

# Joanna Briggs Institute

## Evidence-Based Practice Resources

### JBI實證護理資料庫



THE JOANNA BRIGGS INSTITUTE



# What is Joanna Briggs Institute

## 1. Joanna Briggs Institute (JBI)

- 1) 附屬於澳洲阿德雷德大學
- 2) 國際公認實證實務資訊權威機構之一
- 3) 其開發的實證基礎實務模式，被醫療照護產業視為基準指標。
- 4) 與全球 70 多個實證照護中心合作，提供經由研究分析、評價、專家評論編輯而成，同時兼顧研究的質與量之實證實務資訊。

## 2. JBI 的資源特色

- 1) JBI 清楚的提供醫護人員可以立即運用在臨床的作法
- 2) 非提供冗長的治療方式比較與研究過程。
- 3) 在國際間醫療單位的使用經驗上，能確實地大大提高工作上的效率與病患安全。

# JBI Databases - 16主題

Aged Care 老年保健	Burns Care 燒燙傷護理
Cancer Care 癌症護理	Infection Control 感染控制
Chronic Disease 慢性症護理	Mental Health 心理健康
Diagnostic Imaging 影像診斷	Midwifery Care 助產護理
Emergency & Trauma 急診及創傷	Rehabilitation 復原照護
General Medicine 全科醫學	Surgical Services 外科服務
Health Management & Assessment 健康管理與評估	Wound Healing and Management 傷口癒合和管理
Pediatrics 兒童護理	Tropical and Infectious Disease 熱帶和傳染病護理

# 七大類實證文獻類型

## 實證摘錄

Evidence Summaries

## 實證式建議實務

Evidence-Based  
Recommended Practices

## 最佳實務資訊

Best Practice Information Sheet

## 患者衛教單

Consumer Information Sheets



## 系統式評論

Systematic Reviews

## 系統式評論常規標準

Systematic Review Protocols

## 技術報告

Technical Reports

# Systematic Reviews

## Systematic Reviews

- 文獻的分析
  - 提出一個問題
  - 建立收錄原則
  - 建立廣泛搜索實證的策略
  - 評估每篇文章的質量
  - 擷取文章中的精華
  - 綜述各篇文章中的要點

## Systematic Review Protocols

- 文獻背景資訊和進行系統化綜述的計劃

### A meta-synthesis of women's perceptions and experiences of breastfeeding support

Virginia Schmied, PhD, RM<sup>1</sup>  
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Athena Sheehan, PhD, MN, RM, RN<sup>3</sup>  
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5. Professor of Maternal and Infant Health and Director of Maternal and Infant Nutrition and Nurture Unit (MAINN), School of Public Health and Clinical Sciences, University of Central Lancashire, England, Adjunct Professor, University of Western Sydney.

Corresponding author: Sarah Beake, Centre for Research in Midwifery and Childbirth, Thames Valley University, Paragon House, Boston Manor Road, Brentford, TW8 9GA, UK. E-mail: Sarah.Beake@tvu.ac.uk

### Executive Summary

**Background-** Breastfeeding conveys significant health benefits to infants and mothers yet in many affluent nations breastfeeding rates continue to decline across the early months following birth. Both peer and professional support have been identified as important to the success of breastfeeding. What is not known are the key components or elements of support that are effective in increasing the duration of breastfeeding?

**Objectives-** The aim of this meta-synthesis was to examine women's perceptions and experiences of breastfeeding support, either professional or peer, in order to illuminate the components of support that they deem 'supportive'. A secondary aim was to describe any differences between components of Peer and Professional support.

**Selection criteria-** Both primiparous and multiparous women who initiated breastfeeding were included in the study. Studies that included a specific demographic sub-group, such as

# Evidence Summaries

- 綜述臨床治療或過程的精煉要點、簡短摘要
- 基於系統化的文獻檢索和權威實證醫療資料庫
- 連接研究與臨床醫療實務的重要橋樑

<b>Breastfeeding: Diabetic Mother</b>
19/02/2009
Author
Alexa McArthur RN RM MPhC
<b>Summary</b>
<b>QUESTION</b>
What is the best available evidence regarding the effects of breastfeeding on glycaemic control in diabetic women?
<b>CLINICAL BOTTOM LINE</b>
Diabetes is the disturbance of carbohydrate metabolism, mostly characterised by hyperglycaemia. In pregnancy there are 3 types of diabetes, insulin-dependent (type 1), non-insulin-dependent (type 2), and gestational diabetes. <sup>1</sup>
<ul style="list-style-type: none"><li>• Gestational diabetic women who breastfed for 3 months or more had a 45% decrease in their infant developing obesity, compared with those who were bottlefed.<sup>2</sup></li><li>• Breastfeeding may reduce the risk of type 2 diabetes in children.<sup>3</sup> (Level I)</li><li>• Women with type 2 diabetes or gestational diabetes are less likely to breastfeed than women without diabetes.<sup>3</sup> (Level I)</li><li>• Breastfeeding lowers blood glucose, and during the first 6 months of breastfeeding, an extra 200 calories per day for energy requirements is needed compared with pregnancy.<sup>4</sup> (Level IV)</li><li>• Due to the lack of high level research, expert opinion suggests that women with insulin-dependent pre-existing diabetes following delivery should decrease their insulin dose and monitor blood glucose levels, to establish the appropriate dose required.<sup>5</sup> (Level IV)</li><li>• Breastfeeding women with non-insulin-dependent pre-existing diabetes can continue to take Metformin and Glibenclamide, but should avoid other oral hypoglycaemics while breastfeeding.<sup>5</sup> (Level IV)</li><li>• Women with gestational diabetes should cease their hypoglycaemic treatment following delivery, and be reviewed.<sup>5</sup> (Level IV)</li></ul>
<b>CHARACTERISTICS OF THE EVIDENCE</b>
This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. The evidence in this summary comes from:
<ul style="list-style-type: none"><li>• A Cochrane systematic review of 4 trials including 114 women.<sup>1</sup></li><li>• Three evidence based guidelines.<sup>2,4,5</sup></li><li>• A systematic review.<sup>3</sup></li></ul>
<b>BEST PRACTICE RECOMMENDATIONS</b>
<ul style="list-style-type: none"><li>• Current recommendations include 6 months of exclusive breastfeeding and continued breastfeeding for at least 12 months, for both women with pre-existing diabetes or gestational diabetes. (Grade A)</li><li>• Health care providers should educate women with gestational diabetes about the link between obesity and developing type 2 diabetes in their children, and the benefits of breastfeeding to decrease this risk. (Grade A)</li><li>• Insulin-dependent women should be advised to eat a carbohydrate snack before or while breastfeeding, to avoid hypoglycaemia. (Grade A)</li><li>• Due to the absence of clear research findings, diabetic women should be managed based on clinical judgement.</li></ul>
<b>References</b>
<ol style="list-style-type: none"><li>1. Ceysens G, Rouiller D, Boulvain M. Exercise for diabetic pregnant women. Cochrane Database Syst Rev. 2006;3.(Level I)</li><li>2. Metzger BE, Buchanan TA, Coustan DR, de Leiva A, Dunger DB, Hadden DR, et al. Summary and recommendations of the fifth international workshop conference of gestational diabetes mellitus. Diabetes Care 2007 Jul;30(2):S251 – 60.</li><li>3. Taylor JS, Kacmar JE, Nothnagle M, Lawrence RA. A systematic review of the literature associating breastfeeding with type 2 diabetes and gestational diabetes. J Am Coll Nutr 2005;24(5):320-6. (Level I)</li></ol>



# Best Practice Information Sheets

## Best Practice Information Sheets

- 基於系統化評論的結果和建議
- 從大量文獻中擷取出來的關鍵議題和建議的取得方式或途徑

## Technical Reports

- 獲取並綜述出最佳實務資訊

The image shows the cover of a 'Best Practice' information sheet. At the top left is a logo with a red sphere and blue concentric circles. The title 'Best Practice' is in large blue letters, with 'Evidence based information sheets for health professionals' in smaller text below it. The volume and issue information (Volume 10, Issue 2, 2006, ISSN: 1329-1874) is in the top right. The main title of the sheet is 'Solutions, techniques and pressure in wound cleansing'. The content is organized into sections: Recommendations, Solutions, Pressure, Techniques, Information Source, and Grades of Recommendation. The 'Recommendations' section includes a paragraph about the basis of the recommendations and a list of five points. The 'Solutions' section includes a paragraph about the use of tap water and a list of five points. The 'Pressure' section includes a paragraph about the use of 13 psi and a list of five points. The 'Techniques' section includes a paragraph about the use of showering and a list of five points. The 'Information Source' section includes a paragraph about the systematic review and a list of five points. The 'Grades of Recommendation' section includes a paragraph about the grades and a list of five points.

Volume 10  
Issue 2  
2006  
ISSN: 1329-1874

# Best Practice

Evidence based information sheets for health professionals

## Solutions, techniques and pressure in wound cleansing

### Recommendations

These recommendations are based on the best available clinical evidence at the time of the conduct of this review. However, there is an urgent need to support these findings with rigorous research as some of the conclusions are based on single studies with a limited sample size.

### Solutions

Tap water should not be used if declared unsuitable (unsuitable for drinking). Tap water should be run for 15 seconds prior to use.

1. For adults with lacerations and postoperative wounds, potable tap water may be an effective cleansing solution. However, the choice of solution should reflect patient preference and a formal economic evaluation. (Grade B)
2. Chronic wounds in adults may be cleansed using potable tap water if normal saline is unavailable. (Grade B)
3. Potable tap water may be used for cleansing simple lacerations in children. (Grade A)
4. Boiled and cooled water is an effective wound cleansing solution in the absence of normal saline or potable tap water. (Grade C)
5. Irrigation with 1% povidone-iodine is effective in reducing the infection rate in contaminated wounds. (Grade B) However there is no evidence of the optimal time that Povidone Iodine should be left in place. (Grade E)

### Pressure

1. Pressures of 13 psi is effective in reducing infection and inflammation in both adults and children with lacerations and traumatic wounds. (Grade B)

### Techniques

1. Showering patients does not impact on infection and healing rates of postoperative wounds, and may benefit patients with a feeling of well-being and health associated with cleanliness. (Grade A)
2. Showering for cleaning ulcers and other chronic wounds should be undertaken with caution. (Grade C)
3. Whirlpool therapy may reduce pain and inflammation in surgical wounds and improve the healing rate in pressure ulcers. (Grade C)
4. There is no research to support or refute swabbing and scrubbing to cleanse wounds.
5. Sitz bath may be used for patients following episiotomy. (Grade B)
6. Soaking in 1% povidone-iodine is not effective in reducing bacterial count. (Grade B)

Due to a lack of research evidence, these recommendations should not be extrapolated to immuno-suppressed patients.

### Information Source

This Best Practice information sheet, which updates and supersedes the JBI information sheet of the same title published in 2003, has been derived from a systematic review conducted in 2004.<sup>1,2</sup> The primary references on which this information sheet is based are available in the systematic review report available from The Joanna Briggs Institute/ [www.joannabriggs.edu.au](http://www.joannabriggs.edu.au)

### Solutions

Fourteen RCTs were eligible for inclusion of which four trials involved patients with lacerations, one trial each involved patients with traumatic wounds, open fractures or ulcers, and seven studies involved patients in the postoperative period. The studies evaluated patients in hospital emergency departments, wards and community settings. No trials were identified that used EUSol, hydrogen peroxide or chlorhexidine solutions.

### Tap water vs No cleansing

**Infection (n=5 trials)**

Pooling the results of the five trials undertaken on postoperative patients showed no statistically significant difference in the infection rate between wounds that were cleansed with tap water compared with those not cleansed (OR 0.80; 95% CI 0.29-2.3).

### Grades of Recommendation

These Grades of Recommendation have been based upon the JBI developed Grades of Effectiveness<sup>3</sup>

**Grade A:** Effectiveness established to a degree that merits application

**Grade B:** Effectiveness established to a degree that suggests application

**Grade C:** Effectiveness established to a degree that warrants consideration of applying the findings

**Grade D:** Effectiveness established to a limited degree


**Grade E:** Effectiveness not established

JBI Solutions, techniques and pressure in wound cleansing Best Practice 10(2) 2006 | 1

# Evidence-Based Recommended Practices

## •描述臨床實務中最佳的治療或過程:

- 設備清單
- 實務建議
- 職業健康
- 安全措施
- 實證綜論



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### Burns Oedema: Acute Management

10/08/2009

Equipment

- Positioning devices – wedges, pillows, frames, slings
- Compression dressings – low stretch bandage, elasticized tape eg Elastocrepe, elastic wrap eg Coban, cloth elasticized bandage eg Acebandage
- Respiratory equipment – machine circuits, PEP/flutter/Bird/incentive spirometers/NIV machines
- May include splints – dynamic, static
- Intravenous equipment – infusion pumps, giving sets, etc.
- Non-invasive monitoring devices eg volumeter, measuring tape, pulse oximeter, bioimpedance analyser eg SFB7.


Recommended Practice

Assessment of burn location, severity and treatment. Note the following:


- Area of burn – < 20% TBSA, > 20% TBSA;
- Depth of burn – superficial, partial thickness, deep partial / full thickness;
- Confirmed presence / suspicion of inhalation injury – upper airway, lower airway, (head / neck only);
- Circumferential burn – limb (and digit), trunk, neck;
- Time since burn (hours);
- Fluid resuscitation regime – commenced (hours post-burn), delayed, crystalloid, colloid, maintenance fluid included;
- Acute invasive procedures – escharotomy (see JBI CB Escharotomy); and
- Transfer to definitive medical care – position in vehicle, time taken, delay, complications en route.

Assessment of acute burn oedema, at least once daily for the first 3 – 5 days:


- Location of swelling – relation to burn area, proximal, distal, non-burned areas;
- Amount of swelling – objective measurement of girth or limb volume or body weight; and
- Analysis of end organ or skin perfusion.




Patient Education



Wash Your Hands



Standard Precautions


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1 of 5



# Consumer Information Sheets

- 實證資訊
- 簡單、易讀
- 指導病人、家屬



**THE JOANNA BRIGGS INSTITUTE**

## Use of Restraint

08/04/2010

Author

Lea-Ellen Schneller B Pharm FACPP

Who is this for?

The purpose of this information is to summarise previous research and present the best available evidence on the use of restraint for people in acute and aged care. A restraint is any device that prevents a person from being able to move freely. Restraints can be physical or chemical using medication.

Physical restraints may involve the use of leather or cloth wrist and ankle restraints, full-sheet restraints, soft belts or vests, hand mitts, crotch/pelvis ties, suit/harnesses, wheelchair safety bars, gerichairs (special tilted chairs) or over-chair tables. Restraint remains a controversial topic. It should only be used to avoid or prevent harm or to enable medical treatment that could not be provided through other methods.

What We Know

The use of restraint is common in acute care and even more common in residential care. Physical restraint may be performed for a variety of reasons. Many people may therefore experience some form of physical restraint during their stay in hospital or residential care. People more likely to be restrained include the elderly being transferred from residential care, people with a psychiatric illness, people with mental difficulties or with disruptive behaviour, and people assessed as being at risk of falling. Chemical restraint may also be used and involves the use of calming medications. Indications for restraint vary, but include: the safety of the person restrained; to manage aggression and agitation; to control behaviour; due to lack of staff; to allow treatment; to prevent wandering.

# 登入 JBI 實證護理資料庫



醫療照護專業人士及機構殷切期盼根據最新實證研究結果、醫療照護專業及患者偏好，為患者提供最高品質的照護。

Joanna Briggs Institute (JBI) 是全球領先的實證式實務 (EBP) 機構之一，所提供的最新資源正能幫助他們達成上述目標，而現在透過 Ovid 上線了！

JBI 的實證基礎實務模式被醫療照護產業視為基準指標，鼓勵醫療照護專業人士採取有效的實證式實務方案，盡可能提供最高品質的患者照護。

## 實務所需資訊:

JBI 的內容資料庫涵蓋獨一無二的豐富資訊，可協助醫療照護專業人士的實證式實務工作。

- **實證摘錄** – 針對常見醫療照護干預和作業的現有國際文獻進行摘述的文獻評論
- **實證式建議實務** – 以豐富實證資訊為基礎的程序資料庫，針對各種臨床主題說明和/或建議實務

## 檢索 JBI EBP Database:



刊物種類:  
All

主題節點:  
All

## 專家檢索:

檢索這些題目請按此連結:

醫療錯誤 – 最佳處置資料單張

背痛復健 – 建議措施

團體治療 – 精神健康節點

# 登陸Ovid平臺，選擇JBI資料庫

Search Journals Books My Workspace External Links OvidMD EBP Tools

Select Resource(s) to search:

All Resources New Group Delete

- ☐ [Transplant Library](#) March 27, 2013
- ☒ [The Joanna Briggs Institute EBP Database](#) - Current to March 27, 2013
- ☐ [Joanna Briggs Institute EBP Database - Aged Care](#)
- ☐ [Joanna Briggs Institute EBP Database - Burns Care](#)
- ☐ [Joanna Briggs Institute EBP Database - Cancer Care](#)
- ☐ [Joanna Briggs Institute EBP Database - Chronic Disease](#)
- ☐ [Joanna Briggs Institute EBP Database - Diagnostic Imaging](#)
- ☐ [Joanna Briggs Institute EBP Database - Emergency & Trauma](#)
- ☐ [Joanna Briggs Institute EBP Database - General Medicine](#)
- ☐ [Joanna Briggs Institute EBP Database - Health Management & Assessment](#)
- ☐ [Joanna Briggs Institute EBP Database - Infection Control](#)
- ☐ [Joanna Briggs Institute EBP Database - Mental Health](#)
- ☐ [Joanna Briggs Institute EBP Database - Midwifery Care](#)
- ☐ [Joanna Briggs Institute EBP Database - Rehabilitation](#)
- ☐ [Joanna Briggs Institute EBP Database - Surgical Services](#)
- ☐ [Joanna Briggs Institute EBP Database - Wound Healing and Management](#)
- ☐ [EBM Reviews - ACP Journal Club](#) 1991 to March 2013
- ☐ [EBM Reviews - Cochrane Central Register of Controlled Trials](#) March 2013
- ☐ [EBM Reviews - Cochrane Database of Systematic Reviews](#) 2005 to February 2013
- ☐ [EBM Reviews - Cochrane Methodology Register](#) 3rd Quarter 2012

可同時點選一個或多個資料庫

Select Resource(s)

# Basic Search- 背傷復健的建議措施

**Basic Search** | Find Citation | Search Tools | Search Fields | Advanced Search | Multi-Field Search

1 Resource selected | [Hide](#) | [Change](#)

**The Joanna Briggs Institute EBP Database** - Current to March 27, 2013

**Limits** (Click to close) ☒ Include Related Terms

Publication Year

Publication Types

- Best Practice Information Sheets
- Consumer Information Sheets
- Evidence Summaries
- Recommended Practices

Subject Area Nodes

- Aged Care
- Burns Care
- Cancer Care
- Chronic Disease

### Include Related Terms

1. 同義之字/詞/片語
2. 單複數與詞性變化形
3. 英美語系之異體字
4. 專業縮寫/全寫
5. 可對應之標題詞

### Limits

1. 可直接設定限制查詢的選項
2. 可依需求展開或折疊

顯示文獻類型及主題分類

# Basic Search 檢索結果頁面:

The screenshot displays a search results interface with the following components:

- Results Tools:** Includes 'Options', 'Print', 'Email', 'Export', 'Add to My Projects', and 'Keep Selected'.
- Search Information:** Shows 'Clear Selected', 'View: Title', 'Citation', 'Abstract', '20 Per Page', and a 'GO' button.
- You searched:** A list of search terms including 'back pain', 'pains back', 'pain dorsal', etc.
- Search Returned:** Indicates '30 results'.
- Sort By:** A dropdown menu set to 'SCORE'.
- Relevance:** A red box highlights 'Relevance: ★★★★★' for the top result.
- Top Result:** 'Sterile water injections for back pain in labour.' by D Vujicic, JBI3656, 2010.
- Open Access Results:** A red box highlights a section titled 'HOW TO APPROACH THE PROBLEM OF LOW BACK PAIN' by Nasser, Munir J.

Three numbered callouts are present:

1. 檢索結果以關聯度排序 (Search results are sorted by relevance)
2. 顯示系統實際查詢使用之關鍵字 (Display the keywords actually used in the system query)
3. 更多公開取閱文獻可供參考 (More open access literature is available for reference)



# 背傷復健的建議措施: 以文獻類型做篩選

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## Chronic Low Back Pain: Exercise Therapy

27/11/2012

### Author

Dr Susan Slade, BScApp (Physio), Grad Dip Manip Ther, M Musc Ther, PhD

### Summary

### Question

How effective is exercise therapy for treatment of chronic low back pain?

### Clinical Bottom Line

Exercise therapy is the most widely used type of conservative treatment for low back pain. Systematic reviews have demonstrated that exercise therapy is effective in reducing pain and improving function in the treatment of non-specific chronic low back pain (NSCLBP). Exercise therapy might be provided as a single treatment or be part of a multimodal or multidisciplinary program and vary in type, intensity, frequency and duration.<sup>1</sup>

• A 2010 overview of Cochrane reviews of exercises for chronic low back pain was conducted to summarize their effectiveness. The authors reported that effects are small and

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Version: OvidSP\_UI03.08.01.105, SourceID 57688



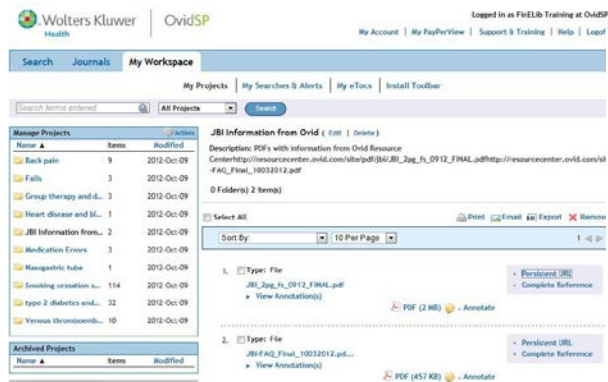
# 如需要更多詳細內容

## JBI on OvidSP Resource Center

<http://access.ovid.com/training/jbi>

## OvidSP Resource Center

[http://resourcecenter.ovid.com/site/resources/index\\_ovidsp.jsp](http://resourcecenter.ovid.com/site/resources/index_ovidsp.jsp)



Joanna Briggs Institute EBP Resources  
Frequently Asked Questions  
Updated: October 2012

### About the Joanna Briggs Institute (JBI)

**What is JBI?**  
The Joanna Briggs Institute (JBI), recognized as the global leader in evidence-based healthcare, was established in Adelaide, South Australia in 1998. JBI is an international non-profit research and development organization based within the Faculty of Health Sciences at the University of Adelaide, South Australia.

The Institute collaborates internationally with over 70 entities across the world. The Institute and its collaborating entities promote and support the synthesis, transfer and utilization of evidence through identifying feasible, appropriate, meaningful and effective healthcare practices to assist in the improvement of healthcare outcomes globally.

**What are the JBI Collaborating entities?**  
As the major international program of JBI, the Joanna Briggs Collaboration (JBC) contributes to improvements in the quality and outcomes of health care through promoting and supporting evidence based practice.

JBI collaborates internationally with entities (including centers and other groups) located across the world, including Australia, Belgium, Botswana, Brazil, Cameroon, Canada, China, Denmark, Ethiopia, England, Finland, Ghana, Hong Kong, Italy, Japan, Kenya, Korea, Malawi, Myanmar, New Zealand, Nigeria, Philippines, Portugal, Qatar, Romania, Rwanda, Saudi Arabia, Scotland, Singapore, South Africa, Spain, Switzerland, Taiwan, Tanzania, Thailand, Uganda, USA and Wales.

These groups and centers include:

- Collaborating and Affiliate Centers
- The Evidence Synthesis Network
- The Evidence Appraisal Network
- The Evidence Utilization Network

**What is the nature of the Wolters Kluwer Health – JBI relationship?**  
Wolters Kluwer Health, a leading provider of information and business intelligence for students, professionals and institutions in medicine, nursing, allied health and pharmacy, has an exclusive partnership with the Joanna Briggs Institute (JBI), a recognized global leader in evidence-based healthcare resources based at the University of Adelaide, Australia, as part of an expansion of the nursing, allied health, and medical content delivered to customers of products in the Lippincott Williams & Wilkins (LWW) journals and Ovid brands.



- Content and tools that will help your institution implement evidence-based practice
- Systematic reviews, recommended practices, evidence summaries, and more
- Evidence to inform clinical practice—sourced from JBI's Global Collaborating Centers
- Summarized research in a format that is easy to locate, understand and distribute
- Tools designed to help EBP policy and practice manual development based on the best available evidence
- Resources designed to help assess the quality of research

Healthcare professionals need to their professional skills. Help them achieve this with JBI—one of the most on Ovid.

JBI's evidence-based healthcare is an effective in patient care.

**Why JBI?**

- Evidence-based
- Access under
- High-quality
- Proven the best
- Diverse through
- Impact practice

content • tools • services



**Implementing Evidence-Based Practice with Tools You Can Use!**

Wolters Kluwer | Ovid Health

**Research**

- **JBI-EP**: An online tool designed to assist researchers in developing and updating their evidence-based practice.
- **JBI-CAN-IMPLEMENT**: A practical guide to assist individuals and groups engaged in developing evidence-based practice for local use.

**Appraisal & Implementation**

- **JBI-JOURNAL CLUB**: Create your own journal club and keep up to date with the latest research in a social and relaxed environment.
- **JBI-FAITH**: Learn how to critically appraise evidence-based research using a standardized checklist.
- **JBI-TRANSPIRE**: Develop, conduct and report on systematic reviews of health research topics.

**Point of Care**

- **JBI-MANUAL BUILDER**: Build an evidence-based clinical manual tailored to the clinical needs of your organization.
- **JBI-PHARMACY BUILDER**: Build evidence-based information resources for your patients, one through of health topics.

**Quality Improvement**

- **JBI-PIRCES**: Take the time to find out what it's like to be a health professional to research, efficient, time saving, evidence-based clinical quality improvement.
- **JBI-POOL**: Easy to use tool for the collection and storage of patient related prevention data.
- **JBI-COOL**: Easy to use tool for the collection and storage of short clinical practice data.

**To get started using these JBI EBP Tools, contact your institution's librarian.**

**Build an evidence-based manual for your organization**

**Easily conduct efficient, time saving, evidence-based clinical audits and change practice**

**Create your own journal club**

**Provide evidence-based journal club resources**

[www.ovid.com/jbi](http://www.ovid.com/jbi)

The Joanna Briggs Institute

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