



Western Norway
University of
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Impact of an interdisciplinary master program in evidence based practice

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Background

- › Over time Norwegian policies related to higher health and social care education have increasingly focused on evidence-based practice (EBP) ⁽¹⁻³⁾
- › In 2008, an interdisciplinary master program that specifically targeted EBP was started at the Western Norway University of Applied Sciences ⁽⁴⁾
- › At the time, the program was unique in Scandinavia
- › To our knowledge, the number of such programs is still limited, and research evaluating such programs scarce

1) Meld. St. 13 (2011–2012) [Education for Welfare: Interaction as Key];2012.

2) Helse-og omsorgsdepartementet. [Health&Care21 Strategy]; 2014.

3) Lovdata. [Regulations of Common Curricula for the Health and Social Care Educations]; 2017.

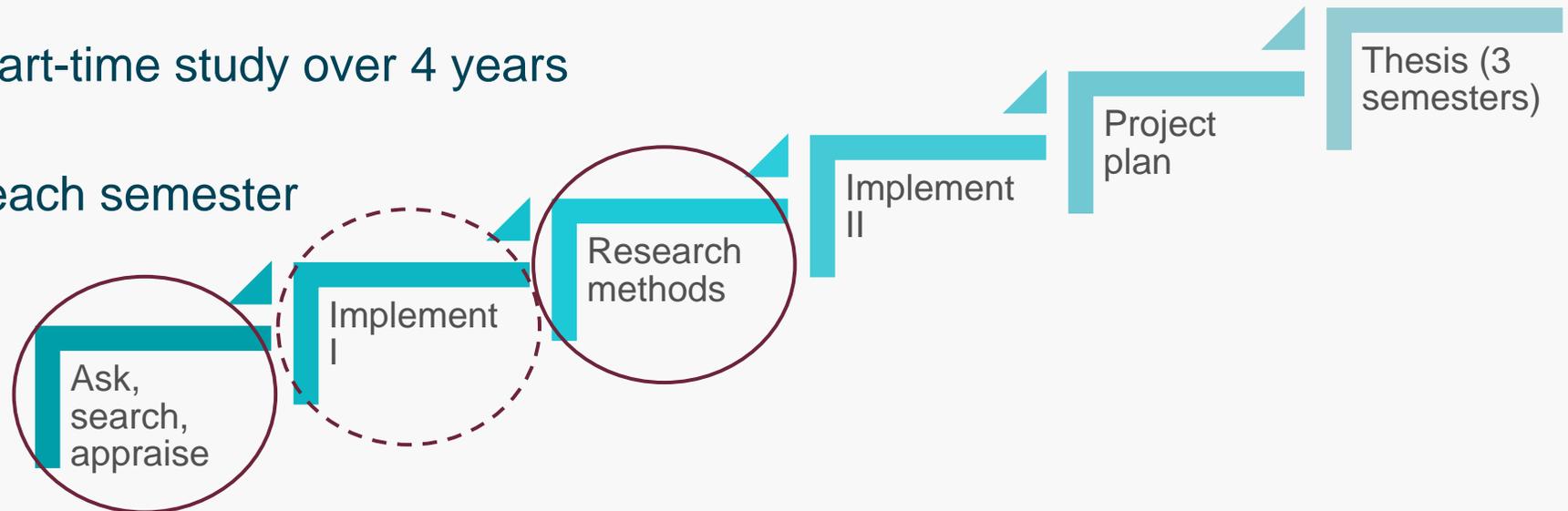
4) <https://www.hvl.no/en/studies-at-hvl/study-programmes/2019h/ma-kbp4/>

Aims

- › Evaluate the impact of an interdisciplinary master program in EBP in the health sciences
 - › on student's **beliefs about the value** of evidence-based practice and their **ability to implement** evidence-based practice, and
 - › on the **extent to which students implement** evidence-based practice

Setting

- › Master program in evidence-based practice in the health sciences
- › Started in 2008; part-time study over 4 years
- › 15 ECTS credits each semester



- › Changes over time in learning strategies
 - › Modifications following evaluation by students and teachers
 - › Towards technology assisted learning (blended learning)

Methods

- › Outcome measures were **the Evidence-Based Practice Scales** by Melnyk et al. (2008)
 - › The Evidence-Based Practice Beliefs scale allows measurement of a person's beliefs about the value of EBP and the ability to implement it
 - › 16 items, sum scores range from 16 to 80
 - › The Evidence-Based Practice Implementation scale allows measurement of the extent to which EBP is implemented
 - › 18 items, sum scores range from 0 to 72
- › **Statistical analyses** were based on sum scores transformed to a 0 to 100 scale
- › Generalized estimating equations regression was used to estimate longitudinal changes in outcome measures throughout the study program

Results – Baseline demographics

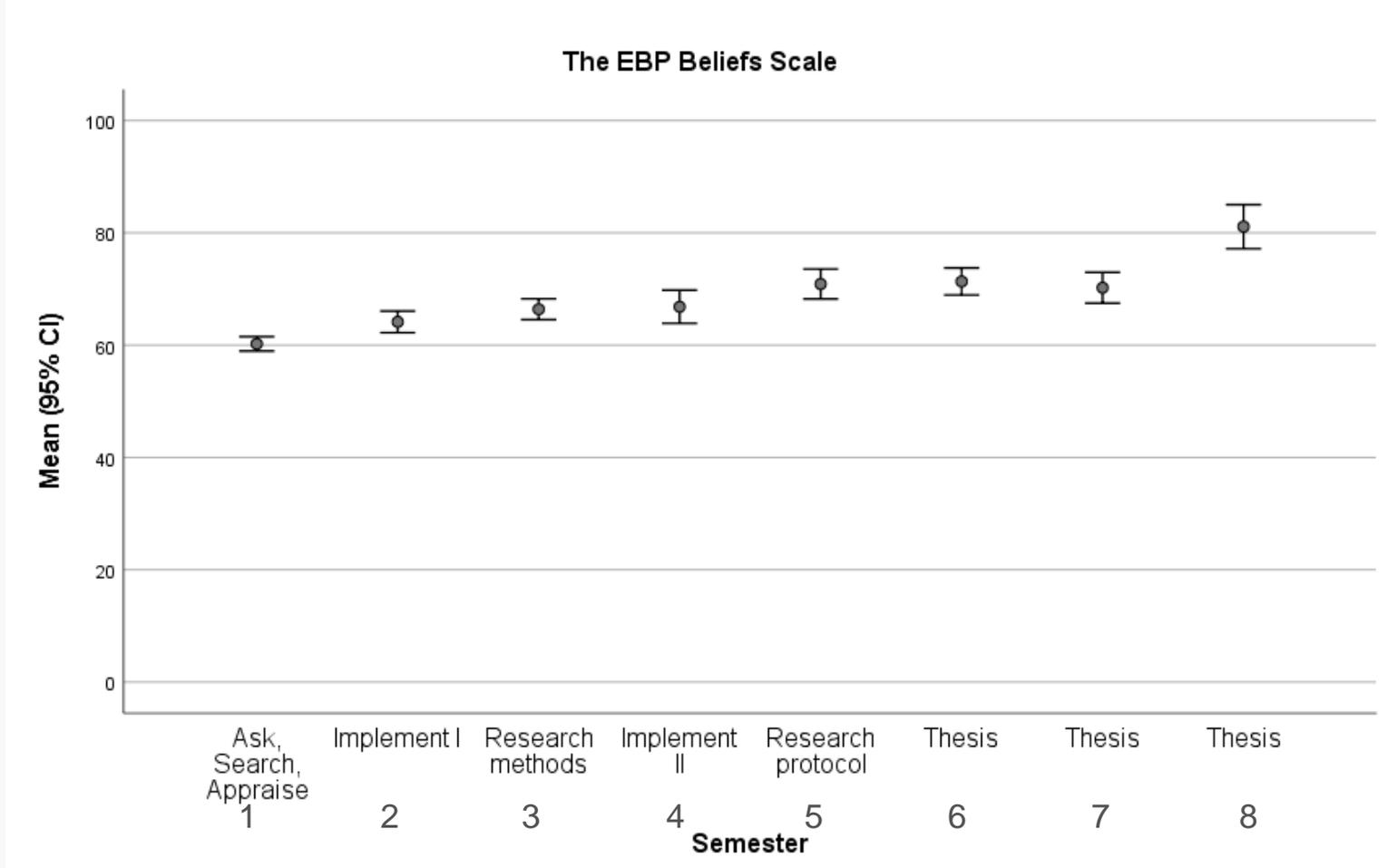
- › Among 166 eligible students, **160 gave consent to participate**
- › 6 student cohorts
- › Median number of students per cohort was 29 (range 21 to 33)

Variable	%	Mean (range)
Females	86	
Age		41 (25 – 58)
Occupation		
Nurse	63	
Social educator	12	
Physical/occupational therapist	12	
Librarian	5	
Other	8	
Working full time	53	
Years working		14 (0 – 34)
Working for 10 years or longer	68	



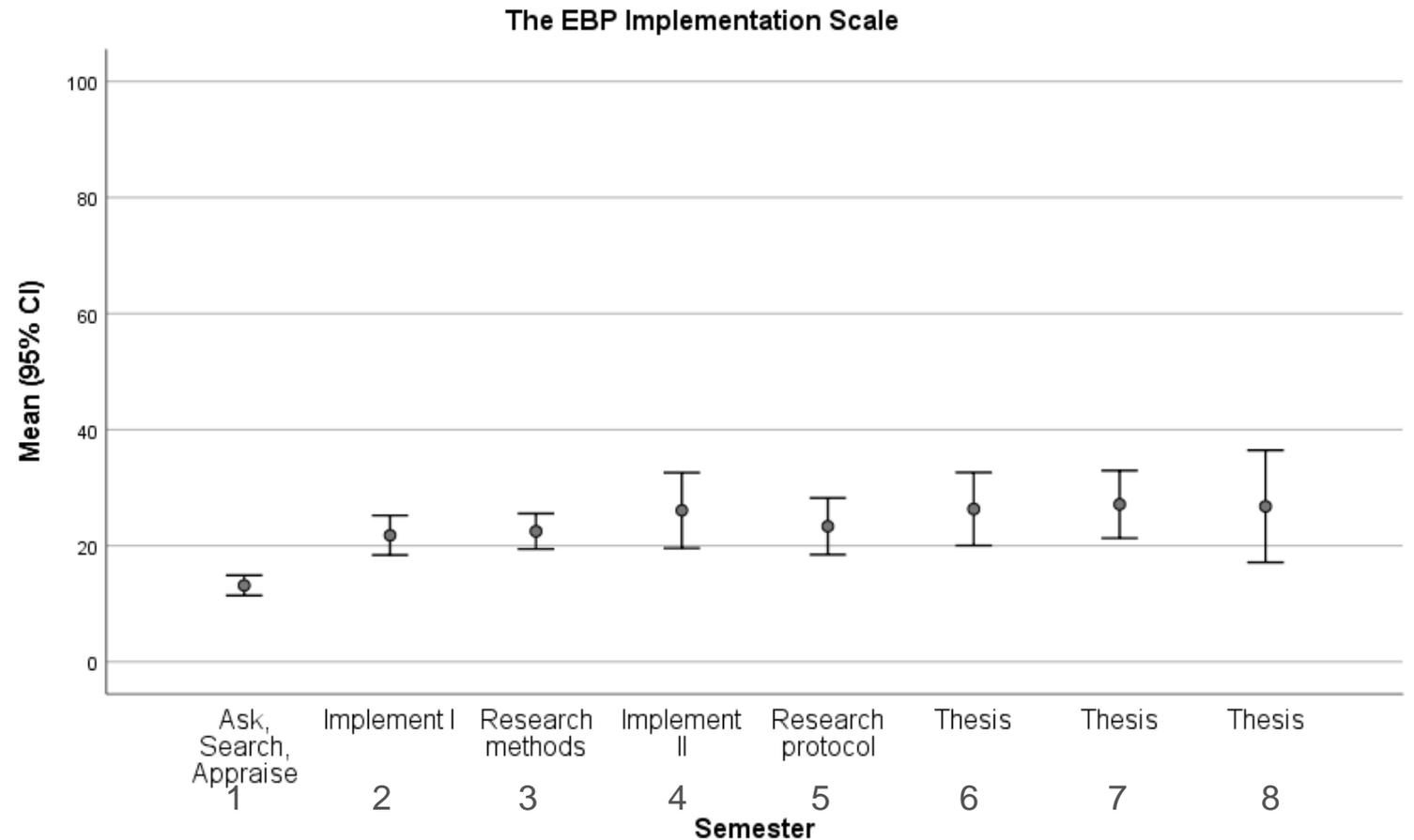
Results - The EBP Beliefs Scale

- › Mean score at baseline was 60 (SD 8.8)
- › Linear increase in mean score was 2.1 units (95% CI 1.7 to 2.5) per semester
- › Comparing values at baseline and at the end of the study program, the mean difference was 16 units (95% CI 12-20)

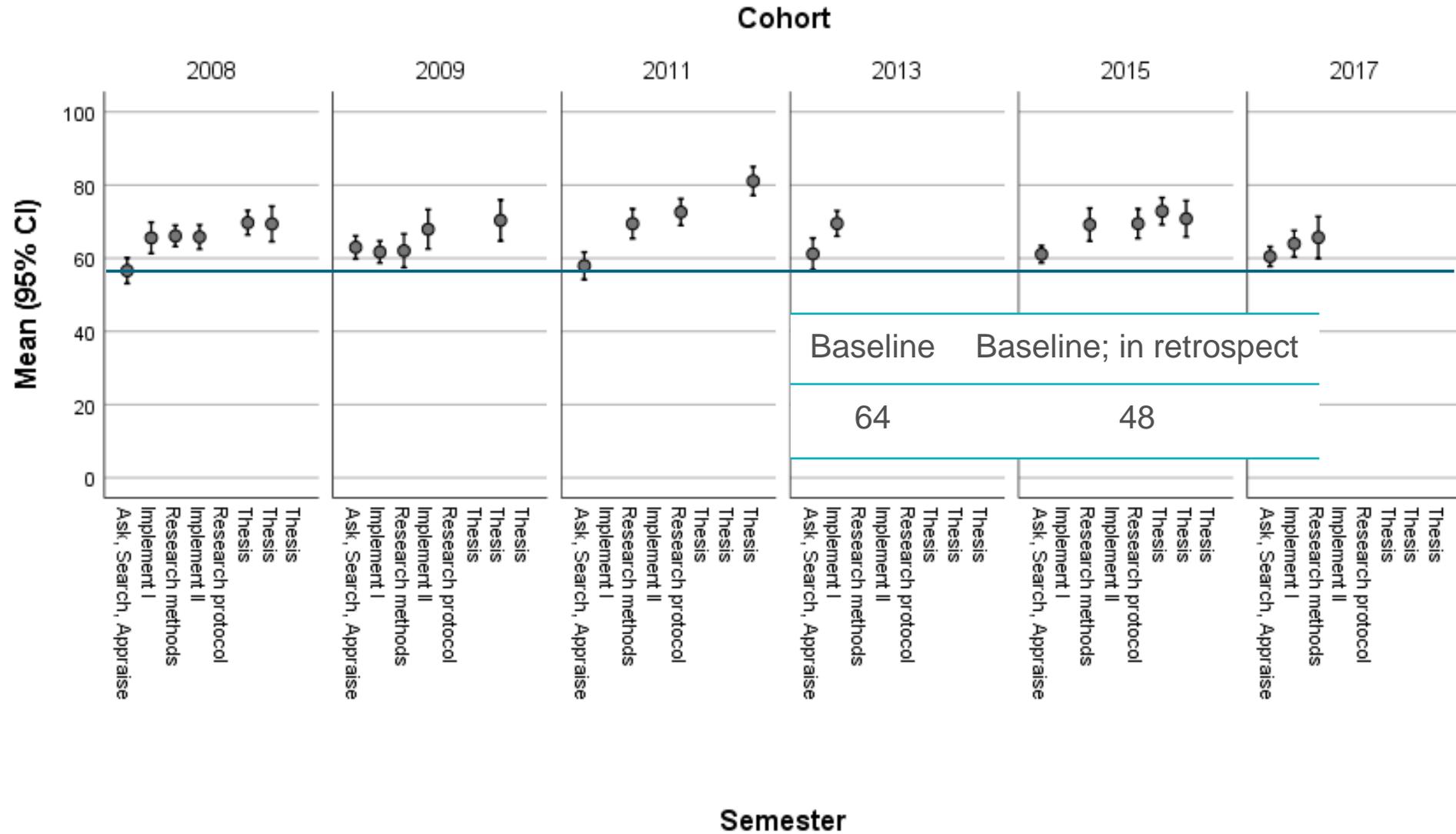


Results - The EBP Implementation Scale

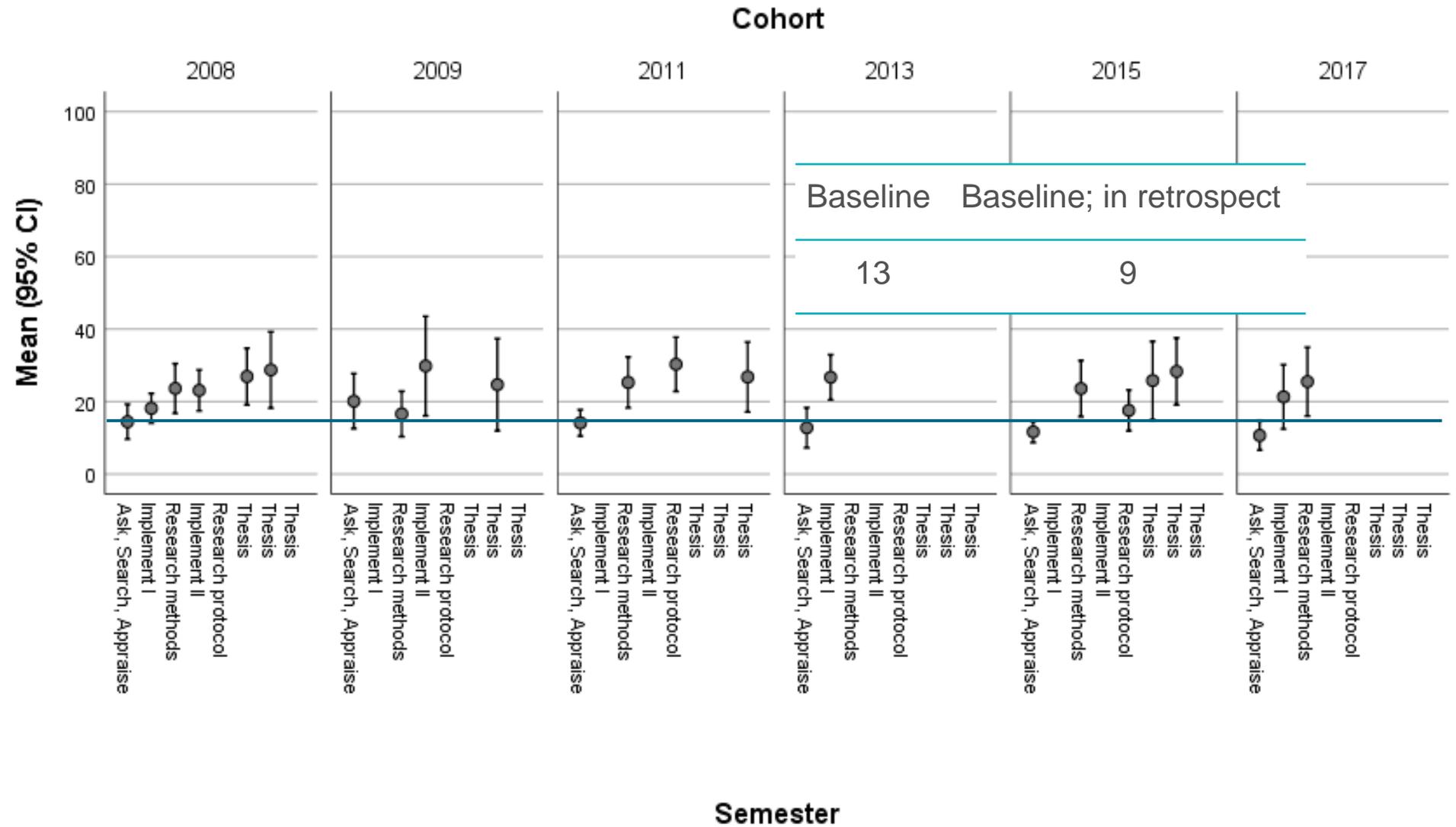
- › Mean score at baseline was 13 (SD 12)
- › Linear increase in mean score was 1.3 units (95% CI 0.2 to 2.5) per semester
- › Comparing values at baseline and at the end of the study program, the mean difference was 10 units (95% CI 4.2-16)



Results - The EBP Beliefs Scale



Results - The EBP Implementation Scale



Limits

- › Self-reported outcome measures
- › While the original EBP Beliefs and EBP Implementation scales have been described with acceptable reliability and validity properties (Melnik et al. 2008), the Norwegian versions have not been fully validated
- › To our knowledge, there is limited evidence of what should be considered high or low EBPB and EBPI scores, and also of what defines a minimal clinical important difference
- › The accuracy of the baseline statistics may be questionable

Bottom line

- › Student's beliefs about the value of evidence-based practice and of their ability to implement it, increased throughout the study program
- › The extent that students implemented evidence-based practice also increased throughout the study program
- › Implementation scores were, however, consistently lower than beliefs scores