

SGNA 2016-2018 EVIDENCE-BASED PRACTICE NURSE FELLOWSHIP

Program Summary

Purpose of the Nurse Fellowship – To prepare clinical nurses to serve as leaders in their institutions, fostering evidence-based practice (EBP) and improving patient outcomes. Nurse Fellows will be empowered with EBP tools, skills and experiences as they work on an institution-specific EBP project throughout the nurse fellowship.

Fellowship Dates - January 2016 - December 2018
5-day training class – TBD (likely around February 2016)
Meeting and recognition – May 2016 Annual Course
Project presentation (poster and/or concurrent session) – May 2017 Annual Course and/or upon completion of project

Criteria for participants include:

- Minimum of 3 years' experience as a GI nurse
- Minimum of 2 years on current unit
- BSN (or greater)
- Current SGNA member
- In good standing with employer
- In good standing with state licensure (unencumbered)
- Employed \geq 50%
- Identified as a leader, either formal or informal, on assigned unit
- Must have access to a healthcare-specific/medical library database in their institutional setting or home community

Each Institution Must Commit the Following:

- Paid time to attend 5-day training class and 8 hours per two-week pay period or 4 hours per week to complete project
- Provide support, mentors and resources to the Nurse Fellow and the project
- Ensure that the topic chosen is a priority, can be supported and has the potential for success (e.g. adequate evidence available to support practice change, not a politically charged issue or one with no chance of success and resources available to support project)
- Ensure that each Nurse Fellow's manager supports the project
- Ensure that each Nurse Fellow's mentor supports the project

Criteria for the mentor of a participant include:

- Experience in evidence-based practice
- From within same institution as participant
- MSN preferred; BSN required
 - *Nurse mentor is preferred, but not required*

SGNA will be funding the 5-day training class and associated travel expenses, webinars costs and Joanna Briggs membership costs for the Nurse Fellows selected.

Application Components

Please ensure all components of the application are completed prior to sending:

■ **Participant**

- Completed application (page 3 of application packet)
- Description of experience in evidence-based practice (page 4 of application packet; address in a separate word document)
- Description of other skills and experiences helpful to the fellowship (page 4 of application packet; address in a separate word document)
- Topic to be addressed and significance to clinical practice (page 4 of application packet; address in a separate word document)

■ **From Manager/Director**

- Letter of Recommendation of Participant

■ **From Mentor**

- Description of experience in evidence-based practice and qualifications for mentorship (address in a separate word document)
- Letter of Recommendation of Participant

NOTE: Spelling, grammar and punctuation will be considered during review/scoring of your application.

Please address questions to Lyndsay Graham at lgraham@smithbucklin.com or 312/673-4714.

Email or fax the completed application by September 30, 2015 to:

Lyndsay Graham
lgraham@smithbucklin.com
Fax: 312/673-6694

Evidence-Based Practice Nurse Fellowship Application
Application Deadline: September 30, 2015

Must Meet The Following Criteria:

- Minimum of 3 years' experience as a GI nurse
- Minimum of 2 years on current unit
- BSN (or greater)
- Current SGNA member
- In good standing with employer
- In good standing with state licensure (unencumbered)
- Employed \geq 50%
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Name: _____ **Credentials:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Personal Phone: _____ **E-mail Address:** _____

Institution: _____ **Work Phone #** _____

Clinical Area: _____ **SGNA Member ID #:** _____

State of Nursing Licensure: _____ **License Number:** _____

Manager Name: _____ **E-mail Address:** _____

Mentor Name: _____ **E-mail Address:** _____

Dietary Restrictions (for 5-day training class): _____

Total years as a registered nurse: _____ **Total years in GI nursing:** _____

Name of healthcare-specific/medical library database to be used: _____

Name of Librarian: _____

(Application questions continued on next page)

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- 1. Describe your previous experience (if any) with nursing research and/or evidence-based practice by addressing the bulleted questions below. Please complete in a separate word document.**
 - What project(s) did you work on?
 - What were your contributions to the project(s)?
 - What were the outcomes of the project(s)?
- 2. Describe other skills and experiences you feel will help you to be successful in this fellowship. Please complete in a separate word document.**
- 3. What is the clinical question or topic you plan to address in your project and what is the significance of your project to clinical practice and nursing? List one-two additional topics of interest. Please complete in a separate word document.**

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