



User Manual

The Journal Club



THE JOANNA BRIGGS
INSTITUTE

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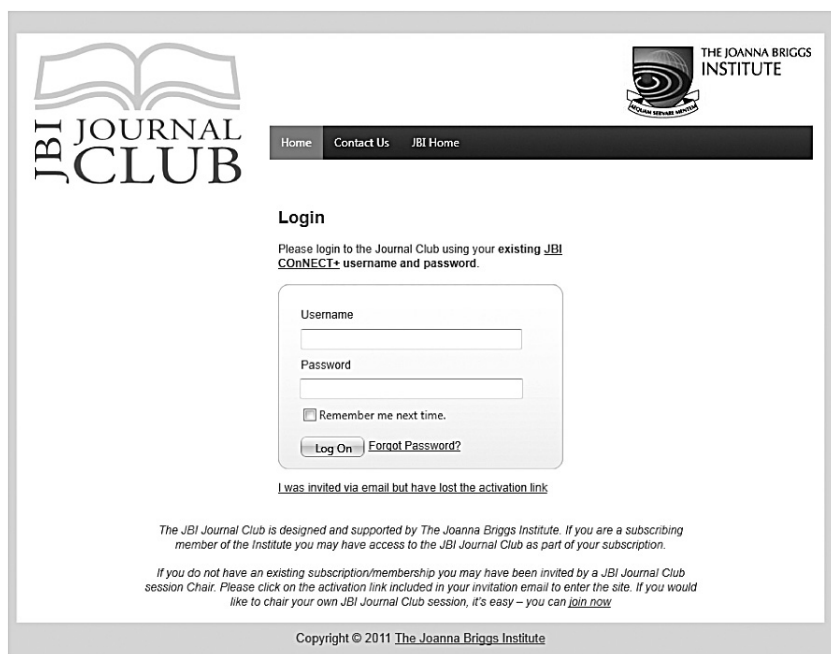
Your Journal Club: Getting Started

About Journal Club

Welcome and “about” information

Home/Login Page

To save time bookmark this page in your web browser then you can conveniently return to the Journal Club log in page at any time.



JBI JOURNAL CLUB

THE JOANNA BRIGGS INSTITUTE

Home Contact Us JBI Home

Login

Please login to the Journal Club using your existing **JBI CoNECT+** username and password.

Username

Password

☐ Remember me next time.

[Forgot Password?](#)

[I was invited via email but have lost the activation link](#)

The JBI Journal Club is designed and supported by The Joanna Briggs Institute. If you are a subscribing member of the Institute you may have access to the JBI Journal Club as part of your subscription.

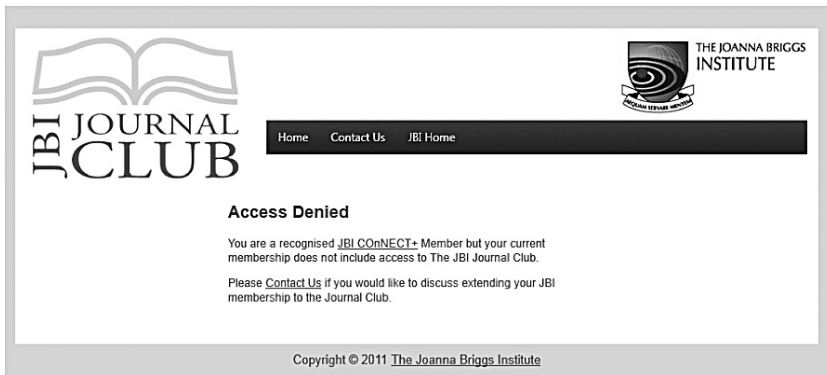
If you do not have an existing subscription/membership you may have been invited by a JBI Journal Club session Chair. Please click on the activation link included in your invitation email to enter the site. If you would like to chair your own JBI Journal Club session, it's easy – you can [join now](#)

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Enter your username and password, or use the retrieve password functions if necessary. If your using a shared computer in the public domain, we recommend you do not select “Remember me next time” or your password will become available for any other user of that computer.

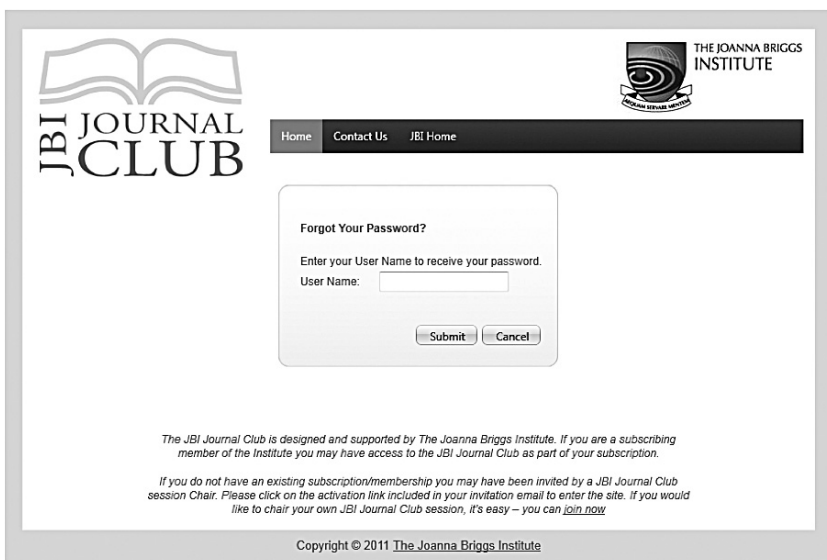
JBI Journal Club access denied page

In the unlikely event that you see the “Access Denied” page, it does not mean there is a problem with your log in, it may just mean you need to email us to confirm your authentication. Please DO contact JBI by clicking the link <Contact Us> illustrated in the image below if you see this screen.



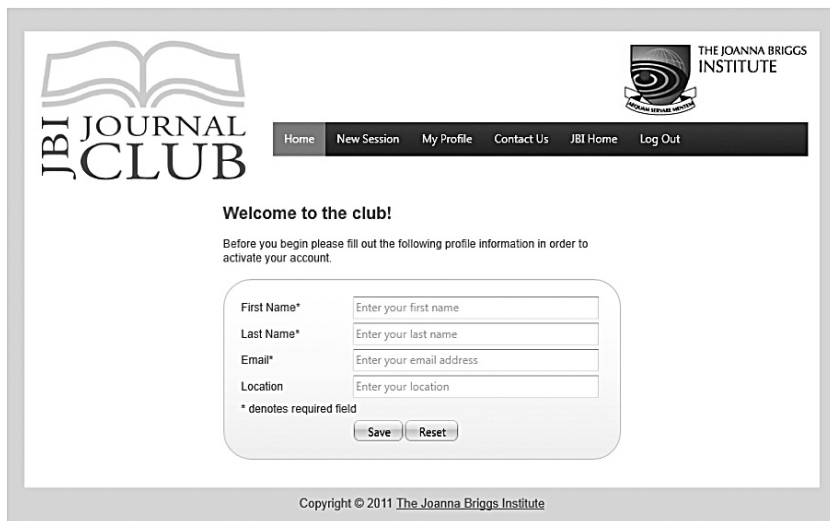
Forgot your Password?

It happens to us all occasionally! Just return to the home (log in) screen and use the forgotten password function.



Setting Up Your Profile

As you do with computers and mobile phones, JBI Journal Club works better if you take a few minutes to set it up first. It only takes a minute or two, and requires minimal data input from you; the system is then ready to go! You can also change your profile details at any time by logging back in and choosing the profile menu item.



The screenshot shows the JBI Journal Club website's profile setup interface. At the top left is the 'JBI JOURNAL CLUB' logo, featuring an open book icon. At the top right is the 'THE JOANNA BRIGGS INSTITUTE' logo, featuring a circular emblem. Below these logos is a dark navigation bar with links: Home, New Session, My Profile, Contact Us, JBI Home, and Log Out. The main content area has a heading 'Welcome to the club!' followed by a note: 'Before you begin please fill out the following profile information in order to activate your account.' Below this is a form with four input fields: 'First Name*' (placeholder: Enter your first name), 'Last Name*' (placeholder: Enter your last name), 'Email*' (placeholder: Enter your email address), and 'Location' (placeholder: Enter your location). A note below the fields states '* denotes required field'. At the bottom of the form are 'Save' and 'Reset' buttons. The footer of the page reads 'Copyright © 2011 The Joanna Briggs Institute'.

JBI JOURNAL CLUB

THE JOANNA BRIGGS INSTITUTE

Home New Session My Profile Contact Us JBI Home Log Out

Welcome to the club!

Before you begin please fill out the following profile information in order to activate your account.

First Name*

Last Name*

Email*

Location

* denotes required field

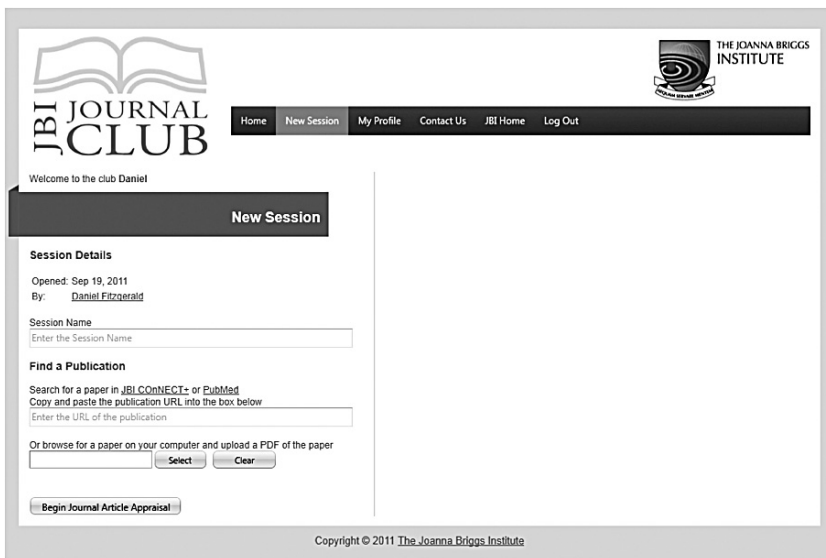
Save Reset

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New Session

New Session - ADVANCED USER

Start a session by creating a session name. Often these are based on the topic area, so if you know your topic area of interest, even if you have not chosen a paper yet, call it that topic. Then pick your paper and load either a pdf of the paper, or a URL (that's a web address) for the full paper (Don't do both, one is enough). Once you have done that, you're ready to start the session.



The screenshot shows the 'New Session' page of the JBI Journal Club website. The page has a header with the JBI Journal Club logo on the left and the Joanna Briggs Institute logo on the right. A navigation bar below the header contains links: Home, New Session (highlighted), My Profile, Contact Us, JBI Home, and Log Out. The main content area is titled 'New Session' and includes a welcome message: 'Welcome to the club Daniel'. Below this, there are three sections: 'Session Details' with fields for 'Opened' (Sep 19, 2011) and 'By' (Daniel Fitzgerald); 'Session Name' with a text input field; and 'Find a Publication' with a search box for JBI CONNECT or PubMed, a URL input field, and a file upload section with 'Select' and 'Clear' buttons. At the bottom of the form is a 'Begin Journal Article Appraisal' button. The footer of the page states 'Copyright © 2011 The Joanna Briggs Institute'.

Session Details

Opened: Sep 19, 2011
By: [Daniel Fitzgerald](#)

Session Name

Enter the Session Name

Find a Publication

Search for a paper in JBI CONNECT or PubMed
Copy and paste the publication URL into the box below
Enter the URL of the publication


Or browse for a paper on your computer and upload a PDF of the paper

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New Session – Journal Article Report

You have started a new session, given it a session name, and selected an article for discussion. JBI Journal Club is designed to facilitate your assessment of the quality of a paper and provide a framework for the extraction of data on relevant clinical outcomes. The next few steps describe how to do this, and as you do, the Journal Club software will prepare and format the report that supports and informs your Journal Club discussion for you.

Firstly, extract the “Citation” details. This means the authors, the title of the paper, the year it was published, the name of the journal, and where available, the Volume, Issue and page number (this is the first page of the article). Not all journals report an issue number in the article, so you can leave this field blank. The ‘Study Design’ drop down is important! Read the paper, confirm what type of study it is, then select from the drop down list. The table of study designs listed below will help with choosing a study design. There is a brief operational definition for study designs in Appendix I that may also be helpful.



Welcome to the club Daniel

New Session

Session Details

Opened: Sep 19, 2011
By: Daniel Fitzgerald
Original Publication: [Open Publication \(new window\)](#)
Journal Article Report: Report cannot be opened until appraisal completed

Session Name
Management of Constipation


Find a Publication

Search for a paper in [JBI CONNECT+](#) or [PubMed](#)
Copy and paste the publication URL into the box below
<http://www.ncbi.nlm.nih.gov/pubmed/21898841>


Or browse for a paper on your computer and upload a PDF of the paper


Journal Article Report


1 Describe


Authors 


Study / Review


Title 


Year 

Journal 

Volume 

Issue 

Page Number/s 

Study Design 

2 Appraise

3 Extraction

4 Conclusion

5 Generate

Table 1: Study designs in JBI Journal Club

<p>Intervention</p> <p>These are studies on the effects or effectiveness of health care practices or technologies on patient outcomes. The data is always numeric.</p>	<p>Randomised Controlled Trials, with or without blinding</p>
<p>Qualitative research</p> <p>These are studies on experiences, perceptions, culture, or understandings. The data of interest is always textual descriptions, not numbers.</p>	<p>Phenomenology, Grounded Theory, Ethnography, Participatory Action Research, Feminist Inquiry, Historical Research, Philosophical Research, and Critical Social Theory</p>
<p>Economic</p> <p>These are studies on costs, or cost associated measures of quality</p>	<p>Cost Benefit, Cost Utility, Cost Minimisation, Cost Effectiveness</p>
<p>Prognosis</p> <p>These are studies that attempt to determine the effect of prognostic (risk) factors on the outcome of disease or injury</p>	<p>Cohort, Case Control</p>
<p>Risk</p> <p>These are studies that examine the cause or origin of a disease. They answer the question about risk of exposure to a particular disease.</p>	<p>Cohort, Case Control</p>
<p>Diagnosis</p> <p>These are studies that examine the accuracy and reliability of diagnostic tests.</p>	<p>Cohort, Case Control</p>
<p>Systematic Review/Meta analysis</p>	<p>Quantitative Systematic Review of Randomised Controlled Trials (with or without Meta analysis)</p>

Choosing the study design ends step 1. The study design forms a heading in subsequent steps to further clarify the choice of study type. The very next step is based on your choice of study type here, so take the time to confirm your choice!

New Session

Session Details

Opened: Sep 19, 2011
 By: Daniel Fitzgerald
 Original Publication: [Open Publication \(new window\)](#)
 Journal Article Report: Report cannot be opened until appraisal completed

Session Name
 Management of Constipation

Find a Publication

Search for a paper in [JBI CONNECT+](#) or [PubMed](#)
 Copy and paste the publication URL into the box below

Or browse for a paper on your computer and upload a PDF of the paper

Journal Article Report

< Back
Next >

1

 Describe

2

 Appraise - Controlled Trial

3

 Extraction - controlled Trial

4

 Conclusion - Controlled Trial

5

 Generate - Controlled Trial

STUDY DESIGN	RESULT (N/A = NOT APPLICABLE)
1. The participants were randomised to study groups.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
2. Allocation to treatment groups was concealed from allocator.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
3. Other than the intervention, participants were treated the same.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
4. The groups were comparable at entry.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
5. The outcomes were measured in the same manner for all participants.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
6. Those assessing outcome were blinded to treatment allocation (if outcome not objective such as survival or length of hospitalisation).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
7. Outcomes were measured in a reliable manner.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
8. The statistical analysis used was appropriate for the data presented.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
9. There was adequate follow up of participants.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> N/A
In reflecting upon my critical appraisal I believe that this paper is	<input type="text" value="of good quality"/>

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With the study design selected, it is now time to evaluate the quality (Internal Validity) of your chosen paper. Tool tips are available for many of the fields in the appraise and extract steps. **Appendix I** to this Quick Reference Guide also contains a comprehensive description of each appraisal question for each study design, it might be helpful to print those pages out as you go through this step in JBI Journal Club. Not every paper will be a 'yes' or 'no' response, sometimes its better to put 'unclear', or if you think a question has less relevance, choose 'N/A'. Once this is complete, use the drop down menu to choose whether the paper is of good quality, poor quality, or could be used with caution.

Data extraction for Intervention studies

By: Daniel Fitzgerald
 Original Publication: [Open Publication \(new window\)](#)
 Journal Article Report: Report cannot be opened until appraisal completed

Session Name
 Management of Constipation

Find a Publication
 Search for a paper in JELCONNECT or PubMed
 Copy and paste the publication URL into the box below
<http://www.ncbi.nlm.nih.gov/pubmed/21898841>

Or browse for a paper on your computer and upload a PDF of the paper

1 Appraise - Controlled Trial

2

3

Extraction - Controlled Trial

Study Design ? Enter the Study Design

Settings ? Enter the Settings

Total Participants ? Enter the Total Participants

Intervention 1 ? Enter the Intervention

Intervention 2 ? Enter the Intervention

Control or Placebo ? Enter the Control or Placebo

Outcome 1 ? Enter the Outcome

Outcome 2 ? Enter the Outcome

[Add Outcome](#)

Dichotomous Data ?

	Intervention 1 ?	Intervention 2 ?	Control or Placebo ?	P Value ?
Outcome Measures ? number/total ?				

Continuous Data ?

	Intervention 1 ?	Intervention 2 ?	Control or Placebo ?	P Value ?
Outcome Measures ? Mean and SD (n) ?				

4 Conclusion - Controlled Trial

Please complete the following steps:

- Describe the type of study eg. RCT, pseudo RCT etc.
- Describe the total number of study participants and include all relevant characteristics such as number, gender, co-morbidities and study setting.
- Describe the interventions being compared; up to three interventions can be documented. A range of outcomes can be detailed.
- In the box titled 'dichotomous data', details of outcomes where an event rate is provided should be documented; that is, there is a number that had the outcome present/number that received the specific intervention. For example if 30 patients received intervention 1, and 5 had the outcome of infection, then 5/30 would be documented in the box for the first outcome and intervention 1.
- For continuous data a mean and standard deviation are required with the number receiving that intervention in brackets. Document p values for each outcome measure.

Data extraction for an Experience (qualitative) study

The form is titled "Data extraction for an Experience (qualitative) study". It contains several sections for data entry:

- Methodology Section:** Includes input fields for "Method", "Methodology", "Data Analysis", "Setting", "Geographical", and "Cultural". Each field has a question mark icon.
- Participants Section:** Includes a large text area for "Participants" and a "Design" tab (with "HTML" and "Preview" options).
- Intervention/Phenomena of Interest Section:** Includes a large text area for "Intervention/Phenomena of Interest".
- Themes and Illustrations Section:** Includes input fields for "Theme" and "Illustration", each with a question mark icon. There is also an "Add More" link.

Please complete the following steps:

- Describe the study in terms of the following elements: the methodology, method of data collection and method of data analysis used to derive findings or themes.
- Describe in detail the study setting and any relevant geographical and/or cultural issues.
- Document the number of participants and describe relevant characteristics of the group.
- Interventions/Phenomena of interest should be described.
- All major findings of themes should be described. Each theme, metaphor or concept that you "extract" (that is write down) should also be accompanied by a relevant illustration (that is a quote from a participant in the research study which relates to the specific theme, metaphor or concept).

Data extraction for a Prognosis study

Participants ?	Enter the Participants			
Disease / Condition 1 ?	Enter the Disease/Condition			
Outcome 1a ?	Enter the Outcome			
Outcome 1b ?	Enter the Outcome			
Disease / Condition 2 ?	Enter the Disease/Condition			
Outcome 2a ?	Enter the Outcome			
Outcome 2b ?	Enter the Outcome			

Outcomes

Disease / Condition ?				
Enter the Disease or Condition				
Outcome ?	Time to event ?	% with outcome ?	95% CI ?	Independent factors ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Disease / Condition ?				
Enter the Disease or Condition				
Outcome ?	Time to event ?	% with outcome ?	95% CI ?	Independent factors ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Please complete the following steps:

- Describe the study participants and include all relevant characteristics such as number, gender, co-morbidities and study setting.
- Detail the disease/condition of interest and the outcomes to be predicted. If more than one disease/condition use the additional text boxes.
- Name the disease/condition and the relevant outcome. Include the time to the event if relevant and the percentage of patients with the outcome.
- State the 95% confidence interval if known. Indicate for each of the outcomes if they are independent.

Data extraction for a Risk study

Phase 1

Participants ?

Enter the Participants

Exposure ?

Enter the Exposure

Outcome ?

Enter the Outcome

Phase 2

Exposure To ?

Enter the Exposure

Outcome Present ?

Outcome Absent ?

Yes ?

No ?

CHI Square ?

NNH ?

Relative Risk ?

Sample Size ?

95% CI ?

From ?

To ?

Please complete the following steps:

- Describe the study participants and include all relevant characteristics, such as number, gender, co-morbidities and study setting.
- Detail in 'exposure' the risk factor of interest and in 'outcome' the disease or condition relating to the exposure.
- In the outcomes box name the disease/condition.
- Fill in the results of the study as far as possible. As a minimum you must have the number of subjects exposed that had the disease/condition present and those who did not and those that were not exposed to the risk factor and again had the disease/condition present and those who did not.

Data extraction for a Cost (economic) study

Study Design ?	Enter the Study Design			
Setting/s ?	Enter the Settings			
Total Participants ?	Enter the Total Participants			
Intervention 1 ?	Enter the Intervention			
Intervention 2 ?	Enter the Intervention			
Control or Placebo ?	Enter the Control or Placebo			
Outcome 1 ?	Enter the Outcome			
Outcome 2 ?	Enter the Outcome			
Add Outcome				

Dichotomous Data ?				
	Intervention 1 ?	Intervention 2 ?	Control or Placebo ?	P Value ?
Outcome Measures ?	number/total ?	number/total ?	number/total ?	

Continuous Data ?				
	Intervention 1 ?	Intervention 2 ?	Control or Placebo ?	P Value ?
Outcome Measures ?	Mean and SD (n) ?	Mean and SD (n) ?	Mean and SD (n) ?	

Please complete the following steps:

- Describe the study participants and include all relevant characteristics such as number, gender, co-morbidities and study setting.
- All economic evaluations are taken from a given perspective, e.g. the patient, the service provider etc; this should be documented.
- Document the currency and the study date. Up to three interventions can be listed.
- The source of the effectiveness data is documented, and may be derived from a primary concurrent study or even a meta-analysis combining a number of studies.
- The measure of benefit should be included if this is available (lower level studies may not have a measure of benefit).
- Details of the clinical effectiveness of the intervention/s should be documented.
- Items that were included in direct and indirect costs should be described.
- In the outcomes table the comparative costs should be listed and the benefits where appropriate.
- Details of cost benefit synthesis should be given as appropriate.

Data extraction for a Diagnostic study

Participants ?	<input type="text" value="Enter the Participants"/>		
Disorder / Disease ?	<input type="text" value="Enter the Disorder/Disease"/>		
Gold Standard ?	<input type="text" value="Enter the Gold Standard"/>		
Test 1 ?	<input type="text" value="Enter the Test"/>		

Outcomes		Disorder / Disease ?	
Test Result ?	Present ?	Absent ?	
Positive ?	<input type="text"/>	<input type="text"/>	
Negative ?	<input type="text"/>	<input type="text"/>	

Sensitivity ?	<input type="text" value="Enter the Sensitivity"/>	From <input type="text"/>	To <input type="text"/>
Specificity ?	<input type="text" value="Enter the Specificity"/>	From <input type="text"/>	To <input type="text"/>
Prevalence ?	<input type="text" value="Enter the Prevalence"/>	From <input type="text"/>	To <input type="text"/>
Positive Predictive Value ?	<input type="text" value="Enter the Positive Predictive Value"/>	From <input type="text"/>	To <input type="text"/>
Negative Predictive Value ?	<input type="text" value="Enter the Negative Predictive Value"/>	From <input type="text"/>	To <input type="text"/>
Likelihood Ratio + ?	<input type="text" value="Enter the Likelihood Ratio"/>	From <input type="text"/>	To <input type="text"/>
Likelihood Ratio - ?	<input type="text" value="Enter the Likelihood Ratio"/>	From <input type="text"/>	To <input type="text"/>

Please complete the following steps:

- Describe the study participants, and include all relevant characteristics such as number, gender, co-morbidities and study setting.
- Describe the disease/disorder that is being diagnosed.
- Document the 'gold standard', the measure or criteria that determines a true diagnosis. Describe the test of tool being tested.
- In the outcomes table, as a minimum include the number of subjects that had the disease/disorder present and were tested as positive or negative, and also those who did not have the disease/disorder.
- Complete in the boxes provided any additional results you can.

Data extraction for a Systematic Review

Study Design ?	Enter the Study Design					
Setting/s ?	Enter the Settings					
Intervention 1 ?	Enter the Intervention					
Control or Placebo ?	Enter the Control or Placebo					
Outcome 1 ?	Enter the Outcome					
Outcome 2 ?	Enter the Outcome					
Add Outcome						
Dichotomous Data ?						
Outcome Measures ?	Intervention ?	Control or Placebo ?	Peto Odds Ratio ?	CI (%) ?	Chi Square (df) ?	P Value ?
	number/total ?	number/total ?				
Continuous Data ?						
Outcome Measures ?	WMD ?	CI (%) ?	Chi Square (df) ?	P Value ?		

Please complete the following steps:

- Enter the type of study that has been used in the systematic review e.g. Randomised controlled trial, or quasi-experimental design.
- Describe the study setting in detail (institution, city, country).
- Describe the intervention and the control or placebo being compared.
- Only enter outcomes that are relevant to your interest. For example, if your interest is in the effectiveness of propofol versus midazolam in maintaining sedation in adult ventilated patients in the intensive care unit. Only include outcomes specifically about sedation.
- For each relevant outcome, enter one or more outcome measures. For the above example, an outcome measure might be the Ramsey sedation scale. There are two different categories into which data can be entered; dichotomous, the sort of data that is either one or the other, i.e. yes/no, or continuous, the sort that uses a scale for its outcome, such as weight, blood pressure, pulse.
- For dichotomous data enter the number that had the outcome present/number that received the specific intervention. For example if 30 patients received intervention 1 and 5 had the outcome of infection then 5/30 would be documented in the box for the first outcome and under Intervention. The same needs to be done for Control/Placebo. Extract further data from the systematic review (if it is present). Enter the Peto Odds Ratio, Confidence Interval (CI-%), Chi Square (degrees of Freedom), and the P value.
- For continuous data, enter the Weighted Mean Difference (WMD), Confidence Interval (CI-%), Chi Square (degrees of Freedom), and the P value.

Once extraction is complete click the <NEXT> button and JBI Journal Club will load the final screen. This is where you, having read the papers discussion and conclusions summarise what the author concludes about their findings.

There are also fields for you to describe the strengths and weaknesses of the papers internal validity (quality). Additionally, you may either support or challenge the authors conclusions or interpretations as being either appropriate for the study design and implementation, or you can indicate that you think the author got it wrong, and describe why you think that is the case.

The last three fields relate to the applicability of the paper. There are no set rules on what to document, consider how these fields relate to your purpose in initiating the journal club session, who the members of your journal club session are and what aspects of practice and/or policy are covered by the paper. If the paper seems relevant from a learning perspective, but has low relevance to clinical practice or policy, state this and make it a focal point of the discussion sessions on the paper.

Free text fields (without character limit) are available for the author conclusions and appraiser conclusions relating to the paper.

Report: completed

Session Name
Management of Constipation

Find a Publication

Search for a paper in JBI CoNNECT+ or PubMed
Copy and paste the publication URL into the box below
<http://www.ncbi.nlm.nih.gov/pubmed/21898641>

Or browse for a paper on your computer and upload a PDF of the paper

3 Extraction - Controlled Trial

4 Conclusion - Controlled Trial

Authors Conclusions ?

Your Conclusions

Quality of the Paper

Domains of appraisal most significant for the study ?

Appropriateness of authors interpretation of results

Congruency with Actual Findings ?

Applicability of the Paper

For local practice ?

Once all steps are completed the Generate option is available.

The screenshot displays the JBI Journal Club web application. At the top, the JBI Journal Club logo is on the left, and the Joanna Briggs Institute logo is on the right. A navigation bar contains links: Home, New Session, My Profile, Contact Us, JBI Home, and Log Out. Below the navigation bar, a welcome message reads 'Welcome to the club Daniel'. The main content area is divided into two sections. On the left, a 'New Session' button is prominent. Below it, the 'Session Details' section shows information for a session opened on Sep 19, 2011, by Daniel Fitzgerald, with an original publication link and a note that the report cannot be opened until appraisal is completed. The 'Session Name' field contains 'Management of Constipation'. The 'Find a Publication' section provides instructions to search for a paper in JBI CoNNECT+ or PubMed, with a text box containing a PubMed URL and buttons for 'Select' and 'Clear'. An 'Update Session' button is at the bottom of this section. On the right, the 'Journal Article Report' sidebar features a 'Back' button and a numbered list of steps: 1. Describe, 2. Appraise - Controlled Trial, 3. Extraction - Controlled Trial, 4. Conclusion - Controlled Trial, and 5. Generate - Controlled Trial. The 'Generate' step is highlighted with a checkmark icon and a link to 'Generate My Journal Article Report (new window)'. The footer of the page states 'Copyright © 2011 The Joanna Briggs Institute'.

The generated report is viewable in PDF and can be viewed (and printed) by all members of the journal club from the PDF.

Members of a Journal Club are now able to log in, read the paper, your Journal Club Report on the paper and start the discussion. These two documents form the basis of the discussion. Many Journal Clubs meet face to face, or you can use the online discussion forum built in to the JBI Journal Club process, and have an on-going record of each session archived for you. The discussion can not start until you have 'Invited' members to participate! The following section of this user guide provides the detail on how to invite members, or if you are familiar with this already, you can skip this section.


Inviting Members to join a JBI Journal Club Session

Invites are only sent by the Journal Club Session Chair. Members can either remove themselves, or be removed from a session by an advanced user who is the Journal Club Session Chair.

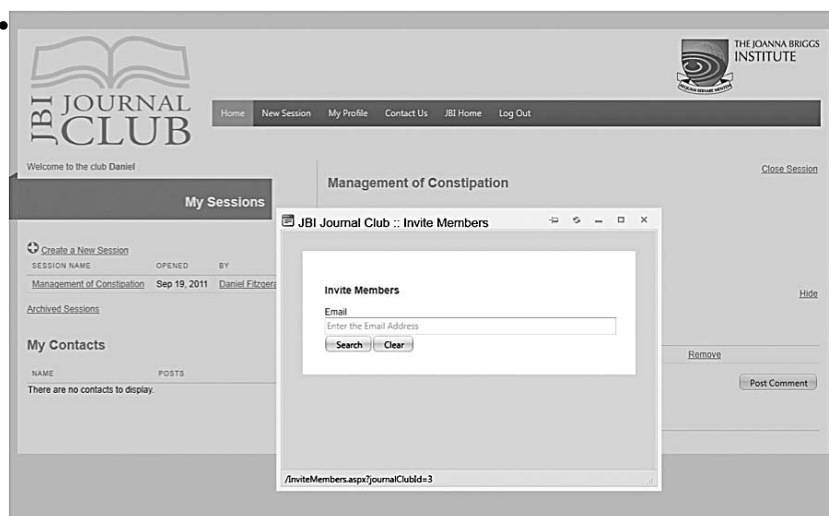
- Members who are removed from a specific Journal Club Session will remain part of any other sessions that belong to the Journal Club

Members of any permission level can remove themselves from a session

- Except if they are the Chair of that Session.

Members			Hide
 Invite Members			
NAME	POSTS		
Kate York	13	Remove	
Joanne Bloogs	3	Remove	
Daniel Fitzgerald	1	Remove	
Melanie Bettingal	1	Remove	
Anthea Court	0	Remove	


To set up your session membership, click the **<Invite Members>** link on your session and enter a valid email.

• 


Search Results – existing member found

Any existing JBI Journal Club members with that email address will be listed in the search results page.

- This means the user has previously logged in and filled out their profile.



[Home](#) [New Session](#) [My Profile](#) [Contact Us](#) [JBI Home](#) [Log Out](#)



THE JOANNA BRIGGS
INSTITUTE

Home New Session My Profile Contact Us JBI Home Log Out

Welcome to the club Kate

My Sessions

Create a New Session

SESSION NAME	OPENED	BY
New Session Text adding all the relevant users	Sep 19, 2011	Ka
Testing 123 - Risk	Sep 15, 2011	Ka
This is a New Session!	Sep 14, 2011	Ka
This session is only partially created. Also I guess I should check the length of the name to see if it really makes a difference	Sep 14, 2011	Ka
Systematic	Sep 12, 2011	Ka
Management of Constipation	Sep 09, 2011	Ka

Archived Sessions

My Contacts

NAME	POSTS
Joanne Bloggs	3
Daniel Fitzgerald	1
Melanie Bettinaqi	1
Anthea Court	0

JBI Journal Club :: Invite Members

Invite Members

Email

Existing JC Members

NAME	EMAIL
Anthea Court	

Close Session

Hide

Joanne Bloggs

Adelaide

Joined: Sep 19, 2011

Posts: 3

Comment

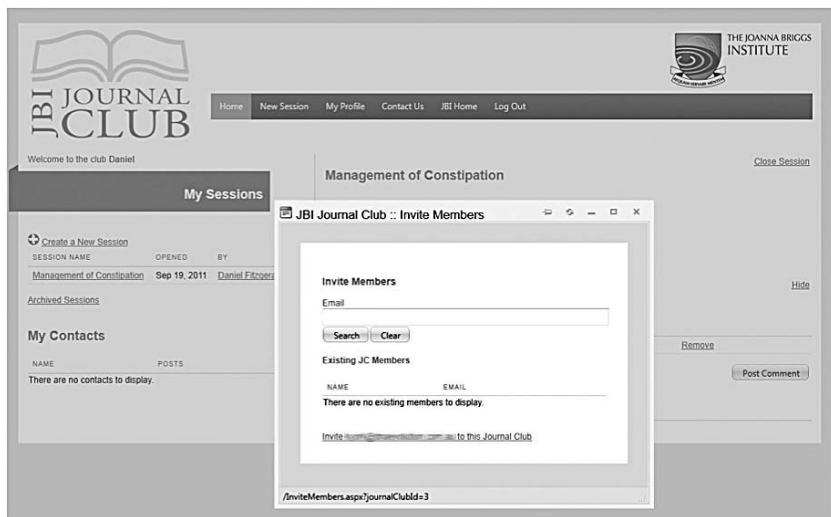
Posted Sep 19, 2011 09:55 AM

X

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Search Results – no existing Journal Club users found

- If there are no results, the person you invited has not previously created a profile in JBI Journal Club. There is an option to email an invitation to ‘new’ members.
- To send an invite to the Journal Club click “Invite [email] to this Journal Club”
- *Members (both existing and non existing) who have already been sent an invite for another session in the same Journal Club will be highlighted as “Invitation already sent”.*



Invite Clicked

There is a default template for inviting members. The template will add your name (based on your profile) as the sender

- Existing Journal Club members will simply be asked to login to the Journal Club
- Non existing members will be sent an activation link containing extra instructions
- All invited Members will appear under “My Contacts” as “pending”

The screenshot displays the JBI Journal Club website interface. The top navigation bar includes links for Home, New Session, My Profile, About, Contact Us, JBI Home, and Log Out. The main content area is titled 'My Sessions' and features a table of sessions. A modal window titled 'JBI Journal Club :: Invite Members' is open, showing an invitation template. The background page includes a 'My Contacts' section with a table of members.

My Sessions Table:

SESSION NAME	OPENED	BY
QualIV2	Incomplete Appraisal	Carl McG
PrognosisV1	Incomplete Appraisal	Carl McG
QualIV2	Sep 27, 2011	Carl McG
SystematicReview	Sep 26, 2011	Carl McG
Diagnose	Incomplete Appraisal	Carl McG
Cost	Incomplete Appraisal	Carl McG
Risk	Sep 26, 2011	Carl McG
sessionPrognosis	Incomplete Appraisal	Carl McG
Session3	Incomplete Appraisal	Carl McG
Session4	Sep 23, 2011	Carl McG

My Contacts Table:

NAME	POSTS
Alan Pearson	1
Ed Anomators	1

Invite Members Modal Window:

Invitation

Dear Carl,

You have been invited to join in a discussion at the JBI Journal Club!

I have critically appraised the paper we will be discussing and have written a summary of my findings.

Member Account Activation

Members must activate or confirm their account before they can participate in a Journal Club Session. This may be via the email invitation, and if from an existing JBI COnNECT+ member, the log in username and password are the same as your JBI membership username and password.

User has clicked on “Activate my account” from their email invite

VERY IMPORTANT:

Existing JBI COnNECT+ members must login rather than go through account activation.

Account activation should only be used by non-members.

Existing JBI COnNECT+ members who have been invited via email will be linked to the invites (as long as they enter the same email address that the invite was sent to.) They simply need to login at the main screen and fill out their profile.

Completing the activation form as illustrated in the following graphic does the following:

1. Creates a Profile in the Journal Club with the First Name, Last Name, Email, Location details
2. Sets the “Pending User” as Account Activated (see below)
3. Automatically adds the user to each journal club they have been invited to
4. Automatically adds the user to each “Current” (non archived) Session in each Journal club they have been invited to
5. Automatically logs the user into the Journal Club using their newly created username/password
6. Takes the user to the Home screen

Journal Club Account Activation

Before you begin please fill out the following profile information in order to activate your account.

Note: If you are an existing JBI CONNCT+ Member please go ahead and [Login Now](#) with your CONNCT+ username and password.

First Name*	<input type="text" value="Enter your first name"/>
Last Name*	<input type="text" value="Enter your last name"/>
Email*	<input type="text"/>
Location	<input type="text" value="Enter your location"/>
Username*	<input type="text"/>
Password* (minimum 4 characters)	<input type="password"/>



* denotes required field

Session Selection

Journal Club Session Members

Members are people who have been invited via email to Join a JBI Journal Club Session, have responded to the email and created a profile are now ready to join the session. This is done by clicking on the title of the session from their list of available sessions. Selecting from the left hand column of sessions will load the selected session and the <Post Comments> button that activates the discussion.

- Only “Discussion Started” sessions are available to Journal Club Members



THE JOANNA BRIGGS
INSTITUTE

HomeMy ProfileContact UsJBI HomeLog Out

Welcome to the club Melanie

My Sessions

SESSION NAME	OPENED	BY
New Session Test adding all the relevant users	Sep 19, 2011	Kate York
Management of Constipation	Sep 09, 2011	Kate York

[Archived Sessions](#)

My Contacts

NAME	POSTS
Kate York	13
Joanne Riddings	3
Daniel Fitzgerald	1
Anthea Court	0

Management of Constipation

Opened: Sep 09, 2011
By: [Kate York](#)
Original Publication: [Open Publication \(new window\)](#)
Journal Article Report: [Open Journal Article Report \(new window\)](#)

Members

NAME

POSTS

Kate York	13
Joanne Riddings	3
Daniel Fitzgerald	1
Melanie Bettinsga	1
Anthea Court	0

Discussion

Click Post Comment above to join in the discussion!

[Post Comment](#)

[Melanie Bettinsga](#)
Associate

My Name is Melanie

X

Joined: Sep 10, 2011
Posts: 1

Posted: Sep 10, 2011 01:12 PM

[Daniel Fitzgerald](#)
Associate

I'm Daniel

Powered By: JBI 10000

Powered By: JBI 10000

Journal Club Session – Starting the Discussion

When an invited Journal Club Session Member has clicked “Start Discussion” on an existing Session.

- They are automatically added to the members
- The Session Chair can no longer edit the session
 - Sessions can be “Closed” (archived) at any time

The screenshot shows the JBI Journal Club website interface. At the top, there is a navigation bar with links: Home, New Session, My Profile, Contact Us, JBI Home, and Log Out. The main header features the JBI Journal Club logo and the text 'THE JOANNA BRIGGS INSTITUTE'. Below the header, a welcome message reads 'Welcome to the club Daniel'. The 'My Sessions' section displays a table with columns for Session Name, Opened, and By. The session 'Management of Constipation' is listed, opened on Sep 19, 2011, by Daniel Fitzgerald. Below this, there is a 'My Contacts' section with a table showing names and post counts. The 'Discussion' section is currently empty, with a 'Post Comment' button. A 'Close Session' link is visible in the top right corner of the session details area.

User has clicked Post Comment button

This is also a timely opportunity to commence the discussion section. You may need to be the initiator, and make the first post.

- Comments can be deleted if:
 - Comment was made by the person who is logged in OR
 - The person who is logged in is the Chair of the session

This screenshot shows the same JBI Journal Club website interface, but with a 'Post Comment' dialog box open. The dialog box contains a text area for the user to enter their comment, a 'Post' button, and a 'Cancel' button. The background shows the session details for 'Management of Constipation', including the session name, date, and a list of members with their post counts. The 'Post Comment' button is visible in the top right corner of the session details area.

Appendix I: Understanding the appraisal questions

Prognostic Studies

As Mak and Kum (2005) in the World Journal of Surgery described them, prognostic studies include specific characteristics and have a particular purpose that helps in identifying whether the study you are reading is a prognostic study or not.

Prognostic studies are studies that examine selected predictive variables or risk factors and assess their influence on the outcome of a disease. They allow clinicians to understand better the natural history of a disease, guide clinical decision-making by facilitating the selection of appropriate treatment options, and allow more accurate prediction of disease outcomes. Appraising prognostic studies involves determining the internal validity of the study design and evaluating the influence of systemic errors or bias. In studies examining multiple prognostic variables, care must be taken to minimize the confounding influence each variable would have on the other parameters. Evaluating the results of appropriate statistical analysis enables conclusions to be made that may influence clinical practice. Care must be taken to ensure that the conditions under which the prognostic study were conducted resemble circumstances in the local institution so as to allow the conclusions to be applied to local practices.

The choice of study method is appropriate

Indicators: usual types of studies include cohort/survival studies.

The population studied is appropriate

Indicators: the population is sufficiently broad in representation. Relevant variables include age, sex, ethnicity, culture, and socio-economic status.

The comparison group used was appropriate

Indicators: if a comparison group is receiving an alternative therapy, this group is otherwise sufficiently similar so as to act as a control for the comparison. A type 1 and/or type 2 error and risk of bias has been considered.

All possible effect explanations are acknowledged

Indicators: the study addresses any additional factors that may impact on the outcomes. Do events unfold similarly for both control and intervention group throughout the study – i.e. were there any uncontrolled factors that influenced one group differently to the other group?

The outcomes are objectively measured

Indicators: where possible, those measuring the outcome(s) were blinded to the subject's clinical characteristics or treatment group. An even more rigorous approach is 'double-blinding', when both subject and investigator do not know to which treatment group the subject is allocated.

The duration of follow-up was adequate

Indicator: the follow-up was for a period that would allow the outcomes to occur.

The effect was sufficiently long term

Indicator: the effect or outcome measures are not inconsequential.

The dropout rate was not significant.

Indicator: generally a drop out rate of 5% or less is considered insignificant. A drop out rate of 20% or greater is considered to significantly impact on the validity of the study.

The rate of patient follow up was adequate.

Indicator: at least 80% of patients were followed up.

Risk Studies

Studies of risk examine the cause or origin of a disease in relation to an exposure

The choice of study method is appropriate

Indicators: usual types of studies include cohort or case control.

The population studied is appropriate

Indicators: the population was sufficiently broad in representation.

The control group used was appropriate

Indicators: the comparison group was determined to be sufficiently similar at baseline.

All possible effect explanations are acknowledged

Indicators: the study addresses any additional factors that may have impacted on the outcomes.

The outcomes are objectively measured

Indicators: those measuring the outcome were, where possible, blinded to the patient's clinical characteristics.

The duration of follow-up was adequate

Indicators: the follow-up was for a period that would allow the outcomes to occur.

The effect was sufficiently long term

Indicators: the effect or outcome measures were not inconsequential.

The dropout rate was not significant

Indicators: Generally a drop out rate of 5% or less is considered insignificant. A rate of 20% or greater is considered to significantly impact on the validity of the study.

The rate of patient follow up was adequate

Indicators: At least 80% of patients were followed up.

Intervention Study

An intervention study is a randomised controlled trial that tests the effects of an intervention against a specific clinical outcome. As Sibbald and Roland (1998) in a BMJ publication indicated, properly designed randomised controlled trials are the most rigorous way of determining whether a cause-effect relation exists between treatment and outcome and for assessing the cost effectiveness of a treatment. Sibbald and Rolland (1998) go on to describe the key features and benefits. Random allocation ensures no systematic differences between intervention groups in factors, known and unknown, that may affect outcome. Double blinding ensures that the preconceived views of subjects and clinicians cannot systematically bias the assessment of outcomes. Intention to treat analysis maintains the advantages of random allocation, which may be lost if subjects are excluded from analysis through, for example, withdrawal or failure to comply.

The patients were randomised to study groups

Indicator: the method of patient allocation is detailed sufficiently to demonstrate that it was without bias. Note that in some cases, full randomisation might be either unfeasible or inappropriate for the intervention of interest.

Allocation to treatment groups was concealed from the allocator

Indicators: the person allocating each participant to treatment groups was unaware of which participant was allocated to which group, in an attempt to eliminate selection bias.

Other than for the intervention/s of interest, participants were treated the same

Indicators: there were no additional treatments given to one group in comparison to another, apart from that treatment being tested.

The groups were comparable at entry

Indicators: there were no measurable differences in the characteristics of the different treatment groups. For example, in the examination of a new wound dressing, it is not appropriate to have a treatment group of young, healthy participants, and a control group of elderly participants with peripheral vascular disease.

The outcomes were measured in the same manner for all participants

Indicators: There was no difference in the way participant outcomes were measured. Participants cannot be compared if outcomes are measured differently between the groups.

Those assessing outcomes were blinded to the treatment allocation

Indicators: those assessing participant outcomes were unaware of the treatment group that the participants were allocated to. Concealing allocation from the assessors further reduces the chances of bias. In certain situations it may be impossible to blind the assessor to the treatment allocation.

The outcomes were measured in a reliable manner

Indicators: a recognised, validated tool was used for measuring the outcomes. For example, when measuring a patient's level of consciousness, the Glasgow Coma Scale is a widely recognised tool.

The statistical analysis used was appropriate for the data presented

Indicators: there are a variety of statistical analyses available; the one(s) chosen were appropriate to the data being presented.

The dropout rate was not significant

Indicators: generally a drop out rate of 5% or less is considered insignificant. A rate of 20% or greater is considered to significantly impact on the validity of the study.

The rate of patient follow up was adequate

Indicators: at least 80% of patients were followed up.

Cost Study

Cost studies may investigate methods to reduce or minimise costs (cost minimisation studies). They may also investigate what the direct costs of an intervention are (cost utility), or measure the comparative costs of two interventions to see which is cheaper and/or better (cost benefit). Comprehensive analyses of costs are more complex in their reporting of the balance between costs and outcomes as determined by Quality Adjusted Life Years (cost effectiveness).

The question is well defined

Indicators: is it clear what interventions/programs and outcomes will be examined in terms of cost effectiveness? Many economic studies are conducted in conjunction with clinical trials. The economic evaluation may relate to all or only part of the trial conducted. The research question stated in the paper often relates to the primary clinical trial and not the economic evaluation.

There is a comprehensive description of alternatives

Indicators: all interventions subject to the economic evaluation must be comprehensively described. Some interventions can be administered in a variety of ways that will impact on cost. Consider issues of duration and frequency of the intervention and mode of delivery, including level and type of practitioner. Consider if a 'do nothing' alternative is appropriate.

All important and relevant costs and outcomes for each alternative are identified

Indicators: in delivering even a single simple intervention there are a variety of direct and/or indirect costs incurred. An intervention may also result in benefit that reduces cost. An example of an 'avoided' cost is an intervention that reduces the rate of infection and subsequently reduces the cost of managing the infection. Consider costs to the health provider, the individual receiving the intervention and potentially the individual's family also.

Clinical effectiveness has been established

Indicators: any measure of clinical effectiveness used in the economic evaluation of clinical effectiveness. It may be that one alternative clinical intervention is more effective than another or that both are equally effective. Either way, examine the evidence to support this position. If this evidence is based on a concurrently run clinical trial then the report should provide enough information to appraise the quality of the trial. If the evidence is derived from a systematic review, then make a judgment about the quality of the review if possible.

Costs and outcomes are measured accurately

Indicators: a description is given of how costs were derived. Any items included in the costing should have the 'price' or cost per unit reported separately from quantities used. This will assist in making judgments about the accuracy of measures. Consider the appropriateness of the physical units costed. Were they actual costs or estimates based on modeling? If costs were estimated, is the method logical?

Costs and outcomes are valued credibly

Indicators: the value of a cost or an outcome may vary depending on the perspective used to derive the value. In considering the outcome of pain, for example, this may be valued in terms of the cost of analgesia (provider's perspective). For the patient the emphasis is more likely to relate to the physical and emotional impact of pain.

Costs and outcomes are adjusted for differential timing

Indicators: some interventions are ongoing and can incur costs into the future. Costs may be expected to change over time and therefore must be adjusted or 'discounted' to their value at the time of the intervention.

There is an incremental analysis of costs and consequences

Indicators: in some cases it is appropriate to use the average cost of an intervention, and in other cases the marginal (additional) cost of providing the intervention is more appropriate. The incremental cost is determined by establishing the difference between the marginal costs and consequences of the alternative interventions. If this approach is taken it must be justified.

Sensitivity analyses were conducted to investigate uncertainty in estimates of cost or consequences

Indicators: in some economic evaluations, certain costs and consequences are estimated on values that may vary over a range or have some degree of uncertainty. These elements in the evaluation are estimated using various assumptions. A sensitivity analysis is conducted to test the robustness of the result of the evaluation by varying these underlying assumptions.

Study results include all issues of concern to users

Indicators: this issue in part relates to perspective, and the interests of all stakeholders must be considered. There may be important ethical and cultural considerations.

The results are generalisable to the setting of interest in the review

Indicators: economic evaluations are conducted within a given context, taking into account a given population, healthcare setting, time and other elements that can impact on the generalisability of the results. In considering the clinical question that prompted the review of the economic evaluation, these elements must be considered in determining how widely the results can be used.

Experience Study

These are qualitative studies. Qualitative studies are approaches to research that seek to inform or extend our understanding of how people experience. Greenhalgh (1997) in a very helpful paper published in BMJ outlined the following characteristics attributable to qualitative research: it aims to “study things in their natural setting, to make sense of, or interpret, phenomena in terms of the meanings people bring to them,” and uses “a holistic perspective that seeks to preserve the complexities of human behaviour.”

There is congruity between the stated philosophical perspective and the research methodology

Indicators: the report clearly states the philosophical or theoretical premise on which the study is based. The report clearly states the methodological approach adopted on which the study is based. There is congruence between the two.

There is congruity between the research methodology and the research question or objectives

Indicators: the study methodology is appropriate for addressing the research question. For all studies there will be one methodology that is most appropriate to answer the research question being posed.

There is congruity between the research methodology and the methods used to collect data

Indicators: studies that fall in the interpretive paradigm cover a variety of approaches and methods of data collection. The methods of data collection are appropriate to the study methodology.

There is congruity between the research methodology and the representation and analysis of data

Indicators: the data is analysed and represented in ways that are congruent with the stated methodological position.

There is congruity between the research methodology and the interpretation of results

Indicators: the research methodology is consistent with the methods used to interpret the data. For example, if the research methodology of phenomenology is used, the interpretation of the results is in line with traditional methods within phenomenology.

There is a statement locating the researcher culturally or theoretically

Indicators: the researcher's cultural or theoretical background is clearly stated if it may have an influence on the study.

The influence of the researcher on the research, and vice versa, is addressed

Indicators: does the researcher have an effect on the results of the research? A statement on their position must be made.

Participants and their voices are adequately represented

Indicators: the authors use direct quotes of the participants to validate points that have been made.

The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body

Indicators: there is a statement regarding the attainment of ethical approval.

Conclusions drawn in the research do appear to flow from the analysis, or interpretation of the data

Indicators: what is being concluded from the research is consistent with the data presented.

Diagnostic study

Diagnostic studies can be challenging to identify. One useful definition for diagnostic studies is that they are studies that assess how accurately a test distinguishes humans (or animals) having a condition or disease, from those who do not. Typically, the test under evaluation is called the index test and its results are compared to the results of the best available standard test (reference standard), which defines the condition or disease. (accessed online 26/09/2011; <http://www.cochrane.org/news/blog/embase-introduces-diagnostic-test-accuracy-study-indexing-term>).

The choice of study method is appropriate

Indicators: in a diagnosis study the test results from a group of subjects affected by a clinical condition are compared to the test results from a normal group of subjects. The aim of a diagnosis study is to determine how readily the test results confirm the presence of the condition.

The population is appropriate

Indicators: the population is sufficiently broad in representation.

The control group used was appropriate

Indicators: if a comparison group is receiving an alternative therapy, this group is otherwise sufficiently similar. The most important feature of the control group is that they are free from the condition. The control group must be matched to the affected group in terms of known risk factors predisposing them to the condition.

A type 1 and/or type 2 error and bias has been acknowledged

Indicators: any Type 1 error is acknowledged and justified. Due consideration is given to the selection of the Type 1 error. A power analysis was conducted, using sample sizes large enough to detect differences that actually occur between the control and affected group.

All possible effect explanations are acknowledged

Indicators: the study addresses any additional factors that may impact on the outcomes. For example, in studies where a cut-off in a diagnostic value is used, is the calculation of the cut-off value objectively or subjectively assigned? Also, consideration must be given as to how each population was derived. If the affected population consists of people that are severely affected by the disease, the findings may not be applicable over a wide range of patients.

The outcomes are objectively measured

Indicators: Those measuring the outcome are where possible blinded to the patient's clinical characteristics. Both study groups undergo the same treatment; i.e. both receive the diagnostic test and the reference standard evaluation. The diagnostic test is conducted and interpreted in ignorance of the results of reference standard and vice versa, i.e. the comparison is 'blinded'.

The duration of follow-up was adequate

Indicators: the follow-up was for a period that would allow the outcomes to occur.

The effect was sufficiently long term

Indicators: the effect or outcome measures were not inconsequential.

The drop out rate was not significant

Indicators: generally a drop out rate of 5% or less is considered insignificant. A rate of 20% or greater is considered to significantly impact on the validity of the study.

The rate of patient follow-up was adequate

Indicators: at least 80% of patients were followed up.

Systematic Review

It's useful to start with an operational definition, although most people are probably comfortable with what a systematic review is. Helpfully, Trish Greenhalgh has written about this also. She stated in a 1997 BMJ publication that a systematic review is an overview of primary studies which contains an explicit statement of objectives, materials, and methods and has been conducted according to explicit and reproducible methodology.

Question

Well formulated

Indicators: the question gives a clear understanding of what the review was trying to achieve.

Clearly documented in the report

Indicators: the question is clearly visible within the review report. This guides the review, and must be evident.

Search Strategy

Two-phase search strategy is described

Indicators: a two-phase search strategy is the minimum requirement, and includes an initial search to establish appropriate search terms and a second search of all relevant databases.

Phase 1 search terms appropriate

Indicators: the search terms are specific to the topic in review.

Phase 2 was relevant and exhaustive

Indicators: the search strategy covers all aspects of the topic in review.

Accessed a broad number of databases

Indicators: the databases match the area of practice that is of concern, including all the major (broad) and minor (topic specific) databases.

References and bibliographies were searched

Indicators: this is clearly documented.

Unpublished literature was sourced

Indicators: the strategy for accessing unpublished literature is clearly defined.

There is reference to languages searched

Indicators: if studies using languages other than the reviewer's first language are sourced, then they are documented. If not, then this is justified.

Inclusion Criteria

Describes who the target population were

Indicators: this includes relevant demographic, disease/condition and intervention characteristics.

Describes the intervention/s in detail

Indicators: it is clear what intervention/s were being reviewed, and that they are appropriate for the patient group.

Describes the outcomes in detail

Indicators: all outcomes are stated and relevant to the interventions reviewed.

States the study design/s

Indicators: it is clearly stated what study designs were to be included and what level of study was considered as unacceptable.

Describes the exclusion in detail

Indicators: the decisions about the inclusion criteria are justified in terms of the objectives of the review and any exclusions are also justified.

Critical Appraisal

Method was appropriate

Indicators: the criteria used are specific to the design of the included studies.

Method clearly reported

Indicators: the methods used in the report are stated.

Any checklists or tools used are reported

Indicators: all tools used are documented; this is often in the appendices.

Determined by two independent reviewers

Indicators: two independent reviewers have performed the critical appraisal process in an attempt to maintain consistency and eliminate bias.

Data Extraction

Methods were used to minimise errors

Indicators: a recognised and agreed upon data extraction tool is used in an attempt to minimise errors, often in the appendices.

Methods were clearly reported

Indicators: all tools used are documented; this is often in the appendices.

Double data entry by two independent reviewers

Indicators: two independent reviewers have performed the data extraction process in an attempt to maintain consistency and eliminate bias.

Data Synthesis

Results from individual studies are reported in a narrative, tabular or statistical summary

Indicators: if studies could not be pooled statistically, the results are clearly reported.

The review question has been answered

Indicators: the results of studies provide evidence that directly informs the review question.

If meta-analysis was undertaken

It was appropriate to combine studies

Indicators: if studies were combined the study samples, interventions and outcomes are very similar (clinical homogeneity).

The methods were appropriate

Indicators: there are a variety of statistical methods available; their use is logical and appropriate.

The methods were reported

Indicators: the above methods used in meta-analysis are reported.

Studies were tested for heterogeneity

Indicators: this determines that the studies combined were sufficiently statistically similar.

For All Studies

Summarises major findings of review

Indicators: any major findings of the review are summarised and included in the report.

All issues of importance are addressed

Indicators: the report includes all issues that are seen to be of importance.

Limitations are acknowledged

Indicators: the review includes a list of what are seen to be the limitations of the study. This then acknowledges what is lacking in the study, and makes the reader aware of these areas.

All issues arising from review addressed

Indicators: everything that was discovered from the review is included. If there are particular issues, it could disclose the need for further work.

Implications for Practice

Implications for practice identified

Indicators: any recommendations for practice that have resulted from the review have been included

Recommendations are clear and unambiguous

Indicators: any recommendations that have resulted from the review are stated in a manner that is easy to understand, with little room for misinterpretation.

Recommendations are supported by findings

Indicators: the recommendations that have resulted from the review are clearly congruent with the findings presented.

No major areas omitted

Indicators: no area of the findings was left out of the recommendations for practice.

Implications for Research

Recommendations are clear and unambiguous

Indicators: any suggestion for further research as a result of the review is clearly and explicitly stated.

No major areas omitted

Indicators: no area of the review was left out of the implications for further research.