Cell Phone: _____

Employer:_____

Employer Address:_____

City:_____ State: _____ ZIP: _____

Mailing Address (for program materials; no PO Box):_____

City:_____ State: _____ ZIP: _____

Job Title: _____Area of Specialization:_____

Emergency Contact: _____ Phone:_____

Do you have access to Microsoft Teams? ☐ Yes ☐ No

Do you have access to Zoom? ☐ Yes ☐ No

EXPERIENCE

Scope of Practice
Please describe the scope of your practice; your current role, responsibilities, and areas of clinical focus.

EBP Experience
Summarize your prior exposure to EBP, including any training, project involvement, or use of EBP tools or frameworks you have used.

INSTITUTE PLAN

Clinical Topic
Please describe the topic you plan to develop during the Institute. We understand this information is preliminary and may evolve. Your response will support program planning and will be shared with consultants to help guide your work.

Topic Importance
Why is this topic important to you? Describe the factors that have influenced your interest in this area.

Project Progress
Please describe the current stage of any work completed on your project, including preliminary assessments, evidence reviews, stakeholder engagement, or planning activities completed to date.

Tool 2.1 PURPOSE Elements for an EBP Purpose Statement

INSTRUCTIONS: Identify the PURPOSE elements for your evidence-based practice (EBP) project and use them to write a project purpose statemen in one to two sentences.

P = Population

U = Users

R = Responsible team

P = Problem

O = Outcomes

S = Setting

E = Effort (i.e., time frame, if relevant)

EBP PURPOSE Statement

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Critique of the Evidence
Each participant will attend a facilitated discussion session with dedicated time for structured critique of the evidence. Sample research articles for this session will be provided in advance.

Health Sciences Librarian - Assisted Literature Searches
A consultation with a health sciences librarian will be scheduled for each participant to begin identifying the highest-quality evidence related to your topic.

Librarian Access
Do you have access to a medical librarian who can support your evidence search? ☐ Yes ☐ No

Do you anticipate needing advanced support to locate or access evidence? ☐ Yes ☐ No

Consultations
During the Institute, you will have scheduled time to meet with local experts aligned with your topic and project needs. **Please select your top 2-3 consultation choices** or note if you'd like to opt-out of the consultations.

- ☐ Quality improvement: Integrating EBP into your quality improvement program.
- ☐ Project evaluation: Developing an evaluation plan for your EBP project.
- ☐ Project evaluation statistics: Understanding statistical analysis for EBP projects *(counts as two consultations)*.
- ☐ Organizational infrastructure: Building EBP into organizational infrastructure and securing stakeholder support.
- ☐ Clinical expert: Open discussion with a content expert related to your topic.
- ☐ Educational materials: Creating resources to support practice change (e.g., manuals, algorithms, pocket cards, practice prompts, online training).
- ☐ Idea development: Refining your purpose statement using the PURPOSE components.
- ☐ Other: please specify
- ☐ Opt-out of consultations and use the time for independent project work.

Share any key questions you have for consultants.

Organizational Benefits
How will your participation in this Institute benefit your organization?

Applicant's direct administrator/supervisor Name:

☐ If checked, I (administrator/supervisor) agree to release applicant to attend Institute and to provide continued support for integration of EBP.