Evidence-based practice (EBP) is a continuously growing part of the nursing culture at Carle, a Magnet designated facility. Although nursing journal clubs have occurred at times within the Carle organization, they have not been hard-wired into the professional nursing activities throughout the organization. Evidence suggests that journal clubs are an important part of an evidence based nursing culture - promoting examination, discussion, and application of evidence found in professional literature. The nursing strategic plan at Carle includes a goal to develop the level of engagement in professional nursing literature. “EBP Huddle” was suggested as an updated title for this clinically focused activity among nursing colleagues.

### PICO QUESTION

In professional nursing environments, in what ways can journal clubs and critical appraisal of literature be more effective than absence of journal club activities in promoting evidence based nursing practice?

### SEARCH PROCESS/RESULTS

**Terms:** journal club, appraisal

**Databases:** Cochrane & Joanna Briggs Institute, CINAHL & PubMed

**Academic & Professional Web Sites:** nursing EBP tools

**Level I**
1. Cochrane Review finding only 1 qualifying study

**Level V**
3. Systematic Reviews of quantitative & qualitative studies
   1. Primary textbook on the topic of EBP

**Level VI**
2. Descriptive/Qualitative studies

**Level VII**
2. Expert opinion articles on best methods/principles based on available literature and evidence – written by groups of experts within professional nursing organizations.

6. Website for schools of nursing or professional organizations featuring journal club and critical appraisal tools

### ARTICLE APPRAISAL TOOLS

**Title/Citation:**

**Question:**

- What is the question the author(s) is trying to answer? Is the purpose clearly described?
- Is the literature review comprehensive and current? Is any background information missing?
- Are there any theoretical concepts or frameworks mentioned/defined?
- How strong is the level of evidence? *See Level of Evidence chart & record level

**Project design:**
- If opinion article vs. a study, summarize information/principles shared.
- Is the sample population appropriate or similar to your practice area?
- Is the description of the project clear and complete?
- Are there ethical concerns?
- Do the measurements/surveys used accurately reflect the practice question? Are they valid or reliable?
- Are there confounding variables that were not considered/mentioned?

**Project data/analyses:**
- Is relevant data presented clearly?
- Are the statistical tests identified & appropriate for the study design?

**Are conclusions & recommendations supported by the data/evidence presented in the article?**

**How do the author’s recommendations compare with practices in your setting?**

**What changes, if any, would you recommend in your setting based on the evidence presented in the article?**

**Levels of Evidence for Nursing EBP**

- **Level I**
  - Systematic reviews or meta-analysis of randomized controlled trials (RCTs) or clinical practice guidelines based on at least 3 quality RCTs
- **Level II**
  - At least one well-designed RCT
  - Single multi-centre
- **Level III**
  - Well-designed controlled trials without randomization (e.g. case-control)
- **Level IV**
  - Well-designed case-control or cohort studies
- **Level V**
  - Systematic reviews or meta-synthesis of descriptive or qualitative studies
- **Level VI**
  - Single descriptive or qualitative study
- **Level VII**
  - Opinion of authorities or reports of expert groups

**EVIDENCE-BASED PRINCIPLES**

**Scope** -- Unit-based clubs allow for best interest, value and expert opinion on topics.

**Topic** – Choose articles related to current PI/QI or EBP issues. This provides purpose and value while practically addressing patient/staff issues. Beneficial when staff is involved in topic selection and there is a goal related to patient/staff outcomes.

**Facilitation team** – Club leadership should have demonstrated knowledge and skills in literature searches & critical appraisal of literature. Beneficial to have a skilled & respected clinical leader facilitate the actual meeting/discussion. Availability of library access and consultation of a librarian is needed for the facilitation team.

**Format** – Unit culture should determine the format for meeting/discussion. No specific format has been demonstrated as preferable across all cultures.

- Utilize email/electronic formats for access or distribution of articles.
- Discuss level/exact quality of evidence in articles + strengths & weaknesses
- Discuss relevance/implications for own unit, patients, staff.

Recommend next steps for PI/EBP project.

**Time factors** – Consider best times for participation, consider worked/paid time if possible, send out articles and appraisal tools with ample time for preparation prior to discussion. Need to have routine or fairly regular involvement in article review/appraisal to grow skills and participation.

**Appraisal tools** – Consistent user friendly tools that allow understanding and participation by a broad range of experience levels are preferable for nurse engagement.

**Introduction** – Non-threatening/gentle roll-out of first articles and first discussion including education in the process/skills are beneficial to participation and buy-in.

**Incentives** – Participation can be maximized through various types of rewards i.e. ladder points, CNE credit, food, input in decisions, patient/staff outcomes. Some journal clubs have looked for funding through organizational budget, philanthropy, grants, etc.

**Translation to practice** – Identify members for a project implementation team based on participation in the club. Show use of evidence-base & discussions in the plan for implementation.

**Outcomes** – Measure and communicate outcomes of the PI or EBP projects that are tied to the journal club articles and discussions.