**Evidence-Based Practice Models**

The first model considered for analysis in the paper is “Advancing Research and Clinical Practice through Close Collaboration (ARCC)” and the second model selected is “Promoting Action on Research Implementation in Health Services Framework (PARIHS).” The first aspect to consider when comparing and contrasting the selected models is the key focus. The primary focus of the ARCC model is the unit or department organization while PARIHS model’s focus is the understanding the key components of evidence-based practice (EBP). Secondly, there is the aspect of key components of the two EBP models that aid in providing an accurate distinction. The primary concepts that are central to PARIHS model are evidence, context, and also facilitation while the ARCC model’s main concept is on an EBP mentor that is a person with expert skills and knowledge in evidence-based practice and with the passion to daily guide and help other from an evidence base (Schaffer, Sandau, & Diedrick, 2013).

Consequently, the major proposition for the ARCC model is that advanced practice nurses and other nurses are significant mentors that aid in the facilitation of the organizational culture change towards the adoption of EBP. On the other hand, the proposition of the PARIHS framework is that basing the supposed practice changes on robust evidence conducted in an appropriate context and later facilitated correctly, leads to the realization of the changes and their subsequent outcomes. Arguably, it was a surprise that the two models follow dissimilar structure but with similar end results. ARCC begins by assessing and organizing culture to determine readiness for EBP and transits through to the implementation of the EBP as well as the improvement of the nurse, patient, and systems outcomes. PARIHS framework, however, begins with a critical appraisal of evidence and ends with the implementation and evaluation of the implemented EBP. Therefore, the preferred model is ARCC and this is because of its focus on the central role of the mentors and also department or unit organization for culture change that aligns with the principles of operation in healthcare organizations (Breckenridge-Sproat et al., 2015).

**Application of Evidence-Based Practice Model**

The model that is seen as the best fit for implementation in Stephanie’s case is “Advancing Research and Clinical Practice through Close Collaboration (ARCC).” According to the postulations in the ARCC model, it is significant to have a mentor willing to work with others to ensure the adoption of the EBP. In the context of the case, Stephanie is the mentor and being that it is also a requirement in ARCC that assessment of the organization on its readiness for EBP implementation; Stephanie has realized that there is need to reverse the cases of acquired infection in the medical-surgical unit. Similarly, it is noteworthy to say that through the cooperation and discussion with the Chief Nursing Officer (CNO) Stephanie has realized the barriers to change that are common in the unit (Underhill et al., 2015).

Moreover, it is appropriate that Stephanie work out ways of eliminating the barriers to change that might impede the adoption of the practice change within the unit. Firstly, Stephanie must design a mentoring program for implementation in the department to counter the effects of resistance. Likewise, mentor-nurse relationships are significant in the engagement and Stephanie must strive to ensure such relationships are nurtured (Tacia et al., 2015). As an informant, Stephanie as the mentor must engage the nurses through training on the proposed evidence-based interventions that are essential for practice change in the department and through gaining the trust of the nursing practitioners, Stephanie is able to break the barriers to ensure that change is adopted (Melnyk et al., 2014).

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