

EBPI - Unit LEADERSHIP Agreement

If the Fellow applicant (NAME _____) is accepted, I agree to support this person through the following:

1. Guide the Fellow in aligning the appropriate practice issue or question with a high priority for the unit—warranting paid educational hours and time off to be addressed. The practice issue must have measurable outcomes and be within the Fellow’s ability to effect change.
2. Ensure scheduled time off from staffing for Fellow and Mentor to attend all educational sessions and conference calls. I will also meet with the Fellow as needed to provide guidance for their evidence-based practice project. Up to a maximum of 24 additional non-clinical hours may be necessary based on the nature of the project. These work hours, if necessary, should be negotiated with the EBPI Fellow.
3. Facilitate computer access, necessary skills and supplies for the Fellow. Ensure that the Fellow has Internet access, with email availability, and Microsoft Word and Excel and fundamental knowledge of how to use these programs. Facilitate the acquisition of that knowledge if the Fellow does not currently have those abilities.
4. Facilitate requests by Fellow to share progress on project with staff colleagues at staff meetings and other clinical forums.
5. Facilitate the identification of key stakeholders who can assist the Fellow with implementation of the evidence-based practice change and with monitoring and feedback.
6. Validate the worth of the Fellow’s activities through verbal and visible support at staff meetings and other clinical forums.
7. Support implementation of appropriate changes in practice that address and resolve the clinical practice issue the Fellow has identified.
8. Support dissemination and celebration of Fellow’s project by attending the EBPI Graduation ceremony in November.
9. I confirm that this Fellow applicant is not in corrective action currently.
10. This applicant has shown past commitment to unit-based initiatives.

Unit Leadership (signature)

Unit Leadership (please type)

Date

Leadership contact phone #

Leadership email