To fully implement evidence-based practice (EBP), nurses need to have both a spirit of inquiry and a culture that supports it. In our first article in this series (“Igniting a Spirit of Inquiry: An Essential Foundation for Evidence-Based Practice,” November 2009), we defined a spirit of inquiry as “an ongoing curiosity about the best evidence to guide clinical decision making.” A spirit of inquiry is the foundation of EBP, and once nurses possess it, it’s easier to take the next step—to ask the clinical question. Formulating a clinical question in a systematic way makes it possible to find an answer more quickly and efficiently, leading to improved processes and patient outcomes.

In the last installment, we gave an overview of the multistep EBP process (“The Seven Steps of Evidence-Based Practice,” January). This month we’ll discuss step one, asking the clinical question. As a context for this discussion we’ll use the same scenario we used in the previous articles (see Case Scenario for EBP: Rapid Response Teams).

In this scenario, a staff nurse, let’s call her Rebecca R., noted that patients on her medical–surgical unit had a high acuity level that may have led to an increase in cardiac arrests and in the number of patients transferred to the ICU. Of the patients who had a cardiac arrest, four died. Rebecca shared with her nurse manager a recently published study on how the use of a rapid response team resulted in reduced in-hospital cardiac arrests and unplanned admissions to the critical care unit. The study found a significant decrease in both outcomes after implementation of a rapid response team led by physician assistants with specialized skills. You’re so impressed with these findings that you bring the report to your nurse manager, believing that a rapid response team would be a great idea for your hospital.

The nurse manager is excited that you have come to her with these findings and encourages you to search for more evidence to support this practice and for research on whether rapid response teams are valid and reliable.
care unit. She believed this could be a great idea for her hospital. Based on her nurse manager’s suggestion to search for more evidence to support the use of a rapid response team, Rebecca’s spirit of inquiry led her to take the next step in the EBP process: asking be answered by searching the current literature for studies comparing these two interventions.

**Background questions** are considerably broader and when answered, provide general knowledge. For example, a background question such as, “What therapies reduce postoperative pain?” can generally be answered by looking in a textbook. For more information on the two types of clinical questions, see *Comparison of Background and Foreground Questions*.4 6

**Ask the question in PICOT format.** Now that Rebecca has an understanding of foreground and background questions, Carlos guides her in formulating a foreground question using PICOT format.

PICOT is an acronym for the elements of the clinical question: patient population (P), intervention or issue of interest (I), comparison intervention or issue of interest (C), outcome(s) of interest (O), and time it takes for the intervention to achieve the outcome(s) (T). When Rebecca asks why the PICOT question is so important, Carlos explains that it’s a consistent, systematic way to identify the components of a clinical issue. Using the PICOT format to structure the clinical question helps to clarify these components, which will guide the search for the evidence.5 7 A well-built PICOT question increases the likelihood that the best evidence to inform practice will be found quickly and efficiently.5 8

To help Rebecca learn to formulate a PICOT question, Carlos uses the earlier example of a foreground question: “In adult patients undergoing surgery, how does guided imagery compared

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### Comparison of Background and Foreground Questions4 6

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<thead>
<tr>
<th>Question type</th>
<th>Description</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Background question</td>
<td>A broad, basic-knowledge question commonly answered in textbooks. May begin with what or when.</td>
<td>1) What is the best method to prevent pressure ulcers?</td>
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<td>2) What is sepsis?</td>
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<td>3) When do the effects of furosemide peak?</td>
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<tr>
<td>Foreground question</td>
<td>A specific question that, when answered, provides evidence for clinical decision making. A foreground question includes the following elements: population (P), intervention or issue of interest (I), comparison intervention or issue of interest (C), outcome (O), and, when appropriate, time (T).</td>
<td>1) In mechanically ventilated patients (P), how does a weaning protocol (I) compared with no weaning protocol (C) affect ventilator days (O) during ICU length of stay (T)?</td>
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<tr>
<td></td>
<td></td>
<td>2) In hospitalized adults (P), how does hourly rounding (I) compared with no rounding (C) affect fall rates (O)?</td>
</tr>
</tbody>
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also not always required. But population, intervention or issue of interest, and outcome are essential to developing any PICOT question.

Carlos asks Rebecca to reflect on the clinical situation on her unit in order to determine the unit’s current intervention for addressing acuity. Reflection is a strategy to help clinicians extract critical components from the clinical issue to use in formulating the clinical question. Rebecca and Carlos revisit aspects of the clinical issue to see which may become components of the PICOT question: the high acuity of patients on the unit, the number of cardiac arrests, the unplanned ICU admissions, and the research article on rapid response teams. Once the issue is clarified, the PICOT question can be written.

A well-built PICOT question increases the likelihood that the best evidence to inform practice will be found.
Because Rebecca’s issue of interest is the rapid response team—an intervention—Carlos provides her with an “intervention or therapy” template to use in formulating the PICOT question. (For other types of templates, see *Templates and Definitions for PICOT Questions.* 5,6) Since the hospital doesn’t have a rapid response team and doesn’t have a plan for addressing acuity issues before a crisis occurs, the comparison, or (C) element, in the PICOT question is “no rapid response team.” “Cardiac arrests” and “unplanned admissions to the ICU” are the outcomes in the question. Other potential outcomes of interest to the hospital could be “lengths of stay” or “deaths.”

Rebecca proposes the following PICOT question: “In hospitalized adults (P), how does a rapid response team (I) compared with no rapid response team (C) affect the number of cardiac arrests (O) and unplanned admissions to the ICU (O) during a three-month period (T)?”

Now that Rebecca has formulated the clinical question, she’s ready for the next step in the EBP process, searching for the evidence. Carlos congratulates Rebecca on developing a searchable, answerable question and arranges to meet with her again to mentor her in helping her find the answer to her clinical question. The fourth article in this series, to be published in the May issue of AJN, will focus on strategies for searching the literature to find the evidence to answer the clinical question.

Now that you’ve learned to formulate a successful clinical question, try this exercise: after reading the two clinical scenarios in *Practice Creating a PICOT Question,* select the type of clinical question that’s most appropriate for each scenario, and choose a template to guide you. Then formulate one PICOT question for each scenario. Suggested PICOT questions will be provided in the next column.

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**Practice Creating a PICOT Question**

**Scenario 1:** You’re a recent graduate with two years’ experience in an acute care setting. You’ve taken a position as a home health care nurse and you have several adult patients with various medical conditions. However, you’ve recently been assigned to care for hospice patients. You don’t have experience in this area, and you haven’t experienced a loved one at the end of life who’s received hospice care. You notice that some of the family members or caregivers of patients in hospice care are withdrawn. You’re wondering what the family caregivers are going through, so that you might better understand the situation and provide quality care.

**Scenario 2:** You’re a new graduate who’s accepted a position on a gerontology unit. A number of the patients have dementia and are showing aggressive behavior. You recall a clinical experience you had as a first-year nursing student in a long-term care unit and remember seeing many of the patients in a specialty unit for dementia walking around holding baby dolls. You’re wondering if giving baby dolls to your patients with dementia would be helpful.

What type of PICOT question would you create for each of these scenarios? Select the appropriate templates and formulate your questions.

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**REFERENCES**


