

If You Build It, Will They Come?

You will find a Putting Evidence Into Practice (PEP) article in this issue of the *Clinical Journal of Oncology Nursing (CJON)*. The Oncology Nursing Society (ONS) staff and volunteer experts have devoted a tremendous amount of time, effort, and resources to create the PEP cards and their accompanying manuscripts. The first cards were distributed in May 2006; since then, 12 PEP cards have been created and many more are in development. All PEP cards address high-incidence symptoms for patients with cancer and, when enough evidence exists, make sound recommendations for clinical practice. *CJON* will continue to publish the articles supporting the research evidence found in the PEP cards.

I think the PEP cards are a great resource and have used them when teaching. However, I find myself asking, now what? There has always been a gap between what we know and what we do. For example, given all that we know, how much longer will it take to effectively manage cancer pain? Describing and identifying nursing-sensitive patient outcomes were important first steps in this process (Given & Sherwood, 2005). Researchers, advanced practice nurses, and staff nurses collaborating in developing the PEP resources on common symptoms are the second step in the process (Gobel, Beck, & O'Leary, 2006). The next step is now up to all of us—how will we use these resources to improve the quality of the cancer care that we deliver?

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We would like to hear what you are doing with the PEP cards and resources. E-mail your experiences to CJONeditor@ons.org. In addition, we will highlight some of your process changes in the Evidence-Based Practice column by Susan K. Steele, DNS, RN,

in practice. You need to wonder whether there is a better way to deliver a certain aspect of care, search to find answers to the questions you raise, address systems issues to change practice, be a champion to engage others to implement the changes, and (ideally) measure the impact of the changes on patient outcomes. Each step takes time and energy to address, making the process difficult to complete alone.

ONS, like other nursing organizations, has developed and disseminated evidence-based practice resources for members in clinical practice (Holleman, Eliens, van Vliet, & van Achterberg, 2006). In fact, more than 30,000 PEP cards have been distributed and many people have accessed the Outcomes Resource Area on the ONS Web site at www.ons.org/outcomes. Fewer organizations have played a role in the next steps regarding implementation and evaluation of their evidence-based practice guidelines or resources. ONS currently is evaluating whether nurses are using the cards in practice; the next step is to determine whether they make a difference in patient outcomes.

AOCN®, *CJON* associate editor. We also would like to know: What's the burning evidence-based practice question you would like answered? Is it around a particular population? A specific intervention approach? A comparison of approaches or technologies? Or something else? We look forward to hearing from you.

References

- Given, B., & Sherwood, P. (2005). Nursing-sensitive patient outcomes—A white paper. *Oncology Nursing Forum*, 32, 773-784.
- Gobel, B.H., Beck, S., & O'Leary, C. (2006). Nursing-sensitive patient outcomes: The development of the Putting Evidence Into Practice resources for nursing practice. *Clinical Journal of Oncology Nursing*, 10, 621-624.
- Holleman, G., Eliens, A., van Vliet, M., & van Achterberg, T. (2006). Promotion of evidence-based practice by professional nursing associations: Literature review. *Journal of Advanced Nursing*, 53, 702-709.