

The EDUCATE Study: A Continuing Education Exemplar for Clinical Practice Guideline Implementation

Lyssa Friedman, RN, MPA, OCN®, Constance Engelking, RN, MS, OCN®, Rita Wickham, PhD, RN, AOCN®, CHPN, Catherine Harvey, RN, DrPH, AOCN®, Martha Read, RN, MSN, and Kimberly Bardel Whitlock, PharmD

Cancer care is evolving from a solo practitioner care delivery system based on tradition and anecdotal experience to a multidisciplinary, collaborative, science-driven paradigm. Evidence-based practice facilitates optimal care quality for patients with cancer and is effected for medical and nursing practitioners through clinical practice guideline implementation. Clinician education based on principles of adult learning is one method of implementing clinical practice guidelines in clinical practice. However, research demonstrates that conventional static methods of education do little to change behavior; instead, effective education incorporates interactive formats, provides feedback, and includes reminder and reinforcement strategies. The EDUCATE (Educating Clinicians to Achieve Treatment Guideline Effectiveness) Study offers one model for clinical practice guideline implementation using educational methods. A faculty of nurse educators, together with practice champions, carried out an intensive educational intervention comprised of multiple teaching/learning activities during a 12-month period in community oncology practices throughout the United States. In addition to an overview of clinical practice guidelines and educational methods that can be used for implementation of clinical practice guidelines, the obstacles faced and lessons learned through the EDUCATE Study are presented, along with recommendations for implementation in the practice setting.

The cancer care paradigm is evolving from clinical practice based on tradition and anecdote to a collaborative, multidisciplinary, evidence-based model designed to achieve high-quality patient care. In addition to intensifying regulatory scrutiny of clinical practices that both help and hinder the quality of patient care, this shift is largely driven by the expanding availability of scientific data on cancer treatment, supportive care, and associated short- and long-term patient outcomes. Clinical practice guidelines are a developing avenue for integrating the significant volume of new scientific findings into day-to-day medical and nursing practice. The existence of clinical practice guidelines alone, however, is not sufficient to ensure quality patient care delivery (Field & Lohr, 1992). Rather, how they are implemented, the degree of clinician adherence, and the subsequent impact on patient outcomes are critical to understanding the value of clinical practice guidelines in clinical care. Continuing professional education is a primary clinical practice guideline implementation strategy. Reports detailing the implementation and effects of clinical practice guidelines on community oncology clinical practice and patient outcomes are limited.

Nurses in community-based oncology practices play an influential role and can drive evidence-based clinical practice guideline adoption and adherence, particularly in optimizing

supportive care dimensions of cancer care. Oncology nurses are referred to as “natural” or “primary” advocates in quality-improvement efforts because they are multidisciplinary team members and are strategically positioned to observe and elicit critical information from their patients (Moore & Crom, 2006). Nurses’ important contributions in using clinical practice guidelines to improve patient care quality are exemplified in

Lyssa Friedman, RN, MPA, OCN®, is a healthcare consultant at McKesson Specialty in San Francisco, CA; Constance Engelking, RN, MS, OCN®, is the president of the CHE Consulting Group, Inc., in Mt. Kisco, NY; Rita Wickham, PhD, RN, AOCN®, CHPN, is an oncology and palliative care consultant and an associate professor of nursing in the College of Nursing at Rush University in Chicago, IL; Catherine Harvey, RN, DrPH, AOCN®, is a partner at the Oncology Group in Raleigh, NC; Martha Read, RN, MSN, is a clinic RN at Seattle Cancer Care Alliance in Washington; and Kimberly Bardel Whitlock, PharmD, is a manager of clinical services at McKesson Specialty. Funding for the study was provided by Amgen Inc. Friedman owns stock in McKesson Specialty; Engelking, Wickham, Harvey, and Read have received consultancy honoraria from NOA/McKesson; and Whitlock is employed by and owns stock in McKesson. (Submitted July 2008. Accepted for publication August 31, 2008.)

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