

THE ECOSYSTEM OF EVIDENCE

Navigating the future
of the ecosystem of evidence

Artificial intelligence and digital transformation
in research and healthcare

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From Evidence Synthesis to Clinical Translation in Nursing

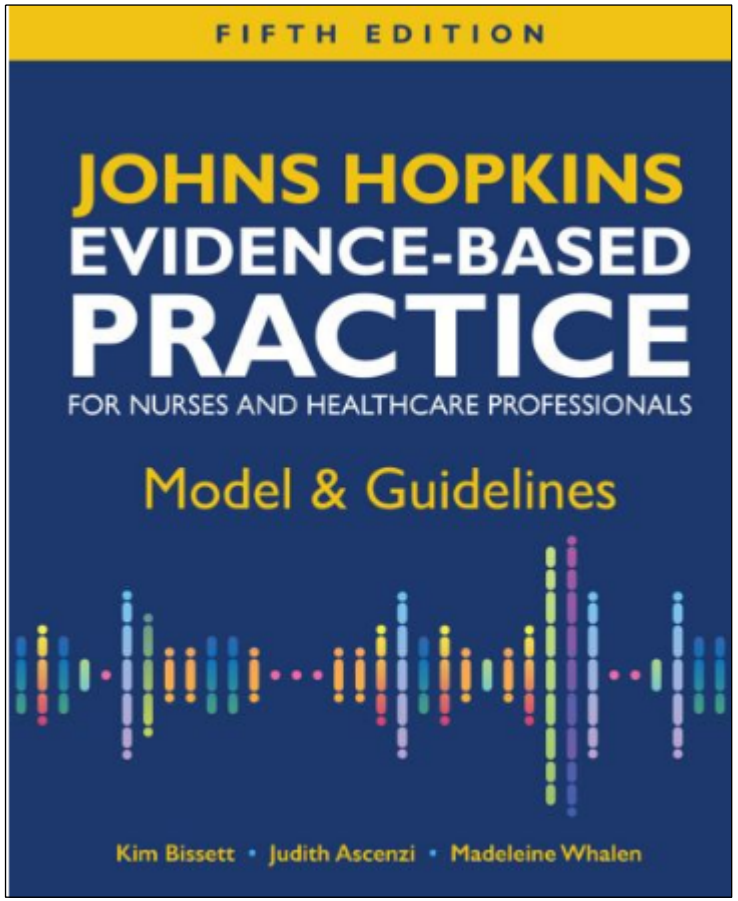
Actionable Updates to the Evidence-Based Practice Process

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30th 1996-2026 GIMBE EVIDENCE FOR HEALTH

Background

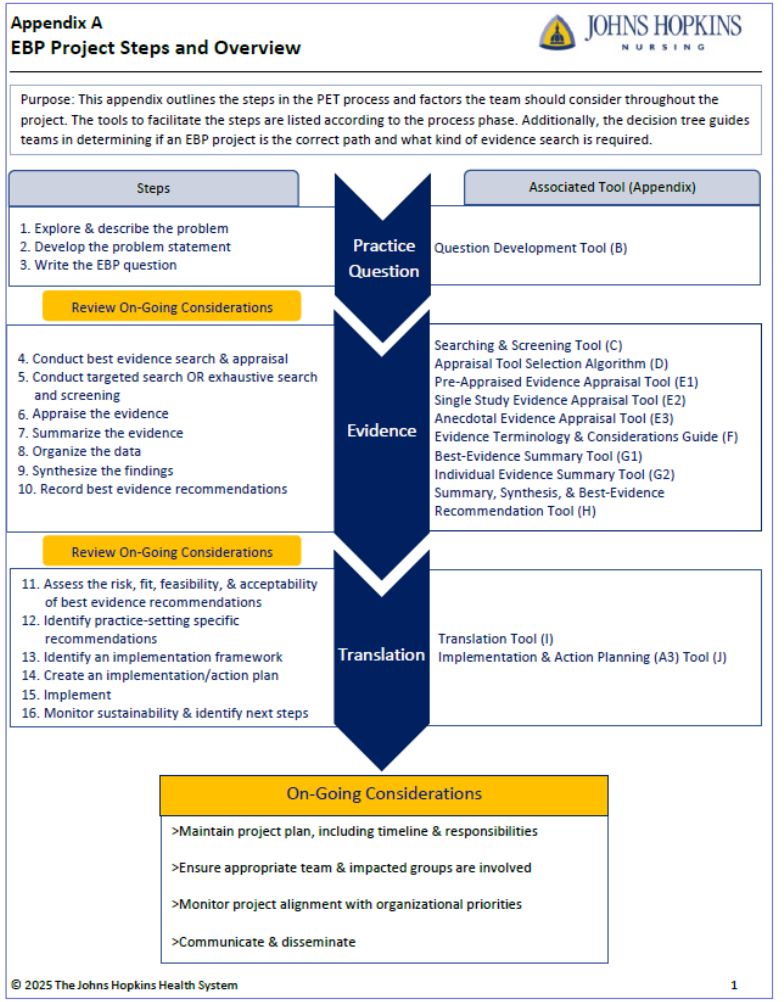
- 1st edition 2007, 5th edition released in 2025
- Target audience is frontline nurses, also used by academic programs
- Process supported by 13 practical tools
- 58,000 requests to use the tools, cited more than 3,000 times, used by >500 universities in more than 25 countries



Background

- Defines EBP as a *"problem-solving approach to clinical decision-making within a healthcare organization. EBP integrates the best available scientific evidence with the best available experiential (patient and practitioner) evidence*" (Bissett, 2025).

- Follows a Practice Question, Evidence, Translation (PET) process, which also maps to the 5 A's of evidence-based healthcare (Ask, Acquire, Appraise, Apply, Assess; Straus, 2027)



Appendix A
EBP Project Steps and Overview

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Purpose: This appendix outlines the steps in the PET process and factors the team should consider throughout the project. The tools to facilitate the steps are listed according to the process phase. Additionally, the decision tree guides teams in determining if an EBP project is the correct path and what kind of evidence search is required.

Steps		Associated Tool (Appendix)
1. Explore & describe the problem 2. Develop the problem statement 3. Write the EBP question	Practice Question	Question Development Tool (B)
Review On-Going Considerations		
4. Conduct best evidence search & appraisal 5. Conduct targeted search OR exhaustive search and screening 6. Appraise the evidence 7. Summarize the evidence 8. Organize the data 9. Synthesize the findings 10. Record best evidence recommendations	Evidence	Searching & Screening Tool (C) Appraisal Tool Selection Algorithm (D) Pre-Appraised Evidence Appraisal Tool (E1) Single Study Evidence Appraisal Tool (E2) Anecdotal Evidence Appraisal Tool (E3) Evidence Terminology & Considerations Guide (F) Best-Evidence Summary Tool (G1) Individual Evidence Summary Tool (G2) Summary, Synthesis, & Best-Evidence Recommendation Tool (H)
Review On-Going Considerations		
11. Assess the risk, fit, feasibility, & acceptability of best evidence recommendations 12. Identify practice-setting specific recommendations 13. Identify an implementation framework 14. Create an implementation/action plan 15. Implement 16. Monitor sustainability & identify next steps	Translation	Translation Tool (I) Implementation & Action Planning (A3) Tool (J)

On-Going Considerations

>Maintain project plan, including timeline & responsibilities

>Ensure appropriate team & impacted groups are involved

>Monitor project alignment with organizational priorities

>Communicate & disseminate

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Background

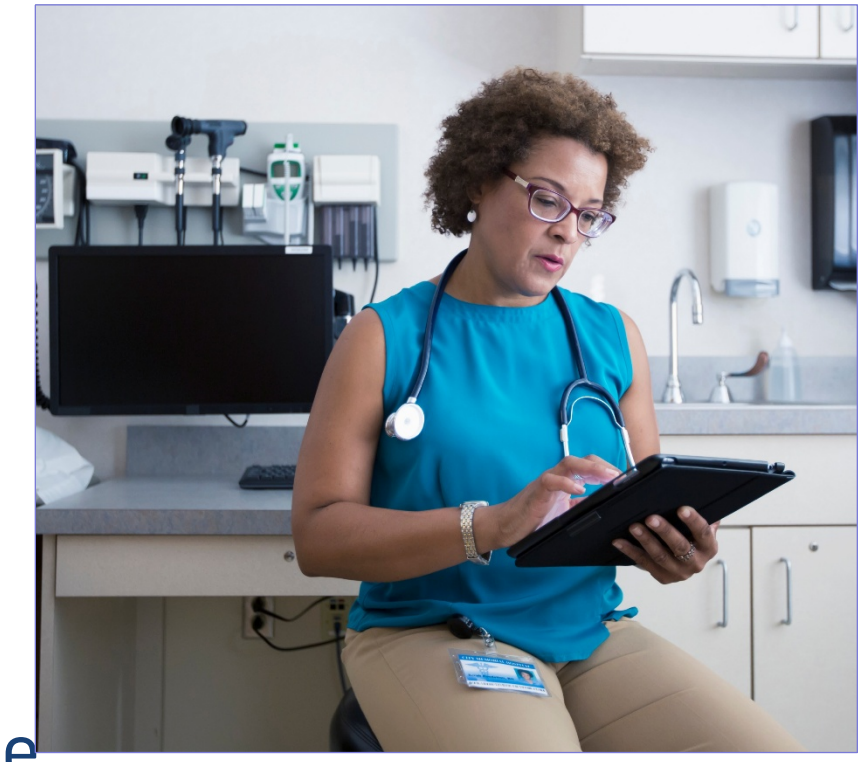
- Nurses are largest segment of the healthcare system worldwide, yet have well-documented barriers to meaningful engagement in the EBP process , including lack of time, knowledge, and support (Alatawi, 2020)



- Actionable evidence syntheses exist, but not all nurses know the process to evaluate their quality, suitability to their practice setting/population, and translate the recommendations into practice change

Aims

To promote timely translation of best practices by taking full advantage of pre-appraised evidence. These updates:

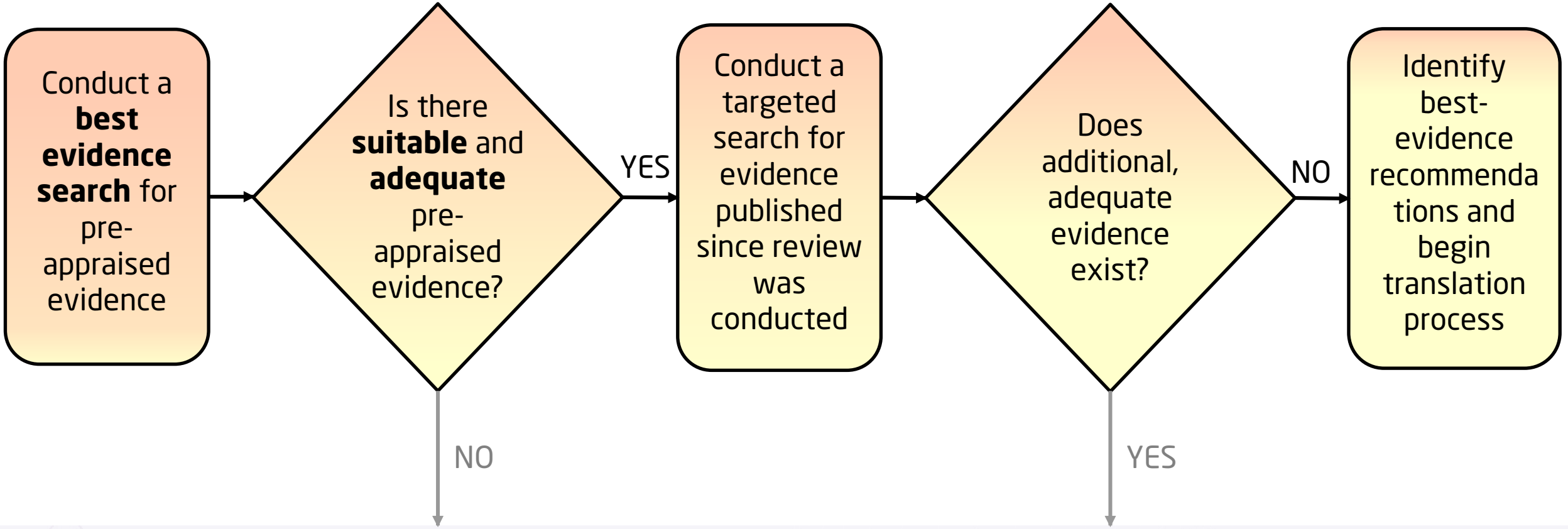


- Address time and knowledge barriers
- Reduce underuse of evidence syntheses
- Ensure practice change reflects best evidence
- Build capacity for evidence implementation
- Reduce unnecessary steps and redundant evidence reviews

Methods

- Updates based on iterative, end-user feedback and continuous monitoring of the evidence ecosystem
- Substantial updates to portions of the evidence phase (**acquire** and **appraise**) to identify and evaluate pre-appraised evidence (CPGs, evidence summaries, and LRSAs)
- Specialized search and appraisal for 1) suitability to address the practice problem and 2) quality (based on AMSTAR and AGREE II, modified for frontline clinician)
- Tracking/measurement includes education attendance, program evaluations, count of consultations, new tool downloads, ongoing usability study (REAIM

Methods


Conduct a **best evidence search** for pre-appraised evidence
Is there **suitable** and **adequate** pre-appraised evidence?
YES
NO
Conduct a targeted search for evidence published since review was conducted
Does additional, adequate evidence exist?
NO
YES
Identify best-evidence recommendations and begin translation process

Appendix E1

Pre-Appraised Evidence Appraisal Tool

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Fill in this data collection table after completin		
Article Number	Author, date, title	Type of pre-appraised eviden

Section I: Suitability

Only complete this section if you are using thi
exhaustive search, skip to Section II: Quality

Is the topic or intervention the same or simila
Is the population the same or similar to your p
Is the setting the same or similar to your setti
If applicable, are the **outcomes** the same or si
How recent are the references (*provide date*)?
Are the references recent enough to be reaso intervention and changing nature of the topic
Notes:

*For independent support for decision-makin
the notes section the team's rationale for hov
complete the corresponding quality assessm

If the evidence is not fully suitable, but it infor
decision-making, record the information on A

Section II: Quality Appraisal

Complete the checklist below for the corresponding sub-type of evidence.

Evidence Summary (point-of-care clinical decision support produced by a reputable organization)

	Yes	No	Unclear	N/A
1. Was the summary produced by a reputable organization?				
2. Does the organization use a clear, systematic, and comprehensive method for selecting evidence?**				
3. Does the organization use a clear, well-established process for evaluating evidence (e.g. rapid review protocol, systematic review)?**				
4. Is the **review question** or summary topic clearly stated?				
5. Are the details of the included evidence provided (including types of studies, intervention(s), settings, populations, and **grading**)?				
6. Is there a direct and obvious link between recommendations and the provided evidence?				
7. Are recommendations clear and complete (including a **level of certainty/confidence**)?				
8. Does the **level of certainty/confidence** of each of the recommendations align with the evidence used to support them?				
9. Did the review undergo an independent peer review?				
10. Are funding and **conflicts of interest** addressed?				
** This may be directly provided or available on the organization's website				

Consider all of your responses above. Do you think the quality of this article is adequate to provide independent support for decision-making?	Yes → *Include, complete data collection table on page 1* No → *Exclude, set aside, and note exclusion for tracking*

Clinical Practice Guidelines

	Yes	No	Unclear	N/A
1. Is the review group made up of experts who have proven **expertise** or skills related to the topic?				
2. Is the target population of the recommendations clear?				

Results (since April 2025)

Attendance

3896 1-hour virtual WS

156 In-depth virtual WS

342 In-person trainings

WS= Workshop

Tool Downloads

16400

Consultations

>20

Uptake

83 Schools of Nursing

11 hospitals

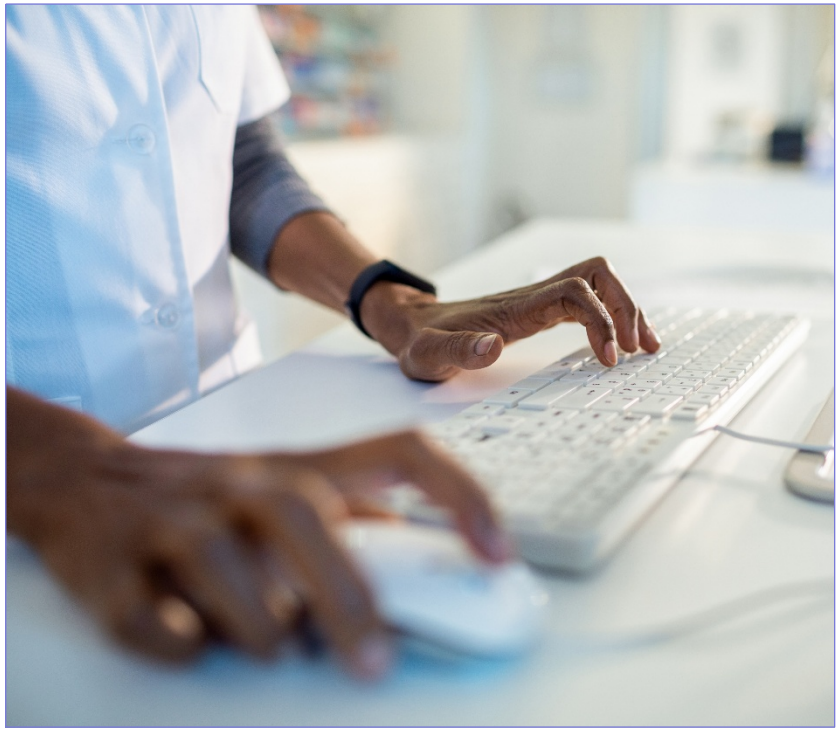
Across 19 countries

Evaluations

- 87% (n=917/1046) of workshop attendees said they would change their practice based on the sessions.
- Program evaluations (n=140) described the tools as clearer and more accessible, noting greater

Limits

- While uptake is promising, it is still early in the process (many schools still transitioning)
- Current data only includes structure and process measures. When available, outcome measures will need to be monitored and evaluated



Conclusions



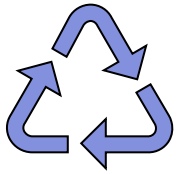
Nurses and other HC professionals need concrete and realistic processes to identify and implement best evidence.



Significant participation in education, positive feedback, and high intent to change practice indicate a previous gap and potential for more nursing engagement in EBP process, including implementation.



The 5th edition of the Johns Hopkins EBP model directly addresses deficits in knowledge translation, reduces barriers, and encourages uptake of existing evidence syntheses.



Pathway to reduce research waste and empower nurses to translate research with potential positive impacts on patient care, hospital policy, and HC in general.

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