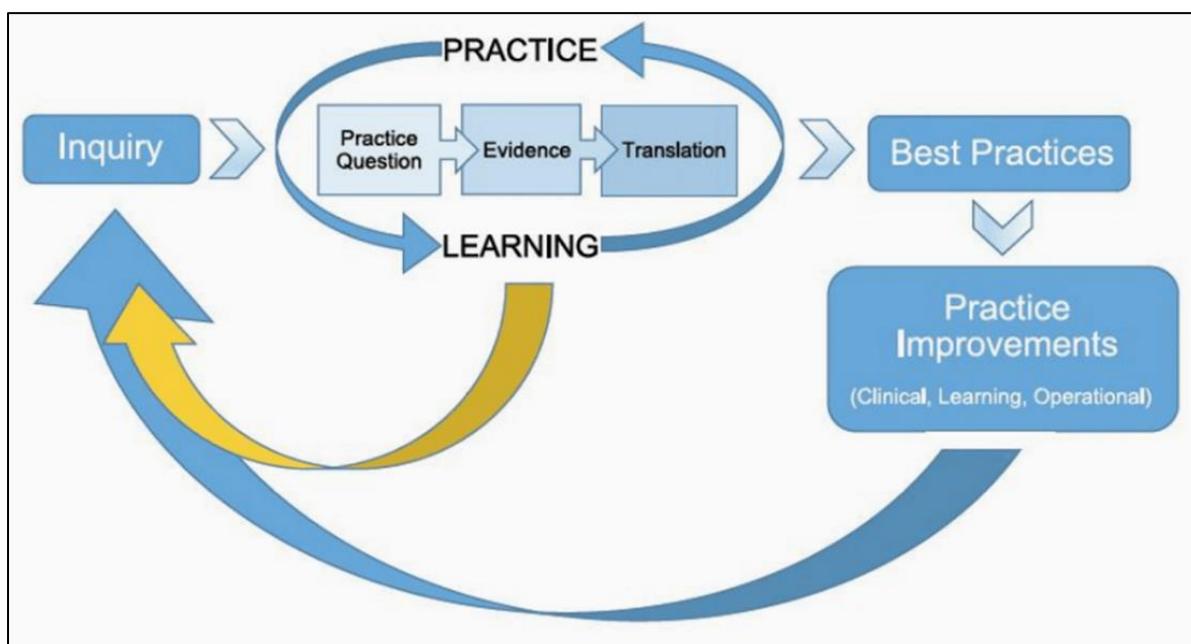# Conceptual Framework

The Johns Hopkins Nursing Evidence Based Practice (JHNEBP) Model was selected as the conceptual framework to guide this Doctoral project. The JHNEBP Model is rooted in evidence-based practice (EBP), which is a pillar, driver, and a core competency in today's healthcare. Inquiry, practice, and learning are the three interconnected components which comprise the JHNEBP Model. Figure 2 is the visual depiction of the 2022 JHNEBP Model included after obtaining written permission on April 4, 2021 (Dang & Dearholt, 2018).

PRACTICE

Inquiry

Practice Question → Evidence → Translation

LEARNING

Best Practices

Practice Improvements (Clinical, Learning, Operational)

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Figure 2: The Johns Hopkins Nursing Evidence-Based Practice Model (Dang & Dearholt, 2018, p. 36).

The selection of the JHNEBP was driven by the utility and foundations of the model with well-structured tools that could implemented through the Doctoral project from beginning to end. The conceptual model was developed for use and implementation by nurses at all levels of practice. It employs a 19-step JHNEBP process of practice question, evidence, and translation (PET). The PET process is a systematic methodology by which a practice question is solved through the identification of best evidence and translation of that best evidence into best practice.

The initial phase of the PET process includes the problem definition, development of an EBP question, utilizing PICO framework to develop a focused question, identification of stakeholders, identification of leadership for the project, and scheduling team meetings (Dang & Dearholt, 2018, p. 43-50). All the steps included in the inquiry phase for this project were completed between October 2020 and March 2021.

The second component of the PET process, evidence, involves conducting searches for literature, and the appraisal of level and quality of evidence for each piece identified. The JHNEBP Evidence Level and Quality Guide were used for the evaluation and as part of inclusion/exclusion criteria for the evidence related to this project (Dang & Dearholt, 2018, p. 278-279). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was used as a guide for the structured literature search, but JHEBNP steps 7-10 of the PET process were completed as a component of the PRISMA framework (Page et al., 2021; Dang & Dearholt, 2018, p.50-52).

The final nine steps of the PET process include evaluating if the proposed practice change is reasonable and feasible for the proposed setting of an outpatient gastroenterology clinic, developing and implementing an action plan, and the evaluation, report, and dissemination of the findings/outcomes (Dang & Dearholt, 2018, p. 53-57). The JHNEBP Action Planning Tool was implemented to aid in the development of an action plan (Dang & Dearholt, 2018, p. 310-312). The JHNEBP Model and PET process were referred to at all points of this Doctoral project development to ensure standardized structured continuity was maintained throughout the project.