Nursing Journal Club
Facilitators Workbook
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Introduction

Congratulations on taking on the role of Journal Club Facilitator! This workbook will help you to get started and stay organized.

Journal Clubs have been used for several decades as a mechanism to promote the evaluation of research. The purpose of a Journal Club is to enhance nurses’ knowledge of the research process and the ability to critique research studies. Journal Clubs serve as a venue to discuss research in relation to clinical practice, disseminate research results into practice, and reinforce the need to base practice on evidence. Participation in a Journal Club helps nurses to engage in evidence-based activities and pique interest in conducting staff-driven research initiatives. New knowledge gleaned from participation in Journal Clubs can lead to improved quality of care for patients and families. They also provide new opportunities for socialisation and networking.

Please visit the CISS Journal Club site. http://sas.health.qld.libguides.com/home/journalclub

From this site you will be able to:

- Print this Workbook and tools for conducting your Journal Club
- Easily access relevant journals
- Find meeting times
- Access other useful sources of information

Benefits of a Journal Club as a Means to Incorporate Evidence-Based Practice

- Encourages nurses to read and critically review research
- Allows nurses to discriminate and evaluate information logically
- Provides a basis for making decisions that effect patient outcomes
- Promotes professionalism and positive attitudes
- Promotes evidence-based nursing practice and bridges the gap between research and practice (Goodfellow, 2004)
Section 1: Facilitator Responsibilities

Before beginning a journal club

- Meet with your Line Manager to discuss your interest in establishing a unit-based Journal Club. Ask for assistance in finding a Journal Club mentor. Ask to be added to the agenda of next staff meeting to assess staff interest in participation.

- Identify your resources and recruit co-facilitators (see form in Section 2).

- Review different Journal Club formats (see form in Section 4).

- At a staff meeting or your first Journal Club meeting, promote shared decision making regarding the purpose of your unit’s Journal Club. Ask staff to help identify what their goals are for participation. Ensure that all staff have access for participation (Shared-Decision Making Form in Section 5).

- Reserve room/space for meeting; Consider whether will you need access to a computer.

Before the Meeting: Selection and Critique of a Journal Article

- Select an article that is based on a topic of interest of the staff. For the first few meetings, consider selecting a national evidence-based practice guideline. Focus on articles that have potential for direct clinical application. Avoid articles that report results of complex clinical trials that are statistically difficult to understand.

- Conduct an initial article review so you become familiar with the process using the Critiquing of Research Literature (Section 10)

  \textit{TIP: The online tool Understanding Health Research will guide you through the process of quickly evaluating a research study.}

- Develop leading discussion questions prior to the meeting (examples below)
  - How would you apply the findings of this article to your clinical setting?
  - What were some of the limitations of the study?
  - Is the evidence strong enough to support a practice change on your unit?

Advertising Journal Club Meeting

- Create a Journal Club poster or signage.
- Post the selected article on unit bulletin boards, refrigerators etc.
- Have copies available in common staff areas.
- Email the Journal Club poster and article link to participants.

Leading Group Discussions

- Keep an open mind and a sense of humour!
- Respect staff time: Start and finish at designated times.
Ask for volunteer to complete *Critique of Research Literature* (Section 10)

Ask for volunteers to complete *Discussion Summary* (Section 11)

Begin the meeting with a 5-10 minute summary of article.

Encourage participation by asking open-ended questions

  – “Who would like to share their thoughts about the article?”
  
  – “We are interested in how others feel about the article….”

Provide positive feedback for sharing of ideas.

Control your own biases in leading discussion, encourage participants to discuss different opinions.

Redirect conversation if it drifts “off-topic”.

Provide summary at the end of discussion.

**TIP:** Have not only one person designated to present the paper, but another one designated to moderate the discussion - making sure that speaking opportunities are made for all participants.

**Post-Meeting**

Create a Journal Club binder to keep organized and track your Club’s progress.

Keep copies of the following:

  – Articles discussed.
  
  – Completed *Critique of Research Literature* and *Journal Club Discussion Summaries* (see Sections 10 and 11)
  
  – Participants attendance documented in the Journal Club Discussion Summary form.

Post *Discussion Summary* on Journal Club Bulletin Board and email to participants.

Discuss outcomes of Journal Club in staff meetings.

Be an Evidence-based Practice Role Model. If the results of an article critique indicate that an evidence-based practice change is warranted, demonstrate how to apply the results of research into practice by discussing recommendations with your Line Managers and relevant stakeholders. Support staff involvement in completing a Brief of recommendations if required.
## Section 2: Identifying Key Participants

It is important to identify colleagues that can support the success of your Journal Club. Consider all members of your professional care team who might serve as a mentor or resource person. Ask each person if they will be willing to support the Journal Club in one of these roles:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Journal Club Co-Facilitators</td>
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<tr>
<td>Patient Service Manager</td>
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<tr>
<td>Assistant Patient Services Manager</td>
<td></td>
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<tr>
<td>Service Line Educator</td>
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<tr>
<td>Staff Nurse Champions</td>
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<tr>
<td>Clinical Nurse Specialist</td>
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<tr>
<td>Advanced Practice Providers</td>
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<tr>
<td>Nursing Research Committee Member</td>
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<tr>
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</tr>
<tr>
<td>Pharmacist</td>
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<tr>
<td>Nutritionist</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</table>
Section 3: Participants Responsibilities

- Actively participate in shared decision making when designing your Journal Club.
- Read selected article(s) prior to the scheduled meeting.
- Take notes on the article.
- Be prepared to discuss the article by answering the following:
  - How does this article apply to my practice?
  - What level of evidence is represented in this article?
- Using Critiquing Research Literature (Section 10), select and present a critique for part of the article (e.g., setting, population, findings, applicable to other settings).
- Volunteer to take on the discussion lead for a particular topic of interest. This provides participants with an opportunity to practice presentation skills. Also provides others the opportunity to practice giving feedback.
- Volunteer to scribe for the Journal Club session by referring to Critiquing Research Literature or the Journal Club Discussion Summary (see Sections 10 and 11).
- If there are unanswered questions at end of session, volunteer to find out the answer and share your findings at the next Journal Club.
- Strive to keep discussions respectful and in line with Queensland Public Service Code of Conduct.
Section 4: Journal Club Formats

On-Unit Meetings

- **Duration:** 15 minutes, 30 minutes, or up to 60 minutes (maximum).
- **Frequency:** Monthly, bi-monthly, quarterly (may lose interest if too infrequent).
- **Schedule:** Breakfast meeting, Lunch & Learn, evening session.
- **Offer two different times for nurses on all shifts to participate.**
- **Use existing Huddles to discuss part of an article daily for one week.**
- **Schedule joint Journal Clubs with another unit, especially if your unit is small.**
- **Consider a Journal Club exchange: Invite nurses from other units to attend unit Journal Club if the topic is appealing to both.**
- **Use a debate-team format during critique, which encourages staff to defend their interpretation of the study.**
- **Invite members of other disciplines to attend as relevant to an article (respiratory therapy, pharmacist, nutritionist, etc.); Promotes inter-professional collaboration.**

Virtual Journal Club

- **Post journal article on bulletin board with area for each staff member can add comments over a week. Review the discussion in Staff Huddle at end of week.**

_TIP:_ A virtual journal club increased nurse participation, and the application of new knowledge into practice. *(LaMar, 2017).*

Remote Access Club

- **Web-cast, video-conferencing, or Skype Journal Club (for staff to participate from remote locations or on a day off).**

_TIP:_ The integration of a social media-facilitated journal club increased student attention, engagement and satisfaction. *(Ferguson et al, 2017).*

Traveling Journal Club

- **Select article in collaboration with another unit, rotate the location of the discussion from one unit to another.**
- **Post copy of article on board with discussion questions.**
- **Provide area for staff to enter comments.**
- **Rotate the board among units or in different areas of your unit or clinic.**
Section 5: Shared Decision Making Form

Journal Clubs are structured in a variety of ways. The structure of your Journal Club will be based on what your team is able to manage. Review the following options with your colleagues to formulate the design of your Journal Club.

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<tr>
<td>Generate clinical questions</td>
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<tr>
<td>Disseminate new knowledge</td>
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<tr>
<td>Improve critical literature appraisal skills,</td>
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<tr>
<td>Discuss practice variations and opportunity to standardize using best evidence</td>
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<tr>
<td>Generate ideas for future research</td>
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<tr>
<td>Promote professional development</td>
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<tr>
<td>Provide an enjoyable educational occasion</td>
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<tr>
<td>Ensure professional practice is evidence-based</td>
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<tr>
<td>Learn about research methodology</td>
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<td>Provide opportunities for training in clinical decision-making</td>
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<td>Inform guideline development</td>
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<td>Provide education based on identified needs</td>
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<td>Provide forum for CEU's</td>
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<table>
<thead>
<tr>
<th>Format</th>
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<td>On-unit</td>
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<td>Virtual on Bulletin Board</td>
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<tr>
<td>Web-cast, video-conferencing, or Skype</td>
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<tr>
<td>Joint Unit Journal Club</td>
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<td>Other: (describe)</td>
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<tr>
<th>Duration</th>
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<td>30 minutes</td>
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<td>60 minutes</td>
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<table>
<thead>
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<th>Frequency</th>
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<tr>
<td>Each shift per month</td>
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<td>Monthly</td>
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<tr>
<td>Bi-monthly</td>
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Section 6: Monthly Facilitator Checklist

The following checklist will help keep you organized for each Journal Club session.

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<th>Meeting Logistics</th>
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<th>Comments</th>
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</tr>
<tr>
<td>Room selected</td>
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<td></td>
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<tr>
<td>Announcement printed and posted</td>
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<tr>
<td>Clinical content expert identified and invited</td>
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<td>Arrangement for food</td>
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<tr>
<th>Article</th>
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<tr>
<td>Initial article critique completed</td>
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<tr>
<td>Article disseminated to staff</td>
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<tr>
<td>Article posted on Board</td>
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<tr>
<td>Leading questions posted for staff</td>
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<th>Journal Club Session</th>
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<tr>
<td>Recorder identified</td>
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<td>Discussion summary form completed</td>
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<tr>
<td>Discussion summary posted for staff</td>
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Section 7: Promoting Interest

The key role of Journal Club Facilitators is to encourage participation of staff nurses. Several strategies can be used to stimulate interest and enthusiasm among staff members. Try one or all of these methods. Be creative and come up with other ideas that best fit the culture in your unit.

- Discuss formation of the Journal Club at staff meeting and focus on the benefits associated with participation.
- Have a “Naming” contest for your club.
- Establish several modes of communication about the dates, times, and location of the Journal Club.
  - Post a “Journal Club Announcement” flyer 2 weeks prior to each meeting.
  - Send a “Save-the-Date” email to staff.
  - Remind staff about the upcoming session during huddles and change of shift report outs.
- Create a “Frequent Attendee Card”.
- Decide on a “reward” for consistent attendance (eg: recognition certificate, announcements on staff bulletin board, gift certificate.
- Facilitator posts questions related to the article on the Journal Club bulletin board (eg: Question of the Day).
- Encourage staff members to post questions about the article and have other staff post the answers or bring their responses to the Journal Club.
- Post “Buzz Word” of the day selected from the article to peek staff’s interest in reading the article.
- Invite staff members from other units or disciplines to join.
- Provide food or encourage others to bring a refreshment.

TIP: A competition format can increase nurses’ journal club attendance and participation. (McKeever et al, 2016)
Section 8: How to select an article

Selecting an article for review can be time consuming! Use the following questions to help your selection for each session.

- What topics are we interested in? For example, is it performance improvement, evidence-based practice, patient and family education, and/or nurses work-life balance?
- What clinical challenges have we faced on our unit?
- Does a staff member have an interest in conducting a nursing research project?
- What quality metrics are being measured on my unit? Do we have firm understanding of how our practice impacts these metrics?
- What new practice changes have been implemented? Do I have an understanding of the evidence supporting the practice change?
- Is there a new drug or therapeutic intervention being introduced on my unit? Do I feel confident in the mechanism of action and my responsibilities associated with this new drug or intervention?
- Do I/we have a real-time clinical question? Convert this question or problem into a PICO statement to help with conducting an electronic literature search for the latest evidence.
  1. Population
  2. Intervention
  3. Comparison
  4. Outcomes
- Search the literature (see Appendix A and B for resources).
- Selection may include but not limited to original research, reviews or expert opinion.
- Professional practice guidelines can provide a starting point for a Journal Club discussion.
- Provide supporting articles.
Section 9: How to appraise an article

The goals of a research appraisal are to formulate a general evaluation of the merits of the study and to evaluate its applicability to clinical practice. When doing a review, there are critical points in the process. Follow the recommendations in *Appraising Research Literature* (see Appendix C).

- Provide an overview of the article.
- Is the article timely and relevant?
- Is this a reputable journal? Peer reviewed journal?
- What type of research article is being discussed? (See Appendix C).
- What level of evidence does this article demonstrate? (See Appendix D).
- Conduct a critique of the article referring to *Critiquing Research Literature* (see Section 10).
  - **Purpose:** Is the problem statement clearly articulated? Are the objectives and aims clear?
  - **Introduction & Background:**
    - Is it well described?
    - Does the literature review support the problem?
    - Are the references current and from respected sources?
  - **Methods**
    - Study design, setting, sample size and characteristics.
    - Study procedures, instruments, human subjects’ protection, data analysis.
  - **Results and Conclusions** - Are conclusions supported by the results?
- Is this research study relevant to my practice setting?
- Can the results be generalized to my practice setting?
- How does this compare to our practices, policies and procedures?
- Do the findings suggest a need for an evidence-based practice change?
- Do the results suggest further research to support the findings?

**TIP:** Avoid pulling the paper to bits in critical appraisal – the point is to objectively weigh the paper’s strengths against its weaknesses.
Section 10: Sample Questions to ask during Critiquing

The following are questions that you and your colleagues can use to evaluate randomized controlled trial research literature (Malloch & Porter-O-Grady, 2006):

- Were the results valid?
- Were patients randomized? Was randomization concealed?
- Were patients analysed in the groups to which they were randomized?
- Were groups shown to be similar in all known determinants of outcomes or were analyses adjusted for differences?
- Were patients aware of group allocation? Were clinicians aware of group allocation?
- Were outcome assessors aware of group allocation?
- Was follow-up complete?
- What are the results?
- How large was the intervention effect? How precise was the estimate of the intervention effect?
- How can I apply the results? Were the study patients similar to the patients in my clinical setting?
- Were all important outcomes considered?
- Are the likely intervention benefits worth the potential harm and costs?

For non-interventional studies, you can use the following types of questions to review the article:

- Were the results valid?
- How were the subjects selected and are they similar to the patient population you care for?
- Are the procedures for recruiting subjects and collecting data well described? Do these procedures appear to be consistent?
- Did the researcher give attention to using valid and reliable tools to capture the study data?
- What are the results?
- Was the researcher looking for relationships between variables or comparing differences between groups on the variables of interest?
- Are there any significant relationships or differences?
- How can I apply the results?
- What is the implication of the findings for a) nursing practice? b) research needs? c) educational use?
### Section 11: Journal Club Discussion Summary

<table>
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<th>Date:</th>
<th>Time:</th>
<th>Participants</th>
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<tr>
<td>Author and Title of Article:</td>
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<tr>
<td>Discussion:</td>
<td></td>
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<tr>
<td>Clinical Implications and Potential Practice Change:</td>
<td></td>
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<tr>
<td>Potential Research Questions / Future projects:</td>
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- Place a copy in Journal Club Binder for future reference at completion of each session.
- Post another on bulletin board for promotion of discussion.
Section 12: Sample of First Meeting

Facilitator sets the stage

• Discuss Journal Club purpose & goals.
• Chose its format, length and frequency.
• Discuss roles of facilitator and participants.
• Review critique tools.
• Discuss “Ground Rules” for the meetings.
  ✓ Each person has a chance to speak.
  ✓ Each participant is courteous of others speaking.
  ✓ One person will not dominate meeting.
  ✓ Only one person talking at a time, no interruptions - Journal club is “safe ground” for discussions.
  ✓ Give “respectful feedback”.
  ✓ Be-open to a variety of ideas expressed by participants.
  ✓ Consider feedback carefully.
  ✓ No arguments directed at “staff/persons”, may debate an idea.
  ✓ Respect group members’ time.
  ✓ Everyone is responsible for following and upholding rules.

Conducting the critique

• Ask co-facilitator to take notes during meeting.
• Discuss why the article was selected.
• Provide overview of the article: plan to present for < 10 minutes (Remember – the goal is for discussion!)
• Discuss and critique article using Critiquing Research Literature (see Section 10).
• Encourage each nurse to participate by asking them to:
  – Identify implications for nursing and your practice.
  – Identify topics for future review.
• Provide summary or wrap-up of discussion in last 5 minutes.
• Disseminate the notes following the discussion.

TIP: Examples of critically appraised research publications and Club reports can be viewed at the International Centre for Allied Health Evidence Journal Club.
Appendix A: Electronic Resources

- Agency for Healthcare Research and Quality (AHRQ)
- Centre for Evidence-Based Medicine – Critical Appraisal Tools
- CISS Library – Critical Appraisal
- Clinical Key for Nursing
- Clinical Knowledge Network – Queensland Health
- Cochrane – Risk of Bias Tool
- Cochrane Library – Journal Club
- Critical Appraisal Skills Programme (CASP) – Checklists
- International Centre for Allied Health Evidence Journal Club
- National Guidelines Clearing House
- National Institute of Nursing Research
- National Network of Libraries of Medicine (NNLM) – Quarterly Journal Club
- Nursing and Midwifery Board of Australia
- Quality and Safety Education for Nurses (QSEN)
- Queensland Health Libraries Search
- Translational Research Institute Australia
- TRIP Medical Database
- Understanding Health Research – An online tool for making sense of health studies
- University of Sydney – Guide to Systematic Reviews
Appendix B: Journal Suggestions

These journals are provided via Queensland Health Libraries and ClinicalKey. You may need to Register in order to access content. Register as a Library user, or register with CKN.

- AACN Advance Critical Care - Advances in Nursing Science
- American Journal of Critical Care
- Applied Nursing Research
- Clinical Journal of Oncology Nursing
- European Diabetes Nursing
- Evidence-based Nursing
- Geriatric Nursing
- Global Qualitative Nursing Research
- International Diabetes Nursing
- International Journal of Nursing Practice
- International Journal of Nursing Studies
- JARNA : The official journal of the Australasian Rehabilitation Nurses’ Association
- Journal of Advanced Nursing
- Journal of Cardiovascular Nursing
- Journal of Diabetes Nursing
- Journal of Emergency Nursing
- Journal of Gerontological Nursing
- Journal of Nursing Administration
- Journal of nursing practice applications & reviews of research
- Journal of Obstetric, Gynecologic & Neonatal Nursing
- Journal of Perianesthesia Nursing
- Nursing Research and Practice
- Oncology Nursing Forum
- Rehabilitation Nursing
- Research in Nursing and Health
- Southern Online Journal of Nursing Research
- The International Journal of Psychiatric Nursing
- Worldviews on Evidence Based Nursing
- Community Practitioner
Appendix C: Research Literature Appraisal Tools

Many tools to assist with critical appraisal are available online. Some may be used online; others are checklists which can be printed.

Joanna Briggs Institute provides an excellent range of tool checklists - depending on the type of literature being appraised - that you can simply download and print: https://joannabriggs.org/research/critical-appraisal-tools.html

- Checklist for Case Control Studies
- Checklist for Case Reports
- Checklist for Cohort Studies
- Checklist for Prevalence Studies
- Checklist for Randomized Controlled Trials
- Checklist for Qualitative Research

The University of South Australia has compiled a comprehensive listing of tools suitable for a wide variety of research types: http://www.unisa.edu.au/Research/Sansom-Institute-for-Health-Research/Research/Allied-Health-Evidence/Resources/CAT/

Critical appraisal – How to do it?
# Appendix D: Level and Grading of Evidence

## Level I Evidence

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Review</td>
<td>A summary of evidence, typically conducted by an expert or expert panel on a particular topic, that uses a rigorous process (to minimize bias) for identifying, appraising and synthesizing studies to answer a specific clinical question and draw conclusions about the data.</td>
</tr>
<tr>
<td>Meta-Analysis</td>
<td>A process of using quantitative methods to summarize the results from multiple studies obtained and critically reviewed using a rigorous process (to minimize bias) for identifying, appraising and synthesizing studies to answer a specific question and draw conclusions about the data gathered. The purpose of the process is to gain a summary studies (i.e. a measure of a single effect) that represents the effect of the intervention across multiple studies.</td>
</tr>
<tr>
<td>Randomized Controlled Trial (RCT)</td>
<td>A true experiment, (i.e., one that delivers an intervention or treatment), the strongest design to support cause and effect relationships, in which subjects are randomly assigned to control and experimental groups.</td>
</tr>
</tbody>
</table>

## Level II Evidence

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quasi-experiments</td>
<td>Design that test the effects of an intervention or treatment but lacks one or more characteristics of a true experiment (e.g. random assignment; control or comparison group)</td>
</tr>
</tbody>
</table>

## Level III Evidence (Non Experimental)

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort Study</td>
<td>Longitudinal study that begins with the gathering of two groups of patients (the cohort), one that received the exposure (e.g. to a disease) and one that does not, and then following these groups over time (prospective) to measure the development of different outcomes (diseases).</td>
</tr>
<tr>
<td>Case-Control Study</td>
<td>A type of research that retrospectively compares characteristics of an individual who has a certain condition (e.g., hypertension) with one who does not (i.e., a matched control or similar person without hypertension); often conducted for the purpose of identifying variables that might predict the condition (e.g., stressful lifestyle, sodium intake).</td>
</tr>
<tr>
<td>Cross Sectional Study</td>
<td>A study designed to observe an outcome or variable at a single point in time, usually for the purpose of inferring trends over time.</td>
</tr>
<tr>
<td>Correlational Descriptive Study</td>
<td>A study that is conducted for the purpose of describing the relationship between two or more variables.</td>
</tr>
<tr>
<td>Correlational Predictive Study</td>
<td>A study that is conducted for the purpose of describing what variables predicts a certain outcomes.</td>
</tr>
<tr>
<td>Descriptive Study</td>
<td>Studies conducted for the purpose of describing the characteristics of certain phenomena or selected variables.</td>
</tr>
<tr>
<td>Qualitative Study</td>
<td>Research that involves the collection of data in a nonnumeric form, such as personal interviews, usually with the intention of describing a phenomenon.</td>
</tr>
</tbody>
</table>

## Level IV Evidence

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice Guidelines/ Consensus Panels</td>
<td>Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence i.e. National Guideline Clearinghouse</td>
</tr>
</tbody>
</table>

## Level V Evidence (Based on experiential and non-research evidence)

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Reports</td>
<td>Reports that describe the history of a single patient, or a small group of patients, usually in the form of a story.</td>
</tr>
<tr>
<td>Case Study</td>
<td>An intensive investigation of a case involving a person or small group of persons, an issue or an event.</td>
</tr>
</tbody>
</table>

### Evidence Pyramid

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Type of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongest</td>
<td>Evidence from systematic review or meta-analysis of multiple controlled studies with results that consistently support a specific action, intervention or treatment</td>
</tr>
<tr>
<td>I (A)</td>
<td></td>
</tr>
<tr>
<td>II (B)</td>
<td>Evidence from at least one well designed controlled study, randomized &amp; non-randomized, with results that support a specific action, intervention or treatment</td>
</tr>
<tr>
<td>III (C)</td>
<td>Evidence from qualitative studies, descriptive or correlational studies, integrative reviews or randomized controlled trials with inconsistent results</td>
</tr>
<tr>
<td>IV (D)</td>
<td>Evidence from peer reviewed professional organizational standards, with clinical evidence to support recommendations; Includes non-experimental studies</td>
</tr>
<tr>
<td>V (E)</td>
<td>Evidence from theory based evidence from expert opinion or multiple case reports; Interpretation of non-research based information by experts</td>
</tr>
<tr>
<td>VI (M)</td>
<td>Manufacturers’ recommendations only</td>
</tr>
</tbody>
</table>

## Quality Grading

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Quality Grading Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level I</strong></td>
<td><strong>A High quality:</strong> consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence.</td>
</tr>
<tr>
<td><strong>Level II</strong></td>
<td><strong>B Good quality:</strong> reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence</td>
</tr>
<tr>
<td><strong>Level III</strong></td>
<td><strong>C Low quality or major flaws:</strong> little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn.</td>
</tr>
<tr>
<td><strong>Level IV</strong></td>
<td><strong>A High quality:</strong> well-defined, reproducible search strategies; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies, and definitive conclusions</td>
</tr>
<tr>
<td></td>
<td><strong>B Good quality:</strong> reasonably thorough and appropriate search; reasonably consistent results, sufficient numbers of well-designed studies, evaluation of strengths and limitations of included studies, with fairly definitive results</td>
</tr>
<tr>
<td></td>
<td><strong>C Low quality or major flaws:</strong> undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results, conclusions cannot be drawn</td>
</tr>
<tr>
<td><strong>Level V</strong></td>
<td><strong>A High quality:</strong> expertise is clearly evident.</td>
</tr>
<tr>
<td></td>
<td><strong>B Good quality:</strong> expertise appears to be credible.</td>
</tr>
<tr>
<td></td>
<td><strong>C Low quality or major flaws:</strong> expertise is not discernable or is dubious.</td>
</tr>
</tbody>
</table>
### Appendix E: Qualitative Research

**Table 1: Traditions of Qualitative Research (Study Methods)**

<table>
<thead>
<tr>
<th>Tradition</th>
<th>Purpose</th>
<th>Key Elements</th>
</tr>
</thead>
</table>
| Narrative       | Exploring the life of a single individual or small group of individuals | • Studies one or more individuals  
                  |                                                                            | • Uses interviews primarily  
                  |                                                                            | • Develops narratives, usually chronologically, about lives                |
| Phenomenology   | Understanding the lived experience of a phenomenology                   | • Studies multiple people experiencing the same phenomenon  
                  |                                                                            | • Uses interviews primarily  
                  |                                                                            | • Uses data saturation for sampling  
                  |                                                                            | • Describes the “essence” of the experience that is shared                 |
| Grounded Theory | Developing theory based on field-collected data                         | • Studies a process or action  
                  |                                                                            | • Uses interviews primarily  
                  |                                                                            | • Uses open, axial, and selective coding  
                  |                                                                            | • Uses theoretical sampling  
                  |                                                                            | • Generates a graphical representation of the theory                       |
| Ethnography     | Describing elements of a culture-sharing group                          | • Studies a group with the same culture  
                  |                                                                            | • Uses observations and interviews  
                  |                                                                            | • Analyzes data to determine cultural traits shared by a group             |
| Case Study      | Developing an understanding of a single case or multiple related cases  | • Studies an event or activity, or multiple persons  
                  |                                                                            | • Analyzes cases to determine themes within and between cases              |


**Table 2: Data Analysis in Qualitative Research**

<table>
<thead>
<tr>
<th>Data Analysis Step</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizing Data</td>
<td>Converting raw data into organized units such as transcribed interviews into electronic format</td>
</tr>
<tr>
<td>Reading and Memoing</td>
<td>Reviewing the entirety of data collected for immersion before development of codes and themes</td>
</tr>
<tr>
<td>Coding and Developing Themes</td>
<td>Categorizing pieces of data into codes (small categorizes of information) and reducing codes into themes (broad units of categories comprised of codes)</td>
</tr>
<tr>
<td>Interpreting Data</td>
<td>Drawing connections between themes and codes to view a larger picture of the concept being studied</td>
</tr>
<tr>
<td>Presenting the Data</td>
<td>Using graphical, tabular, or text format to present the interpretation of data</td>
</tr>
</tbody>
</table>

# Appendix F: Selecting a Statistical Test

## Bivariate Statistical Tests

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Independent or Related</th>
<th>Purpose</th>
<th>Measurement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parametric Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent t-test</td>
<td>I</td>
<td>Test the difference between 2 independent group means</td>
<td>N, I/R</td>
</tr>
<tr>
<td>Paired t-test</td>
<td>R</td>
<td>Test the difference between 2 related group means</td>
<td>N, I/R</td>
</tr>
<tr>
<td>1-way analysis of variance (ANOVA)</td>
<td>I</td>
<td>Test the difference among the means of 3+ independent groups</td>
<td>N, I/R</td>
</tr>
<tr>
<td>Repeated measures ANOVA</td>
<td>R</td>
<td>Test the difference among the means of 3+ related groups or sets of scores</td>
<td>N, I/R</td>
</tr>
<tr>
<td>Pearson correlation</td>
<td>I, R</td>
<td>Test the existence of a relationship between 2 variables</td>
<td>I/R, I/R</td>
</tr>
<tr>
<td>Linear regression</td>
<td>--</td>
<td>Predict value of DV for given value of IV</td>
<td>I/R, I/R</td>
</tr>
<tr>
<td><strong>Nonparametric Tests</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mann-Whitney U-test</td>
<td>I</td>
<td>Test the difference in ranks of scores of 2 independent groups</td>
<td>N, O</td>
</tr>
<tr>
<td>Wilcoxon signed-rank test</td>
<td>R</td>
<td>Test the difference in ranks of scores of 2 related groups</td>
<td>N, O</td>
</tr>
<tr>
<td>Kruskal-Wallis test</td>
<td>I</td>
<td>Test the difference in ranks of scores of 3+ independent groups</td>
<td>N, O</td>
</tr>
<tr>
<td>Friedman test</td>
<td>R</td>
<td>Test the difference in ranks of scores of 3+ related groups</td>
<td>N, O</td>
</tr>
<tr>
<td>Chi square test</td>
<td>I</td>
<td>Test the difference in proportions in 2+ independent groups</td>
<td>N, N</td>
</tr>
<tr>
<td>McNemar test</td>
<td>R</td>
<td>Test the difference in proportions for 2 related groups (2x2)</td>
<td>N, N</td>
</tr>
<tr>
<td>Cochran’s Q test</td>
<td>R</td>
<td>Test the difference in proportions for 3+ related groups</td>
<td>N, N</td>
</tr>
<tr>
<td>Fisher’s exact test</td>
<td>I</td>
<td>Test the difference in proportions in 2 independent groups when N &lt; 30, any expected cell frequency &lt; 5, or cell with observed frequency of 0</td>
<td>N, N</td>
</tr>
<tr>
<td>Phi coefficient or odds ratio</td>
<td>I</td>
<td>Examine the magnitude of a relationship between 2 dichotomous variables</td>
<td>N, N</td>
</tr>
<tr>
<td>Cramer’s V</td>
<td>I</td>
<td>Examine the magnitude of a relationship between 2 variables (not restricted to dichotomous)</td>
<td>N, N</td>
</tr>
<tr>
<td>Spearman’s rho</td>
<td>I, R</td>
<td>Test the existence of relationship between 2 variables</td>
<td>O, O</td>
</tr>
</tbody>
</table>

IV, Independent variable; DV, dependent variable; I, independent; R, related; N, nominal; O, ordinal or non-normally distributed interval/ratio; I/R, interval/ratio.

Note: On some tests, the measurement level of the IV & DV can be switched.
1. **ANOVA**
   a. **One-way ANOVA (bivariate)**
      - Purpose: Test the difference among the means of ≥ 3 groups.
      - Variables: IV = 1 N; DV = 1 I/R
   b. **Repeated measures ANOVA (bivariate)**
      - Purpose: 1) Repeated measures (≥ 3) of DV on same subjects over time; 2) Exposure of all subjects to all treatment conditions (≥ 3).
      - Variables: IV = 1 N; DV = 1 I/R
   c. **Two-way ANOVA**
      - Purpose: Test main effect of each IV on DV and test interaction between 2 IVs.
      - Variables: IV = 2 N; DV = 1 I/R

2. **ANCOVA**
   - Purpose: Test effect of IV on DV while controlling for covariate(s).
   - Variables: IV = 1 N; DV = 1 I/R; Covar = ≥1 I/R (sometimes N)

3. **Mixed-Design ANOVA**
   - Purpose: Extension of repeated measures ANOVA but with ≥ 2 groups
   - Variables: IV = 2 N (1 is usually time); DV = 1 I/R

4. **MANOVA**
   - Purpose: Test the difference among the means of ≥ 2 groups for ≥ 2 DVs simultaneously.
   - Variables: IV ≥ 1 N; DV ≥ 2 I/R

5. **Regression**
   a. **Simple linear regression (bivariate)**
      - Purpose: 1) Determine if a linear relationship exists between IV and DV; 2) Predict value of DV based on given value of IV.
      - Variables: IV = 1 I/R; DV = 1 I/R
   b. **Multiple regression**
      - Purpose: 1) Test the relationship between 2+ IVs and 1 DV; 2) Determine if an IV is r/t the DV in the presence of or accounting for other factors; 3) Predict value of DV based on several IVs; 4) Determine the amount of variability in DV that is explained by IVs
      - Variables: IV >1 any level; DV = 1 I/R
   c. **Logistic regression**
      - Purpose: 1) Test the relationship between 2+ IVs and 1 DV; 2) Determine if an IV is r/t the DV in the presence of or accounting for other factors; 3) Determine predictors of a particular outcome.
      - Variables: IV >1 any level; DV = 1 N (dichotomous)

6. **Survival Analysis** (e.g., life table or actuarial analysis; Kaplan-Meier method; log-rank test; Cox proportional hazard model)
   - Purpose: Determine time to an endpoint when subjects enter study at different times and some subjects may not have reached the endpoint at end of data collection.
   - Variables: N/A
Steps to Determine Appropriate Test to Use

1. Identify variables (IV vs. DV – be aware of sample)
2. Measurement level of the variables (nominal, ordinal, interval/ratio)
3. # of groups being compared (for nominal variables)
4. Whether the groups are independent or related (measured in same people over time; matched)
   - Whether the dependent variable is normally distributed (use parametric vs. nonparametric test)
5. Sample size
   - # of variables (use univariate, bivariate, or multivariate statistics)
   - If > 2 variables . . .
     a. Determine IV(s) and DV(s) and their level of measurement
     b. Determine purpose, e.g. . . .
     c. Interaction
     d. Involve repeated-measures factors & between-group factors
     e. Prediction
     f. Association of IV(s) with DV in presence of other factors
     g. Amount of variability in DV explained by IVs
     h. Time to endpoint

Statistical Significance Tests

- **Fisher’s Exact Test**
  - x-axis: 2 categories (- or + drug)
  - y-axis: 2 categories (dead or alive)

- **Students T-Test**
  - x-axis: 2 categories (- or + drug)
  - y-axis: continuous (tumor size)

- **Regression Analysis**
  - x-axis: continuous (drug dose)
  - y-axis: continuous (tumor size)

- **Chi-Square Test**
  - x-axis: >2 categories (drug A, B, etc.)
  - y-axis: >2 categories (dead or alive)

- **ANOVA**
  - x-axis: >2 categories (drug A, B, etc.)
  - y-axis: continuous (tumor size)

- **Multiple Regression**
  - x/z-axis: >2 continuous (drug dose)
  - y-axis: continuous (tumor size)
References


Glossary

**Accuracy** - a term used in survey research to refer to the match between the target population and the sample.

**Beliefs** - ideas, doctrines, tenets, etc. that are accepted as true on grounds which are not immediately susceptible to rigorous proof.

**Benchmarking** - systematically measuring and comparing the operations and outcomes of organizations, systems, processes, etc., against agreed upon "best-in-class" frames of reference.

**Bias** - a loss of balance and accuracy in the use of research methods. It can appear in research via the sampling frame, random sampling, or non-response. It can also occur at other stages in research, such as while interviewing, in the design of questions, or in the way data are analysed and presented. Bias means that the research findings will not be representative of, or generalizable to, a wider population.

**Case Study** - the collection and presentation of detailed information about a particular participant or small group, frequently including data derived from the subjects themselves.

**Causal Relationship** - the relationship established that shows that an independent variable, and nothing else, causes a change in a dependent variable. It also establishes how much of a change is shown in the dependent variable.

**Claim** - a statement, similar to a hypothesis, which is made in response to the research question and that is affirmed with evidence based on research.

**Classification** - ordering of related phenomena into categories, groups, or systems according to characteristics or attributes.

**Construct** - refers to any of the following: something that exists theoretically but is not directly observable; a concept developed [constructed] for describing relations among phenomena or for other research purposes; or, a theoretical definition in which concepts are defined in terms of other concepts. For example, intelligence cannot be directly observed or measured; it is a construct.

**Content Analysis** - the systematic, objective, and quantitative description of the manifest or latent content of print or non-print communications.

**Correlation** - a common statistical analysis, usually abbreviated as r, that measures the degree of relationship between pairs of interval variables in a sample. The range of correlation is from -1.00 to zero to +1.00. Also, a non-cause and effect relationship between two variables.

**Critical Appraisal** - Critical appraisal is an integral process in Evidence Based Practice. Critical appraisal aims to identify methodological flaws in the literature and provide consumers of research evidence the opportunity to make informed decisions about the quality of research evidence.

**Data** - factual information [as measurements or statistics] used as a basis for reasoning, discussion, or calculation.

**Data Quality** - this is the degree to which the collected data [results of measurement or observation] meet the standards of quality to be considered valid [trustworthy] and reliable [dependable].

**Dependability** - being able to account for changes in the design of the study and the changing conditions surrounding what was studied.

**Empirical Research** - the process of developing systematized knowledge gained from observations that are formulated to support insights and generalizations about the phenomena being researched.

**Evidence Based Practice** - the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.

**External Validity** - the extent to which the results of a study are generalizable or transferable.
**Framework** - the structure and support that may be used as both the launching point and the on-going guidelines for investigating a research problem.

**Hypothesis** - a tentative explanation based on theory to predict a causal relationship between variables.

**Measurement** - process of obtaining a numerical description of the extent to which persons, organizations, or things possess specified characteristics.

**Methodology** - a theory or analysis of how research does and should proceed.

**Models** - representations of objects, principles, processes, or ideas often used for imitation or emulation.

**Nurse practitioner** - advanced registered nurses educated and trained to provide health promotion and maintenance through the diagnosis and treatment of acute illness and chronic conditions.

**Policy Analysis** - systematic study of the nature, rationale, cost, impact, effectiveness, implications, etc., of existing or alternative policies, using the theories and methodologies of relevant social science disciplines.

**Principal Investigator** - the scientist or scholar with primary responsibility for the design and conduct of a research project.

**Questionnaire** - structured sets of questions on specified subjects that are used to gather information, attitudes, or opinions.

**Reliability** - the degree to which a measure yields consistent results. If the measuring instrument [e.g., survey] is reliable, then administering it to similar groups would yield similar results. Reliability is a prerequisite for validity. An unreliable indicator cannot produce trustworthy results.

**Rigor** - degree to which research methods are scrupulously and meticulously carried out in order to recognize important influences occurring in an experimental study.

**Semantics** - the relationship between symbols and meaning in a linguistic system. Also, the cuing system that connects what is written in the text to what is stored in the reader's prior knowledge.

**Statistical Analysis** - application of statistical processes and theory to the compilation, presentation, discussion, and interpretation of numerical data.

**Testing** - the act of gathering and processing information about individuals' ability, skill, understanding, or knowledge under controlled conditions.

**Theory** - a general explanation about a specific behaviour or set of events that is based on known principles and serves to organize related events in a meaningful way. A theory is not as specific as a hypothesis.

**Translational Research** - applies findings from basic science to enhance human health and well-being. In a medical research context, it aims to "translate" findings in fundamental research into medical practice and meaningful health outcomes.

**Validity** - the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. A method can be reliable, consistently measuring the same thing, but not valid.
1 JAN 2017
NURSING JOURNAL CLUB

What is Journal Club?
A group of interested staff that meets fortnightly to discuss a relevant article. A facilitator will present a research article to the group with a short summary, followed by a group discussion.


Save the Date!

Improve your skills and meet new people!

Bring a plate!

Read the article first!

No experience necessary!

CISS - BRIGHTON
Dolphin House Room xxx
6:30pm – 8:30pm

Questions?
facilitator@health.qld.gov.au
http://sas.health.qld.libguides.com/home/journalclub

Meetings are every second week from 1 Jan 2017
Email Template

Are you interested in joining a Nursing Journal Club?

What is a Journal Club?
A place to informally present, discuss, and review new nursing research amongst peers. You don’t need any experience, and do not need to present.

Who is Journal Club for?
Any interested staff member is encouraged to attend.

What can Journal Club do for me?
- It helps you become fluent in reading, interpreting and clinically evaluating scientific literature in a casual setting.
- You will gain experience in collaborative group discussions and public speaking.
- It will help you understand, and potentially want to write scientific papers.
- You will improve your clinical practice and better appreciate the benefits of evidence based practice.
- Meet new people and make new connections.

When and Where is Journal Club?
1st January 2017, 6.30pm to 8.30pm.
CISS, Brighton. Dolphin House room xxx.
Sessions are held every fortnight from the 1st January 2017.

Next Article for Discussion
Improving the Quality of Geriatric Nursing Care: Enduring Outcomes From the Geriatric Nursing Education Consortium. Gray-Miceli, Deanna ; Wilson, Laurie Dodge ; Stanley, Joan ; Watman, Rachael ; Shire, Amy ; Sofaer, Shoshanna ; Mezey, Mathy. Journal of Professional Nursing, November-December 2014, Vol.30(6), pp.447-455.

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