## NURS-FPX4030 Assessment 1

# Locating Credible Databases and Research

*Evidence-Resource Recommendation for Heart Failure*

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## Evidence-Resource Recommendation for Heart Failure

A newly hired medical-surgical nurse has been assigned to care for an older adult admitted with acute decompensated heart failure. The nurse understands routine assessment but is uncertain about current guideline-directed therapy, discharge teaching, and strategies that reduce preventable readmission. This is an appropriate situation for evidence-based practice (EBP), because decisions should integrate the best available research, clinical expertise, and the patient's values rather than rely only on habit or a single colleague's opinion. This resource recommends communication methods, search locations, databases, and a practical research process that can help the nurse locate credible evidence efficiently.

## Communication and Collaboration Strategies

The first priority is to create psychological safety. A novice nurse may avoid asking questions when the unit culture treats uncertainty as incompetence. The charge nurse or preceptor should normalize clinical inquiry by saying, "This is a complex diagnosis. Let us verify the current evidence together." That wording protects the nurse's dignity, keeps the focus on patient safety, and turns research into a shared professional responsibility. Open-ended questions such as "Which part of the care plan is least clear?" are more useful than asking whether the nurse understands everything.

A short SBAR conversation can organize the research request. The situation is the patient's decompensated heart failure; the background includes symptoms, ejection fraction, medications, kidney function, and discharge risks; the assessment identifies the knowledge gap; and the recommendation defines what evidence is needed. The preceptor can then use teach-back by asking the nurse to explain the proposed search terms, source-selection criteria, and clinical implication in their own words. Teach-back checks understanding without turning the interaction into a test.

Collaboration should extend beyond the bedside team. A health sciences librarian can help translate a broad question into searchable concepts, identify controlled vocabulary such as Medical Subject Headings (MeSH), and locate full text. A clinical nurse specialist, heart-failure nurse, pharmacist, and case manager can clarify which evidence is most relevant to medication optimization, self-care teaching, follow-up, and transitions. A ten-minute evidence huddle at the end of the shift can allow the new nurse to share one high-quality source and receive feedback on its relevance.

## Best Places to Conduct the Research

The hospital or university library portal is the best starting point because it provides authenticated access to subscription databases, peer-reviewed full text, citation tools, and librarian support. General web

searching is useful for locating professional organizations, but it should not replace database searching. Search-engine ranking reflects popularity and optimization, not the quality of the research design. The nurse should use the library's nursing and medical database pages, then consult the librarian when a search produces too many, too few, or inaccessible results.

The search should begin with a focused question: What nursing and transitional-care interventions improve self-care and reduce early readmission among adults hospitalized with heart failure? Useful keywords are "heart failure," "acute decompensated heart failure," "transitional care," "nurse-led," "discharge education," "teach-back," "self-care," and "30-day readmission." In PubMed, the nurse can combine MeSH terms and keywords: (Heart Failure[MeSH] OR heart failure) AND (Transitional Care OR discharge education OR nurse-led) AND (readmission OR self-care). Filters should be applied carefully so that recent systematic reviews, clinical guidelines, and randomized trials are not excluded unintentionally.

## Recommended Databases and Information Sources

| Ranked source | What it provides | Why it is relevant |
|---|---|---|
| 1. CINAHL Complete | Nursing and allied-health focus; includes nursing interventions, patient education, care coordination, qualitative research, evidence-based care sheets, and clinical journals. | Best first database for bedside nursing practice, discharge teaching, nurse-led follow-up, and patient experience. |
| 2. PubMed/MEDLINE | Large biomedical database maintained by the National Library of Medicine; MEDLINE records use MeSH indexing and publication-type filters. | Strong for guidelines, trials, systematic reviews, pharmacology, pathophysiology, and multidisciplinary heart-failure management. |
| 3. Cochrane Library | Contains rigorously prepared systematic reviews and controlled-trial records, with transparent methods and risk-of-bias assessment. | Useful when the nurse needs a high-level synthesis of whether an intervention works and where uncertainty remains. |
| 4. JBI Best Practice | Provides evidence summaries, recommended practices, and practical nursing and allied-health guidance developed through a structured evidence methodology. | Useful for converting evidence into concise bedside recommendations and audit-ready practice actions. |
| 5. AHRQ Effective Health Care resources | Federal evidence reviews, comparative-effectiveness reports, methods guidance, and patient-safety resources. | Useful for implementation, quality, safety, care transitions, and system-level evidence beyond a single disease guideline. |

## Why These Sources Provide the Best Evidence

These resources are preferred because they make the evidence trail visible. CINAHL and MEDLINE identify journal source, author, abstract, publication type, indexing terms, and often links to full text. Cochrane reviews state their inclusion criteria, search methods, risk-of-bias process, and certainty judgments. JBI translates synthesized findings into nursing-focused recommendations. AHRQ addresses comparative effectiveness and implementation. Together, the five sources support the full EBP process: asking a focused question, acquiring evidence, appraising quality, applying findings, and evaluating outcomes.

The nurse should prioritize clinical practice guidelines, systematic reviews and meta-analyses, and recent randomized or well-designed observational studies. For example, the 2022 AHA/ACC/HFSA guideline provides patient-centered recommendations for diagnosis and management, while a meta-analysis by Li et al. (2021) found that nurse-led transitional-care interventions reduced heart-failure-specific readmission risk. A source is not automatically strong because it appears in a database; the nurse must still examine study design, sample, currency, conflicts of interest, and fit with the patient.

## Practical Search and Appraisal Workflow

1. Define the knowledge gap in one sentence and convert it into patient, intervention, comparison, and outcome concepts.
2. Search CINAHL and PubMed first, using synonyms, subject headings, Boolean operators, and a five-year date range when appropriate.
3. Look for a current guideline and at least one systematic review before relying on individual studies.
4. Confirm that the population, setting, intervention, and outcomes are sufficiently similar to the patient and unit.
5. Record the exact search string, date, filters, and useful citations so the process can be reproduced.
6. Discuss the strongest evidence with the preceptor and interdisciplinary team before changing care.
7. Translate the evidence into a specific action, owner, time frame, and patient outcome to monitor.

## Recommendation

The preceptor should guide the nurse through a brief librarian-supported search beginning with CINAHL Complete and PubMed/MEDLINE. The nurse should then use Cochrane and JBI to confirm synthesized findings and AHRQ to consider implementation and safety. The immediate evidence question should focus on a nurse-led transitional-care bundle that combines medication reconciliation, teach-back education, early follow-up, and symptom monitoring. This approach strengthens the nurse’s confidence while keeping the final decision anchored to credible evidence and the patient’s individual needs.

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## Appendix A: Assessment Coverage Map

The table shows where the sample visibly addresses the central requirements commonly associated with this NURS-FPX4030 assessment. The current scoring guide remains the controlling source.

| Assessment requirement | Location in sample |
|---|---|
| Describe communication strategies that encourage a nurse to research a diagnosis. | Communication and Collaboration Strategies |
| Describe the best places to complete research and the reason for using them. | Best Places to Conduct the Research |
| Identify five online sources relevant to the diagnosis. | Recommended Databases and Information Sources |
| Explain why the sources provide credible, relevant evidence. | Why These Sources Provide the Best Evidence |
| Communicate professionally and use APA-style evidence. | Entire resource and References |