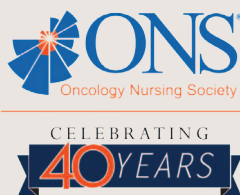


Success Is Not Final: Onward to the Future of Evidence-Based Practice

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As the Oncology Nursing Society celebrates its 40th anniversary, the success of its focus in evidence-based practice should also be considered. One of its greatest accomplishments is the creation of the Putting Evidence Into Practice (PEP) initiative 17 years ago. PEP now represents 20 specific practice resources for cancer-related symptoms.



At a Glance

- Evidence-based practice has evolved for oncology nurses during the past 40 years.
- The Oncology Nursing Society has been a leader in helping to translate new knowledge into practice through the Putting Evidence Into Practice (PEP) program.
- The Oncology Nursing Society has created 20 specific PEP resources for cancer-related symptoms, such as mucositis, pain, and anxiety, that are used by oncology nurses for symptom management.

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The Oncology Nursing Society (ONS) is celebrating its 40th anniversary, so it seems only fitting that this column focuses on how evidence-based practice (EBP) has evolved for oncology nurses and ONS during the past 40 years. EBP has been around for a very long time. In the famous *Notes on Nursing* published in 1860, Florence Nightingale noted that, “The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms can indicate improvement—what the reverse—which are important—which are of none” (p. 5). This quote seems pertinent given that a large part of what oncology nurses do is related to the management of symptoms, either from cancer or its treatment (e.g., chemotherapy, radiation). In addition, during the past 10–15 years, nurses have

been immersed in providing symptom management interventions that are based on evidence, not just in hearsay or ritual.

For example, think about how the management of nausea and vomiting has changed. Many can remember the early days of bone marrow transplantation prior to the availability any 5-HT₃ blockers (e.g., ondansetron) when patients were given IV lorazepam when they became nauseated or were vomiting. It was unclear if it helped with nausea or vomiting or just made patients fall asleep or become less anxious. Think about what is known about the management of nausea and vomiting at present, about the work of ONS with Putting Evidence Into Practice (PEP) and other organizations, such as the National Comprehensive Cancer Network and the Multinational Association of Supportive Care in Cancer. It is daunting to

think about how far oncology nurses have traveled using EBP as a tool to improve the care and treatment of patients with cancer. The Internet and the availability of EBP information on the Internet has also changed the quality of care for patients.

Leadership in Evidence-Based Practice

Stevens (2013) noted the movement of EBP and nursing in that “nurses have been part of a movement that reflects perhaps more change than any two decades combined” (p. 1). ONS has been a leader during the past 17 years in helping translate new knowledge into practice through the PEP program. PEP originated in 1998 when ONS members defined oncology nursing-sensitive outcomes and provided direction for the promotion of EBP in clinical environments. In 2006, ONS released the first PEP resource with a focus on chemotherapy-induced nausea and vomiting, fatigue, prevention of infection, and sleep-wake disturbances. These initial works were published on cards, which were designed to fit in the pockets of oncology nurses so they could use them in their daily practice. Today, ONS has an impressive website with 20 specific PEP resources (see Figure 1). Each resource is focused on a specific symptom, such as mucositis or hot flashes, and provides a brief overview of the symptom along with a rating of interventions ranging from “likely to be effective” to “not recommended for practice.”

The ONS Director of Research Gail Mallory, PhD, RN, noted,

The work of ONS members over the past 20-plus years to facilitate the generation of new research through the ONS Foundation research funding, the identification of oncology nursing-sensitive patient outcomes,