



JBI Overview® Database/Tools

Kathi Grainger
Manager-Customer Success Training

Adam Doyle
Regional Sales Manager

Shelley Singh
Regional Sales Manager

11/2021



Wolters Kluwer

Agenda

1. Who is JBI?

2. JBI EBP Database

- The Joanna Briggs Institute
- EBP Process
- Full Text Publications
- Subject Area Nodes

3. JBI EBP Database on Ovid®

4. JBI SUMRI/Paces

5. Resources and Links

The screenshot displays the Ovid interface for the JBI EBP Database. At the top, the header reads "Advance Healthcare Delivery with Evidence-Based Practice Resources!". Below this, a section titled "Content and Tools from the Joanna Briggs Institute—only on Ovid." highlights the database's offerings. A sidebar on the left lists various search methods: "Select your JBI EBP database.", "Full Text Publications", "Subject Area Nodes", and "EBP Tools". The main content area shows a list of search results, including "Evidence Summaries", "Evidence-Based Recommended Practices", "Best Practice Information Sheets", "Systematic Reviews", and "Systematic Review Protocols". A red box on the right states "Choose from various search methods to begin your evidence-based information search." Below this, a section titled "View your relevant results and get easy-access to JBI EBP tools from the main tool bar or left navigation." points to the "JBI EBP Tools" link in the sidebar. At the bottom, two boxes promote "JBI PACES" (Quality Improvement) and "JBI SUMARI" (Appraisal & Implementation). The footer includes the Joanna Briggs Institute logo and the website address "www.ovid.com/jbi".

Wolters Kluwer | Ovid Health

Advance Healthcare Delivery with Evidence-Based Practice Resources!

Content and Tools from the Joanna Briggs Institute—only on Ovid.

To begin your search, select your JBI EBP database.

Content set includes:

- Evidence Summaries
- Evidence-Based Recommended Practices
- Best Practice Information Sheets
- Systematic Reviews
- Systematic Review Protocols

Choose from various search methods to begin your evidence-based information search.

View your relevant results and get easy-access to JBI EBP tools from the main tool bar or left navigation.

Access easy-to-use JBI EBP tools directly in Ovid

Quality Improvement
JBI PACES
Use-friendly tool that makes it easy for health professionals to conduct efficient, time saving, evidence based critical audits and change practice.
Learn More Bookmark Tool

Appraisal & Implementation
JBI SUMARI
Develop, conduct and report on systematic reviews of multiple research papers.
Learn More Bookmark Tool

THE JOANNA BRIGGS INSTITUTE
Wolters Kluwer Health is proud to be in partnership with the Joanna Briggs Institute.
JBI is an independent, international, non-for-profit, scientific organization.


www.ovid.com/jbi

[Click on the image to open](http://www.ovid.com/jbi)

Joanna Briggs Institute

- 
- Evidence Based Practice
 - Research Institute since 1996
 - Royal Adelaide Hospital and the University of Adelaide
 - Not-for-profit
 - 70+ Centres and Groups, >7000 members in over 47 countries
 - International collaboration of health scientists, health professionals and health researchers
 - To improve global health through providing point-of-care access to:
 - Evidence databases
 - Decision support systems
 - Implementation, evaluation and continuous improvement tools

JBI Nodes (Groups)

1. Aged Care* 
 2. Burns Care
 3. Cancer Care
 4. Chronic Disease
 5. Diagnostic Imaging
 6. Emergency and Trauma
 7. General Medicine
 8. Health Services Management (Policies)
 9. Infection Control
 10. Mental Health
 11. Midwifery Care
 12. Pediatrics
 13. Rehabilitation
 14. Surgical Services (peri-operative)
 15. Tropical & Infectious Diseases
 16. Wound Healing & Management
 17. Renal
- ❖ More nodes on the way!!

** Click in the Aged Care mode to see the experts that have been assigned to manage its content.*

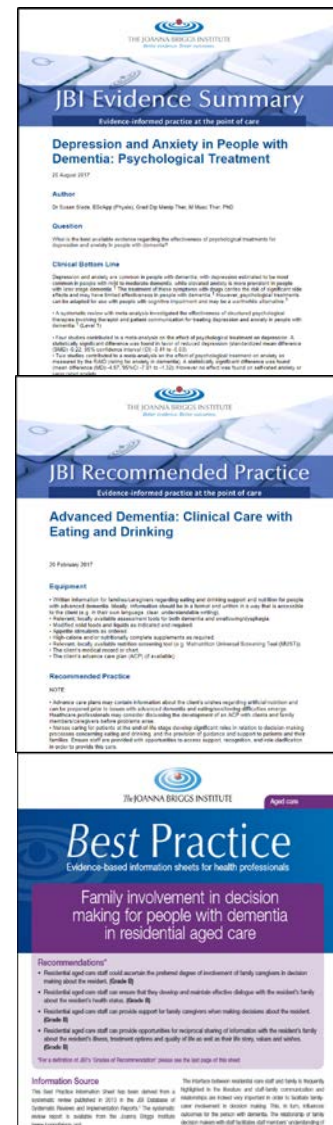
5 full text publications

■ Guidelines to implement in clinical practice

- Evidence Summaries
- Evidence Based Recommended Practice
- Best Practice Information Sheets

Detailed documents for further investigation

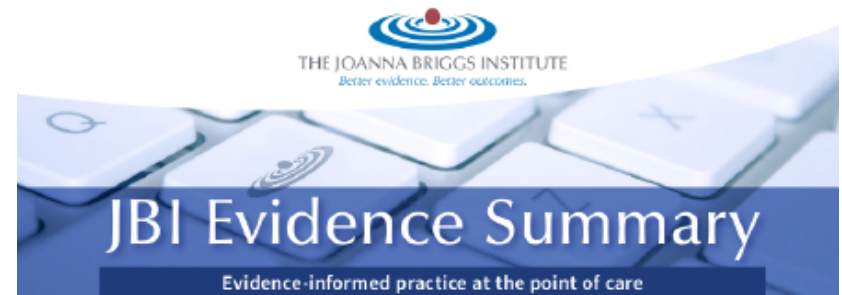
- JBI Systematic Reviews-Journal Linking
- JBI Systematic Review Protocols



Evidence Summaries

Evidence Summaries

- A summary of the best existing international evidence among the most common diseases and conditions.
- The summary always starts with a clinical question and the clinical bottom line “summary of the condition/disease/treatment”.
- Evidence is graded to indicate its importance, with complete references at the end showing the sources used.



Stroke: Fall Prevention

23 January 2017

Author

Yimel Li

Question

What is the best available evidence on effective interventions to prevent falls after stroke?

Clinical Bottom Line

Stroke is the most common disabling neurological condition in adults. Falls are a common complication and occur frequently in the inpatient rehabilitation setting as well as home and community setting. With respect to inpatient falls, a recent estimate in America is an incidence of range from 20% to 48%.¹ Approximately one third of those who experience post stroke falls in the inpatient setting suffer injuries such as fractures and hematomas.¹ Other deleterious consequences of falls for those who experience them are decreased physical activity related to fear of further falls, decreased falls self-efficacy (the belief that one can independently ambulate without falling), and a diminished sense of dignity.¹ Stroke related falls also exert a substantial burden on public health service delivery and budgets.¹ The development of effective strategy to prevent falls after stroke is therefore a high priority. Whilst there is a large literature on the effectiveness of interventions for fall prevention among the elderly, there is a dearth of high quality studies on effective interventions for fall prevention in individuals with stroke.²

- A systematic review evaluating risk factors for falls among patients in stroke rehabilitation found balance, visuospatial hemineglect, and impaired performance of activities of daily living (ADLs) as risk factors.¹ (Level 1)
- Associations between falls and cognitive function, incontinence, visual field deficits and stroke type were unclear.¹ (Level 1)
- Associations between falls and age, gender stroke location, impaired hearing, and impaired vision were not supported.¹ (Level 1)
- Deficits affecting balance, perception and self-care significantly increase the likelihood of falls.¹ (Level 1)
- A conceptual model is required to guide scientific inquiry and clinical practice in this area.¹ (Level 1)

Evidence Based Recommended Practice

Evidence Based Recommended Practice Sheets

- Document detailing evidence based steps or procedures to take when treating a variety of diseases or conditions.
- Offers a list of tools at the beginning which inform what you will need use to undertake the procedure correctly.
- The practice sheets are always accompanied with an evidence summary making this a very complete document.



Fall Prevention (Older Person): Interventions

11 January 2016

Equipment

- Medical records

Recommended Practice

PROCEDURE:

- All older people with recurrent falls or assessed as being at increased risk of falling should have an individualized multi-factorial intervention management plan developed. This should be based on the results of a comprehensive falls evaluation that includes a falls-risk assessment.
- Please refer to Recommended Practice: JBI13866 Falls (Older Person): Risk Assessment

- Interventions for each older person will vary depending on their abilities and preferences, and health considerations. Further assistance may be required for older people with cognitive impairment.
- Interventions that may be used to reduce the risk of falls include:
 - Identifying balance, mobility and strength problems and tailoring an individual program to address difficulties. This may be done through exercise, progressive resistance training, and/or strength and balance programs. Consultation with a physiotherapist may be required.
 - Encouraging participation in functional activities and provide advice on the correct use of assistive devices. Assistance from an occupational therapist/physiotherapist may be required.
 - Conducting regular medication reviews, (particularly those on psychotropic, antihypertensive and/or psychotropic medication) and cease if possible.
 - Developing a management plan for the older person with incontinence.
 - Minimizing the use of physical restraint.

- Environmental assessment and modification:
 - Review of the physical room layout (minimizing obstacles and clutter, floor clean and dry and non glare, ensuring furniture and fittings are stable, grab bars available, bed at correct height with brakes on).
 - Ensuring easy access to equipment and assistive devices
 - Ensuring adequate room lighting
 - Ensuring appropriate footwear (i.e. non-slip)
 - Toilet light on at night if not disturbing the older person or others.
 - Loose throw rugs, frayed carpets, cords/wires

Best Practice Information Sheets

- Based on the results and recommendations of many systematic reviews

- Provides access to key issues

& recommendations that have

been collected from a large amount of material

Best Practice

Evidence-based information sheets for health professionals

Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout

Recommendations*

- Individual-focused interventions including educational interventions and mindfulness-based interventions should be considered as a strategy for reducing occupational stress among emergency department staff. (Grade A)
- Organization-directed interventions such as implementing changes that propagate staff safety and wellness to alleviate emergency department staff stress could be considered if the organization has adequate resources and relevant stakeholder support. (Grade B)

*For a definition of JBI's 'Grades of Recommendation' please see the last page of this sheet

Information source

This Best Practice Information Sheet is a summary of evidence derived in 2020 in JBI Evidence Synthesis

Objectives

The purpose of this Best Practice Information Sheet is to present the best available evidence on effective interventions for improving ED workers' occupational stress and/or burnout.

Types of intervention

The review considered studies evaluating the effectiveness of

The new JBI Levels of Evidence and Grades of Recommendation are now being used for all JBI documents as of the 1st of March 2014.

	Levels of Evidence - Effectiveness
	Level 1.a - Systematic review of Randomized Controlled Trials (RCTs)
	Level 1.b - Systematic review of RCTs and other study designs
Level 1 - Experimental Designs	Level 1.c - RCT
	Level 1.d - Pseudo-RCTs
	Level 2.a - Systematic review of quasi-experimental studies
Level 2 - Quasi-experimental Designs	Level 2.b - Systematic review of quasi-experimental and other lower study designs
	Level 2.c - Quasi-experimental prospectively controlled study
	Level 2.d - Pre-test - post-test or historic/retrospective control group study
	Level 3.a - Systematic review of comparable cohort studies
Level 3 - Observational - Analytic Designs	Level 3.b - Systematic review of comparable cohort and other lower study designs
	Level 3.c - Cohort study with control group
	Level 3.d - Case - controlled study
	Level 3.e - Observational study without a control group
Level 4 - Observational - Descriptive Studies	Level 4.a - Systematic review of descriptive studies
	Level 4.b - Cross-sectional study
	Level 4.c - Case series
	Level 4.d - Case study
Level 5 - Expert Opinion and Bench Research	Level 5.a - Systematic review of expert opinion
	Level 5.b - Expert consensus
	Level 5.c - Bench research/ single expert opinion

JBI Grades of Recommendation*

Grade A	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
Grade B	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

The background of the slide features a photograph of healthcare professionals in a clinical setting. In the foreground, a man on the left and a woman on the right are both looking down, focused on their work. They are wearing white lab coats over blue scrubs. In the blurred background, another person in blue scrubs is visible, suggesting a busy medical environment.

JB I Tools: (SUMARI)



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JBI on Ovid®: JBI EBP Tools



JBI SUMARI

Develop, conduct and report on systematic reviews of multiple research papers.

[Learn More](#)

[Bookmark Tool](#)



JBI PACES

User-friendly tool that makes it easy for health professionals to conduct efficient, time saving, evidence based clinical audits and change practice.

[Learn More](#)

[Bookmark Tool](#)

New & Improved: JBI SUMARI

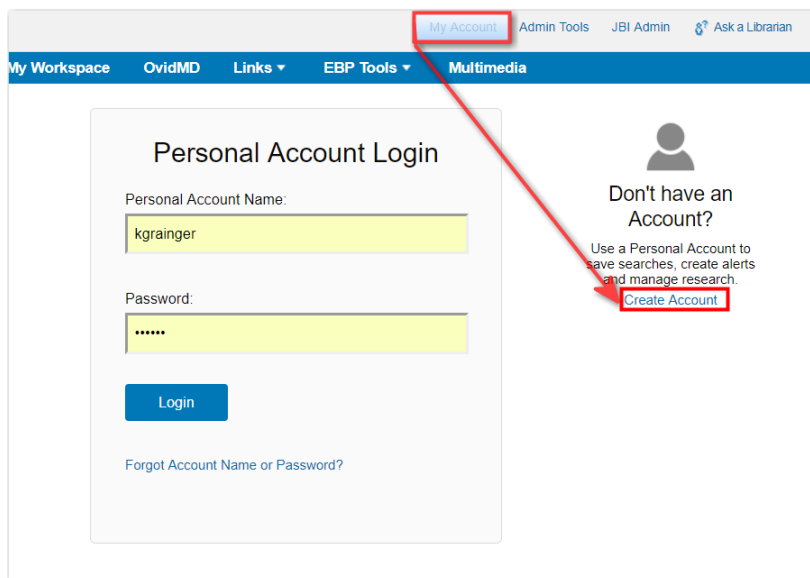
A new JBI SUMARI website was launched earlier this year with major updates occurring. New features include:

- the ability to screen both title and abstract from imported studies, in addition to screening at the full text level
- the ability to screen studies within multiple study screeners, including logic to resolve conflicts
- the automatic generation of PRISMA 2020 flow diagrams to document the whole process

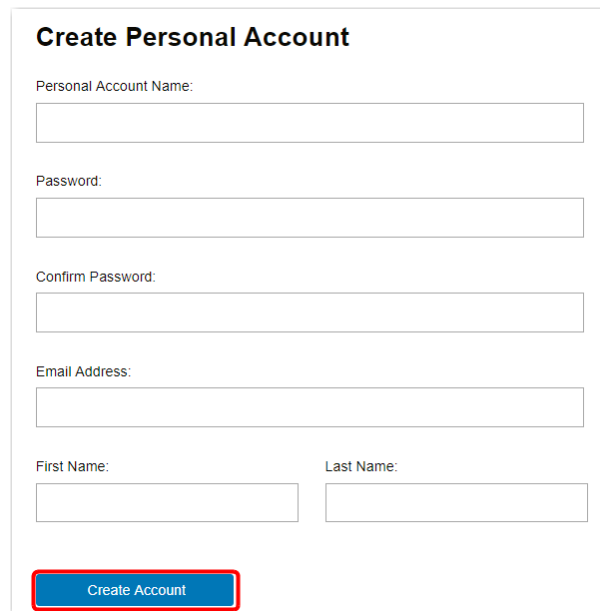


Steps in Creating a Personal Account

- Step 1: click “My Account” from the top of the screen (Must have a personal account to access Tools.)
- Step 2: Create Account-Personal Account Name/ Password should be 6 characters long. (no spaces or special characters needed)



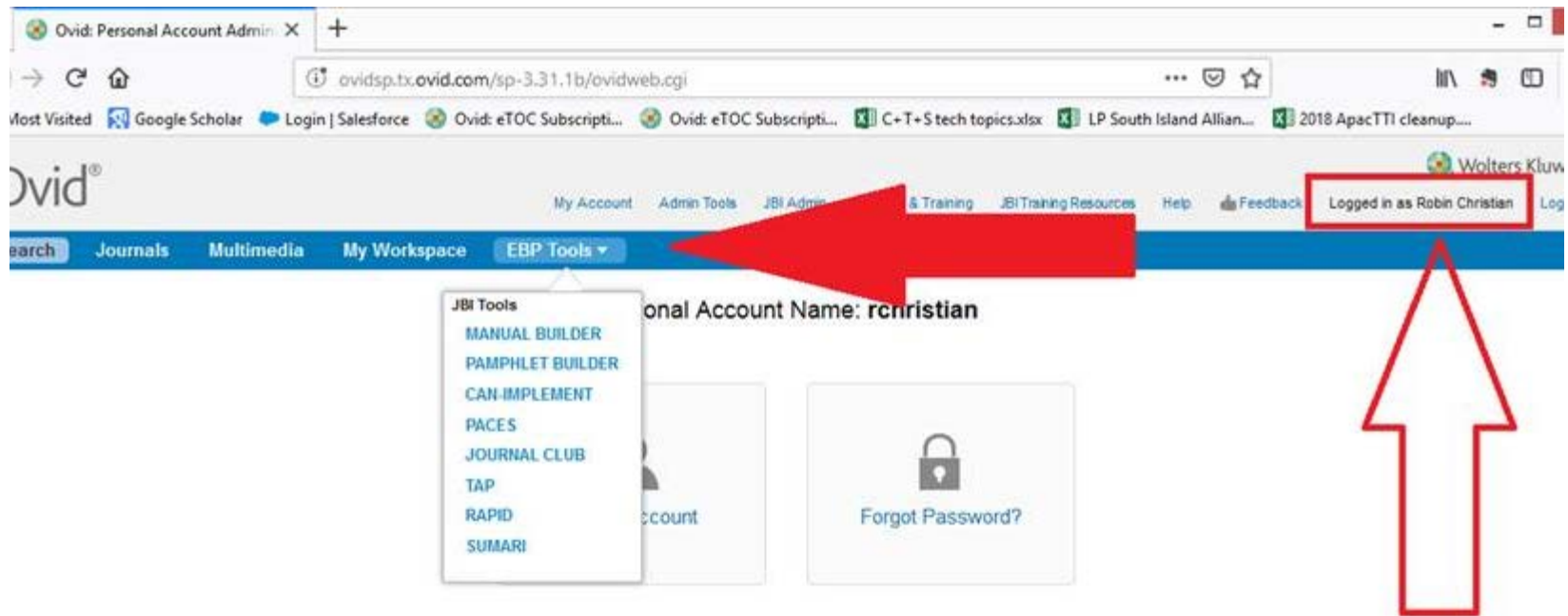
The screenshot shows the 'Personal Account Login' page. The top navigation bar includes 'My Account' (highlighted with a red box), 'Admin Tools', 'JBI Admin', and 'Ask a Librarian'. The main content area has a 'Personal Account Login' section with input fields for 'Personal Account Name' (containing 'kgirainger') and 'Password' (containing six dots). A blue 'Login' button is below these fields. A link 'Forgot Account Name or Password?' is at the bottom. To the right, a section titled 'Don't have an Account?' includes the text 'Use a Personal Account to save searches, create alerts and manage research.' and a 'Create Account' link (highlighted with a red box). A red arrow points from the 'My Account' link in the top bar to the 'Create Account' link.



The screenshot shows the 'Create Personal Account' page. It features several input fields: 'Personal Account Name', 'Password', 'Confirm Password', 'Email Address', 'First Name', and 'Last Name'. At the bottom, there is a blue 'Create Account' button (highlighted with a red box).

Steps in Accessing Tools on Ovid

- Step 1: check that you see “Logged in as your name” in the top right hand side of your Ovid window.
- Step 2: select the JBI tool you would like to use from the EBP Tools menu



The JBI Systematic Review Suite

Appraise
the
evidence



A tool that permits researchers to undertake in-depth quality systematic reviews of the literature for a particular topic.

[Click for additional information](#)

What is SUMARI ?

- What is SUMARI?

The System for the Unified Management, Assessment and Review of Information

- The JBI SUMARI is designed to facilitate the entire review process, from protocol development, team management, study selection, critical appraisal, data extraction, data synthesis and writing a systematic review report

JBI SUMARI

Overview

Protocol

Studies

Appraisal

Extraction

Synthesis ▼

Review



The process of creating a systematic review involves the phases listed across the top of the screen

- JBI SUMARI supports the entire review process, including allowing you to manage review teams and contributors to your review. It's now an online web-based application so there's no need to download and install any software. The new SUMARI supports more review types

What is SUMARI ?

- The SUMARI supports more review types. What are the review types?

- Effectiveness Review
- Qualitative Review
- Cost/Economic Review
- Prevalence/incidence Review
- Diagnostic test accuracy
- Etiology/risk Review
- Text/opinion Review
- Mixed methods *
- Umbrella/overviews
- Scoping reviews
- Custom Review *




The Review Frameworks may be qualitative or quantitative, the steps that we see later, and the types of analysis and results are selected during the review


* you can choose to include multiple approaches within the one review.

Access

JBI SUMARI

Log In





Log In

Forgot your password?

or log in via

Wolters Kluwer



Ovid Account

Joanna Briggs Institute
www.joannabriggs.org
www.jbisumari.org

<http://app.jbisumari.org>

Project - Process of Creating a Review

JB I SUMARI

Overview

Protocol

Studies

Appraisal

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Synthesis ▾

Review

The process of creating a systematic review involves the phases listed across the top of the screen, it would involve the project owner/author and at least one other reviewer. The project owner first creates the Project and invites one or more participants

JB I SUMARI

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Review

Summary

Participants

Using Hypnosis for Smoking Cessation

Export...

Delete

Studies

0/0

Appraisal

0/0

Extraction

0/0

Allan Finn ▾

Edit Profile

Change Password

Help/FAQs

Tutorials

Logout

Project - Participants

JB1 SUMARI

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Review

Summary

Participants

Participants

Project Owner

James Taylor

james.taylor@wolterskluwer.com

✕ Change

Pending ²

Allan Finn

Allan.Finn@wolterskluwer.com

Select role...

✉ Resend

✕ Remove

Laura Jennings

laura.jennings@wolterskluwer.com

Privileged Author

Author

Reviewer

✉ Resend

✕ Remove

Name

Email address

Send Invite

Project – Review Frameworks

JBISUMARI

Projects

Filter projects...

[+ Create Project](#)

Create Project

Using Hypnosis for Smoking Cessation

- ☒ Effectiveness Review
- ☐ Qualitative Review
- ☐ Costs/Economic Review
- ☐ Prevalence or Incidence Review
- ☐ Diagnostic Test Accuracy Review
- ☐ Etiology or Risk Review
- ☐ Text and Opinion Review
- ☐ Mixed Methods Review
- ☐ Umbrella Review
- ☐ Scoping Review
- ☐ Custom Review

[Cancel](#) [+ Create](#)

Create Project

Using Hypnosis for Smoking Cessation

- ☒ Effectiveness Review
- ☐ Qualitative Review
- ☐ Costs/Economic Review
- ☐ Prevalence or Incidence Review
- ☐ Diagnostic Test Accuracy Review
- ☐ Etiology or Risk Review
- ☐ Text and Opinion Review
- ☐ Mixed Methods Review
- ☐ Umbrella Review
- ☐ Scoping Review
- ☐ Custom Review

[Cancel](#) [+ Create](#)

Project – Creating a Protocol

JBIR SUMARI

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Review



Export RTF



Contents

+ Add Section

Title

Authors

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Comparator(s)

Outcomes

Study Types

Search Strategy

Study Selection

Methodological Quality

Data Extraction

Data Synthesis

Assessing Confidence

Conflicts of Interest

Acknowledgements

References

Using Hypnosis for Smoking Cessation

Authors

Allan Finn ¹ James Taylor ² Laura Jennings ³ Fourth author name⁴

1. Wolters Kluwer Health - Health Learning Research and Practice
2. Wolters Kluwer Health - Health Learning Research and Practice
3. Wolters Kluwer Health - Health Learning Research and Practice

Background

Hypnotherapy is widely promoted as a method for aiding smoking cessation. It is proposed to act on underlying impulses to weaken the desire to smoke or strengthen the will to stop. The objective of the review is to evaluate the efficacy of hypnotherapy for smoking cessation

Review Question

The question/s of this review is/what is the effectiveness of hypnosis on smoking cessation in state population ?

Add questions as required

Methods

Inclusion Criteria

Citations

Filter citations...



No citations. Press 'Import' to import citations.

Title

Authors

Background

Review Question

Methods

Inclusion Criteria

Participants

Intervention(s)

Comparator(s)

Outcomes

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Project – Creating a Protocol

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Export RTF

>

Contents

+ Add Section

Title

Authors

Background

Review Question

Methods

Inclusion Criteria

Participants

Intervention(s)

Comparator(s)

Outcomes

Study Types

PRISMA Flowchart of Search Process

Search Strategy

Study Selection

Assessment of Methodological Quality

Data Extraction

Data Synthesis

Assessing Confidence

Conflicts of Interest

Acknowledgements

References

Search Strategy

We identified all reports which might describe randomized controlled trials (RCTs) of hypnotherapy for smoking cessation from the [Cochrane Tobacco Addiction Group Specialized Register](#) (most recent search July 2010). Additional search strategies used to identify studies included: searches of MEDLINE (1966-2010 June week 5), [EMBASE](#) (1980-2010 week 26), [AMED](#) (Allied and Alternative Medicine database) (1985-July 2010) and the [ISI Science Citation and Social Science Citation Indexes](#) (BIDS 1981-2005, Web of Science 2005-July 2010) using the terms 'hypnotherapy' and 'smoking cessation', and cross-referencing the bibliographies of identified trials and reviews. The [CISCOM](#) database was no longer available for the 2010 update. There were no language or publication date restrictions in the search.

Information Sources:

The databases to be searched include:

MEDLINE

[EMBASE](#)

[AMED](#)

[ISI Science Citation Index](#)

The trial registers to be searched include:

[Insert registers](#)

The search for unpublished studies will include:

[Insert sources](#)

Search Strategy

Study Selection

Following the search, all identified citations will be collated and uploaded into [bibliographic software or citation management system](#) and duplicates removed. Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Studies that may meet the inclusion criteria will be retrieved in full and their details imported into SUMARI. The full text of selected studies will be retrieved and assessed in detail against the inclusion criteria. Full text studies that do not meet the inclusion criteria will be excluded and reasons for exclusion will be provided in an appendix in the final systematic review report. Included studies will undergo a process of critical appraisal. The results of the search will be reported in full in the final

Study Selection

Citations

Filter citations...

+ -

No citations. Press 'Import' to import citations.

Add Citations – Import or Manual Entry

The image displays a software interface for adding citations. It features three main components: a file explorer window, a 'New Citation' form, and a 'Citations' list.

File Explorer (Export file names): Shows the 'Desktop' location with files like 'systematic.xml' (XML File, 98.1 KB) and 'My Documents' (Shortcut, 1.70 KB). The 'File name' is 'systematic.xml', 'Save as type' is 'XML (*.xml)', and 'Output style' is 'Annotated'.

File Explorer (Open): Shows the 'Desktop' location with files like 'Nursing at the star.docx' (Microsoft Word Document, 11.4 KB) and 'systematic.xml' (XML File, 7.64 KB). The 'File name' is 'systematic.xml'.

New Citation Form: A form for adding a new citation. It includes fields for 'Citation Type' (Journal Article), 'Author' (Cross-Topic Learning for Work Prioritization in Systematic Review Creation and Update), 'Title' (Cohen A.M., Ambert K., McDonagh M.), 'Journal' (Journal of the American Medical Informatics Association), and 'Year' (2009). There are also 'Cancel' and 'Save' buttons.

Citations List: A list of citations with a search bar and filters. The list contains three entries:

Citation	Year	Actions
Cross-Topic Learning for Work Prioritization in Systematic Review Creation and Update Cohen A.M., Ambert K., McDonagh M.	2009	
Ng, K. H.; Peh, W. C. G. Writing a systematic review	2010	
Silva, A. A.; Martins-Reis, V. O. The influence of morphological awareness on reading and writing: a systematic review	2017	

Studies

JB1 SUMARI

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Review

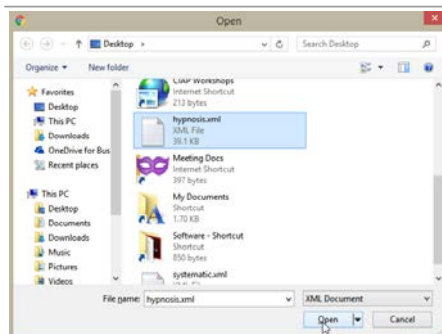
Studies

+ Enter Study

Import XML

Export DOCX

Filter studies...



New Citation

Williams JB, Hall DW. Use of single session hypnosis for smoking cessation. Addictive Behaviors. 1989.

Citation Type: Journal Article

Author: Williams JB, Hall DW

Title: Use of single session hypnosis for smoking cessation

Journal: Addictive Behaviors

Year: 1989

Volume:

Issue:

Pages:

Cancel Save

Studies

+ Enter Study

Import XML

Export DOCX

Filter studies...

Decision pending 3

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Edit	+ Include	- Exclude	Delete
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. hypnosis for smoking cessation: A randomized trial	2008	Edit	+ Include	- Exclude	Delete
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Edit	+ Include	- Exclude	Delete
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	Edit	+ Include	- Exclude	Delete
Kaufert, J. M.; Rabkin, S. W.; Syrotulik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Edit	+ Include	- Exclude	Delete
Neufeld, V.; Lynn, S. J. A single-session group self-hypnosis smoking cessation treatment: a brief communication	1988	Edit	+ Include	- Exclude	Delete
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Comparison of hypnosis plus counseling, counseling alone, and hypnosis alone in a community service smoking withdrawal program	1975	Edit	+ Include	- Exclude	Delete
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Variables of hypnosis which are related to success in a smoking withdrawal program	1979	Edit	+ Include	- Exclude	Delete
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Incorporation of rapid smoking in a community service smoking withdrawal program	1980	Edit	+ Include	- Exclude	Delete

Study Selection and Appraisal

Studies

[+ Enter Study](#)[Import XML](#)[Export DOCX](#)

Decision pending 2

Neufeld, V.; Lynn, S. J. A single-session group self-hypnosis smoking cessation treatment: a brief communication	1988	Edit	+ Include	- Exclude	Delete
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Comparison of hypnosis plus counseling, counseling alone, and hypnosis alone in a community service smoking withdrawal program	1975	Edit	+ Include	- Exclude	Delete

Included 6

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Edit	Revert	Delete
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	Edit	Revert	Delete
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Edit	Revert	Delete
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	Edit	Revert	Delete
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Edit	Revert	Delete
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Variables of hypnosis which are related to success in a smoking withdrawal program	1979	Edit	Revert	Delete

Excluded 1

Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Incorporation of rapid smoking in a community service smoking withdrawal program <i>Reason excluded: non random</i>	1980	Edit	Revert	Delete
--	------	----------------------	------------------------	------------------------

Decision pending 1

Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M.
Incorporation of rapid smoking in a community service smoking withdrawal program

1980

[Edit](#)[Delete](#)[Cancel](#)[- Exclude](#)

Critical Appraisal

Appraisal

[Export RTF](#)

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Randomized Controlled Trial	Completed	Start	Start
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Randomized Controlled Trial	Completed	Start	Start
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Cohort Study	Completed	Start	Start
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	Randomized Controlled Trial	Completed	Start	Start
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	Randomized Controlled Trial	Completed	Start	Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Variables of hypnosis which are related to success in a smoking withdrawal program	1979	Prevalence Study	Completed	Start	Start
Neufeld, V.; Lynn, S. J. A single-session group self-hypnosis smoking cessation treatment: a brief communication	1988	Randomized Controlled Trial	Completed	Start	Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Comparison of hypnosis plus counseling, counseling alone, and hypnosis alone in a community service smoking withdrawal program	1975	Text and Opinion Study	In Progress	Start	Start

Study Selection and Appraisal

Appraisal

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Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	<div>Randomized Controlled Trial</div> <div>Select appraisal form</div> <div>Randomized Controlled Trial</div> <div>Quasi-Experimental Study</div> <div>Cohort Study</div> <div>Case Control Study</div> <div>Analytical Cross-Sectional Study</div> <div>Case Series</div> <div>Case Reports</div> <div>Prevalence Study</div> <div>Text and Opinion Study</div>
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	<div>Randomized Controlled Trial</div> <div>Select appraisal form</div> <div>Randomized Controlled Trial</div> <div>Quasi-Experimental Study</div> <div>Cohort Study</div> <div>Case Control Study</div> <div>Analytical Cross-Sectional Study</div> <div>Case Series</div> <div>Case Reports</div> <div>Prevalence Study</div> <div>Text and Opinion Study</div> <div>Diagnostic Test Accuracy</div> <div>Systematic Review and Research Syntheses</div> <div>Economic Evaluation</div> <div>Interpretive and Critical Research</div> <div>Cochrane Risk of Bias</div>

Appraisal

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Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L.

The effects of rapid smoking and hypnosis in the treatment of smoking behavior

1977

← Back

Save

Question	Yes	No	Unclear	N/A
1. Was true randomization used for assignment of participants to treatment groups?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				
2. Was allocation to treatment groups concealed?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				
3. Were treatment groups similar at the baseline?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				
4. Were participants blind to treatment assignment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				
5. Were those delivering treatment blind to treatment assignment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				
6. Were outcomes assessors blind to treatment assignment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div>Comment</div>				

Question

1. Was true randomization used for assignment of participants to treatment groups?

Enter your comment...

Cancel

Reviewer Appraisal

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Filter appraisals...

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Randomized Controlled Trial	Completed	Start	Start
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Randomized Controlled Trial

Completed

Completed

Start

Randomized Controlled Trial

Completed

Completed

Start

Cohort Study

Completed

Completed

Start

Randomized Controlled Trial

Completed

Completed

Start

Randomized Controlled Trial

Completed

Completed

Start

Prevalence Study

Completed

Completed

Start

Randomized Controlled Trial

Completed

Completed

Start

Prevalence Study

Completed

Completed

Start

Randomized Controlled Trial

Completed

Completed

Start

Text and Opinion Study

Completed

Completed

Start

Study Appraisal

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L.

1977

The effects of rapid smoking and hypnosis in the treatment of smoking behavior

← Back

Save

Question	Yes	No	Unclear	N/A
1. Was true randomization used for assignment of participants to treatment groups?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div><div>Comment</div><div>James Taylor Allan Finn</div><div>Enter your comment...</div></div>				
2. Was allocation to treatment groups concealed?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div><div>Comment</div><div>James Taylor Allan Finn</div><div>Enter your comment...</div></div>				
3. Were treatment groups similar at the baseline?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div><div>Comment</div><div>James Taylor Allan Finn</div><div>Enter your comment...</div></div>				
4. Were participants blind to treatment assignment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div><div>Comment</div><div>James Taylor Allan Finn</div><div>Enter your comment...</div></div>				

Data Extraction

Extraction

[Export RTF](#)

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Start
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Start
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Start
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	Start
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Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	In Progress

Data Extraction

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Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L.

1977

The effects of rapid smoking and hypnosis in the treatment of smoking behavior

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Save

Country

England

Setting/context

Community

Participant characteristics

29 participants were assigned to one of 3 treatment conditions and treated for their cigarette smoking over a 2-week period. These conditions were: group rapid smoking, group hypnosis, and an attention-placebo control group

Groups

Group description and sample

×

+ Add group

Outcomes measured

Description of main results

Synthesis – Meta-Analysis

JB I SUMARI

Overview Protocol Studies Appraisal Extraction

Smoking Cessation

Rapid Smoking and Hypnosis are Effective

Synthesis ▼
Qualitative
Meta-Analysis

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Parameters [^ Close](#)

Statistical Method Model Effect Measure Confidence Interval

Plot Labels [^ Close](#)

Line of No Effect Labels Experimental Label Control Label

Data [^ Close](#)

Study	Experimental Group	Total Sample Experimental Group	Control Group Events	Total Sample Control Group
<input type="text" value="Select or type citation..."/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

[+ Add](#)

Plot [Generate](#) [Export...](#)

Synthesis – Qualitative

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Categories

Synthesized Findings

Meta-Aggregative Flowchart

Studies

+ Create Study

Export DOCX

Filter studies...

Barkley 1977

Close

Delete

Findings

+ Create Finding

Hypnosis not as effective as rapid smoking

e rapid smoking and hypnosis groups did not differ from the control group in smoking rates at treatment termination or at the 6-week follow-up. They also did not differ from the control group in the number of Ss abstaining from smoking by treatment termination but did differ at follow-up. Eventually, at the 9-month follow-up, only Ss from the group rapid smoking condition had significantly more abstainers than the control group. The results suggested that rapid smoking can work as effectively in group procedures as previous individualized approaches had demonstrated. Group hypnosis, while less effective than some previous individualized approaches had indicated, was nevertheless only marginally less effective than the group rapid smoking procedure

Credible

Credible

Not Supported

Unequivocal

Delete

Review

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Review

Review

To access systematic review templates to assist you in writing your report, visit: <http://edmgr.ovid.com/jbisrir/accounts/ifaauth.htm>

Sorry, the Review feature is not yet available, but will be coming soon to JBIR SUMARI in a future update.

Review

Restart Review

Export

Contents

+ Add Section

Title

Authors

Background

Review Question

Using Hypnosis for Smoking Cessation

Authors

Allan Finn¹ James Taylor² Laura Jennings³ Fourth author name⁴ 1. Wolters Kluwer Health - Health Learning Research and Practice

JBI Database of Systematic Reviews and Implementation Reports

Using Hypnosis for Smoking Cessation

Authors

Allan Finn¹ James Taylor² Laura Jennings³ Fourth author name⁴

1. Wolters Kluwer Health - Health Learning Research and Practice
2. Wolters Kluwer Health - Health Learning Research and Practice
3. Wolters Kluwer Health - Health Learning Research and Practice

Background

Hypnotherapy is widely promoted as a method for aiding smoking cessation. It is proposed to act on underlying impulses to weaken the desire to smoke or strengthen the will to stop. The objective of the review is to evaluate the efficacy of hypnotherapy for smoking cessation¹

Review Question

The question/s of this review is/what is the effectiveness of hypnosis on smoking cessation in adults who smoke?

Citations

Filter citations...

The JBI Database of Systematic Reviews and Implementation Reports

Author Resources

Instructions for Authors (this page)

[Manuscript Style and Preparation Guidelines](#)

[JBISIRIR reporting guide for protocols](#)

[JBISIRIR reporting guide for systematic reviews](#)

[Pre-submission checklist for protocols](#)

[Pre-submission checklist for systematic reviews](#)

[Reprints](#)

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- [Pre-submission checklist for protocols](#)
- [Pre-submission checklist for systematic reviews](#)

INFORMATION FOR AUTHORS

About the Journal

The JBI Database of Systematic Reviews and Implementation Reports is a refereed online Journal that publishes systematic review protocols and systematic reviews of healthcare research conducted by the Joanna Briggs Institute (JBI) and its international Collaborating Centers and Groups using JBI methodologies. The JBI Database of Systematic Reviews and Implementation Reports also publishes the Institute's implementation reports that present the findings of clinical projects that seek to implement the best available evidence into practice.



JBIPACES

Pactical Application of Clinical Evidence System

JBIPACES

Simple to use software to support:

- Evidence-based practice
- Quality improvement projects
- Different types of research projects
- Audit and feedback cycles
- Evidence implementation
- Collection of outcome data

The screenshot shows the 'Create Project' interface of the JBIPACES software. At the top, there is a navigation bar with the JBIPACES logo, a 'DASHBOARD' link, a 'PROJECTS' link (which is highlighted), and a 'SITES' link. A user profile icon with the letter 'Z' is in the top right corner. Below the navigation bar, the title 'Create Project' is displayed. A progress indicator shows four steps: 1. Criteria (active), 2. Sites, 3. Participants, and 4. Data Collection Period. The 'Project Title' field contains the text 'Implementing best practice for managing falls'. Below this, the 'Data Collection Period Criteria' section has a '+ Add Criteria' button. At the bottom right, there are two buttons: 'Save as draft' and 'Next'.

What has changed?

MODERN

- Complete rebuild with new, modern interface tech

INTUITIVE

- Simpler interface, less 'clunky'

FLEXIBLE AND CUSTOMISABLE

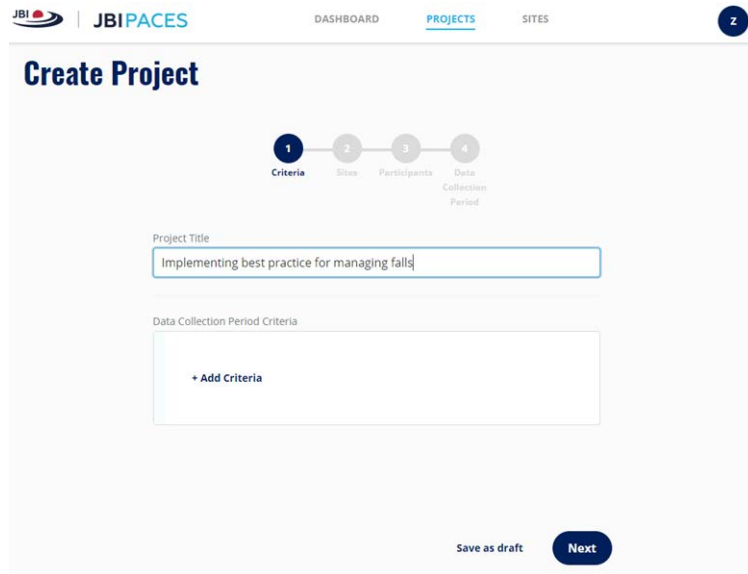
- Can modify or create your own outcome measurements, quality indicators, performance measures or audit criteria
- Can be used for a broad range of projects
- Can export data into various formats
- Customise presentation of reports and run multiple analyses

LATEST EVIDENCE AND APPROACHES

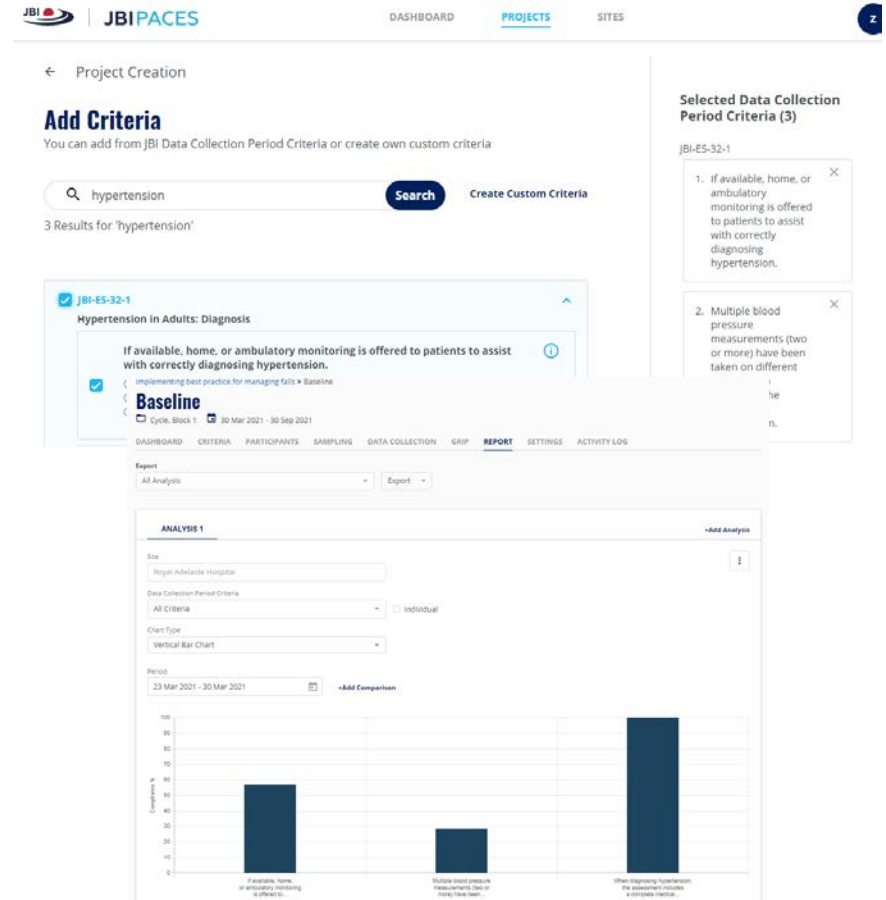
- Fully integrated with JBI EBP Database
- Facilitates the implementation of evidence into practice

What's new?

.....Everything!



The image shows the 'Create Project' form in the JBIPACES application. At the top, there is a navigation bar with the JBIPACES logo and tabs for DASHBOARD, PROJECTS, and SITES. The PROJECTS tab is active. Below the navigation bar, the 'Create Project' title is displayed. A progress indicator shows four steps: 1. Criteria (active), 2. Sites, 3. Participants, and 4. Data Collection Period. The form contains a 'Project Title' field with the text 'Implementing best practice for managing falls'. Below this is a 'Data Collection Period Criteria' section with an '+ Add Criteria' button. At the bottom right, there are 'Save as draft' and 'Next' buttons.



Searching, selecting and creating criteria

← Project Creation

Add Criteria

You can add from JBI Data Collection Period Criteria or create own custom criteria

hypertension

Search

Create Custom Criteria

3 Results for 'hypertension'

☒ JBI-ES-32-1

Hypertension in Adults: Diagnosis

If available, home, or ambulatory monitoring is offered to patients to assist with correctly diagnosing hypertension.

☒ ☐ Yes ☐ No ☐ N/A

Selected Data Collection Period Criteria (3)

JBIPACES

1. If available, ambulatory monitoring to patients with correct diagnosing hypertension

2. Multiple blood pressure measurements (two or more) have been taken on different occasions to determine the presence of hypertension

JBIPACES

DASHBOARD PROJECTS SITES

hypertension

3 Results for 'hypertension'

☒ JBI-ES-32-1

Hypertension in Adults: Diagnosis

If available, home, or ambulatory monitoring is offered to patients to assist with correctly diagnosing hypertension.

☒ ☐ Yes ☐ No ☐ N/A

When diagnosing hypertension, the assessment includes a complete medical and physical history including family history, blood pressure measurements, an assessment of risk factors and overall cardiovascular disease (CVD) risk.

☒ ☐ Yes ☐ No ☐ N/A

Create Custom Criteria

Type of Answer

Boolean

Boolean (yes/no)

Range (1-10)

Checkboxes (Multiple Selection)

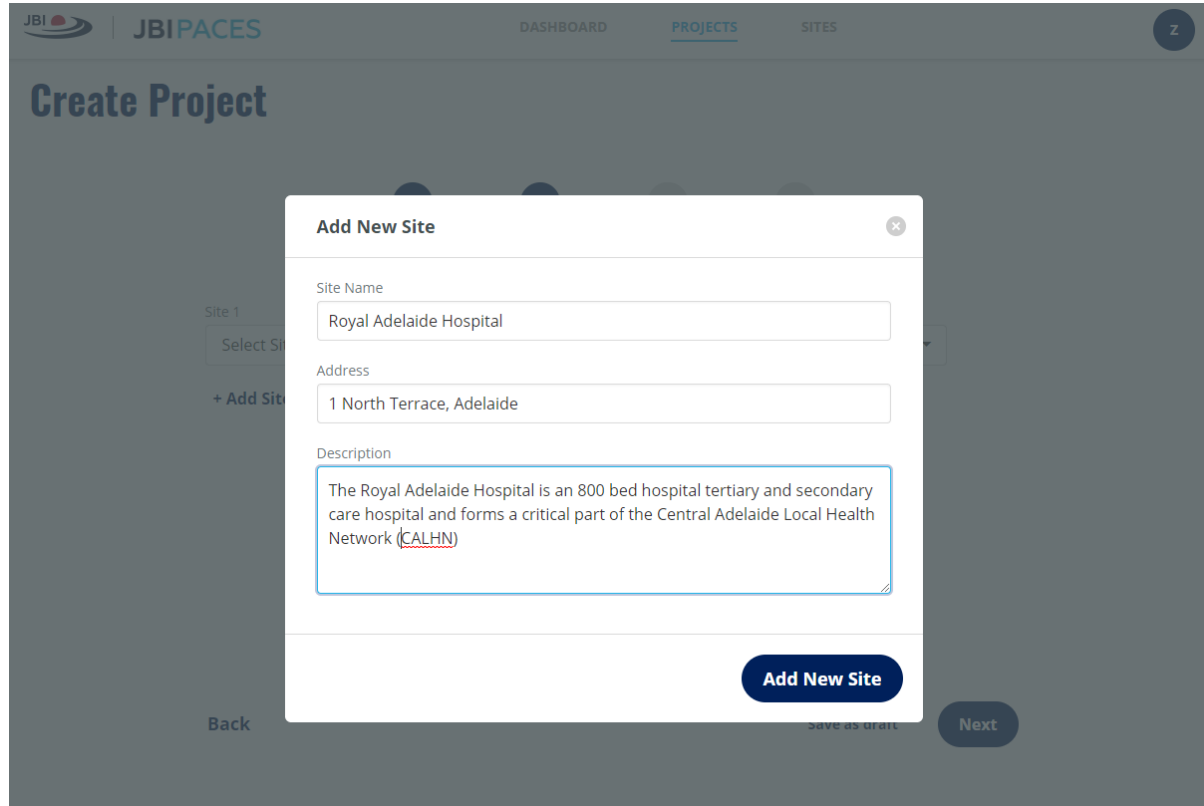
☒ Yes ☐ No ☐ N/A

Source Link

Create Custom Criteria

Continue

Adding sites



The screenshot displays the JBI PACES web application interface. At the top, there is a navigation bar with the JBI PACES logo, and tabs for DASHBOARD, PROJECTS (which is active), and SITES. A user profile icon with the letter 'Z' is in the top right corner. The main heading is 'Create Project'. A modal window titled 'Add New Site' is open in the center. The modal contains three input fields: 'Site Name' with the text 'Royal Adelaide Hospital', 'Address' with the text '1 North Terrace, Adelaide', and a 'Description' text area containing the text 'The Royal Adelaide Hospital is an 800 bed hospital tertiary and secondary care hospital and forms a critical part of the Central Adelaide Local Health Network (CALHN)'. The 'Description' field has a red squiggly underline under 'CALHN'. At the bottom right of the modal is a dark blue button labeled 'Add New Site'. In the background, partially obscured by the modal, are buttons for 'Back', 'Save as draft', and 'Next'.

Add New Site


Site Name
Royal Adelaide Hospital

Address
1 North Terrace, Adelaide

Description
The Royal Adelaide Hospital is an 800 bed hospital tertiary and secondary care hospital and forms a critical part of the Central Adelaide Local Health Network (CALHN)

Add New Site

Different projects for different needs



DASHBOARD

PROJECTS

SITES

Create Project

1 Criteria

2 Sites

3 Participants

Data Collection Period Type

One-off
Create a one off project for a specified data collection period.
(You can add subsequent data collection periods at a later date if required)


Ongoing
Create an ongoing project where data collection happens continuously over weeks, months or years.

Start Date (Optional)
30 Mar 2021

Sampling Type
Target Sample Size

☐ Enable GRIP in Data Collection Period

Back



DASHBOARD

PROJECTS

SITES

Create Project

1 Criteria

2 Sites

3 Participants

4 Data Collection Period

Data Collection Period Type

One-off
Create a one off project for a specified data collection period.
(You can add subsequent data collection periods at a later date if required)

Ongoing
Create an ongoing project where data collection happens continuously over weeks, months or years.

Cycle
Create multiple data collection periods for comparison such as for a pre-test post-test study, as part of an audit and feedback (and audit) project, or quality improvement cycles.

Start Date
30 Mar 2021

Sampling Type
Target Sample Size

Every
6
Month

Produce a total of
2
Data Collection Period(s)

☒ Enable GRIP in Data Collection Period

Built in statistics (with more to come)

The screenshot shows the JBI PACES web application interface. A modal window titled "Sample Size Calculator" is open, overlaying the main content. The background interface includes a header with the JBI PACES logo and navigation tabs for "DASHBOARD", "PROJECTS", and "SITES". Below the header, there's a breadcrumb "Implementing best practice for managing falls > Baseline" and a section titled "Baseline" with a sub-section "Cycle, Block 1". The left sidebar contains a "DASHBOARD" tab and a "Criteria Based Sampling" section with a list of criteria: "1. If available, ...", "2. Multiple blood pressure measurements", and "3. When diagnosed with hypertension". The "Sample Size Calculator" modal has a close button (X) in the top right corner. It contains four input fields with labels: "What confidence level do you need?" (set to 95 %), "What power do you need?" (set to 80 %), "What do you believe the likely sample proportion in group 1 to be?" (set to 60 %), and "What do you believe the likely sample proportion in group 2 to be?" (set to 40 %). Below these fields, it displays "Target Sample Size" with the text "Recommended target sample size is 95". At the bottom right of the modal is an "Apply" button. In the background, on the right side, there is a "Sample Size" section with a "Save" button.

Sample Size Calculator

What confidence level do you need? 95 %

What power do you need? 80 %

What do you believe the likely sample proportion in group 1 to be? 60 %

What do you believe the likely sample proportion in group 2 to be? 40 %

Target Sample Size
Recommended target sample size is 95

Apply

Implement changes with GRIP

Implementing best practice for managing falls > Baseline

Baseline

 Cycle, Block 1  30 Mar 2021 - 30 Sep 2021

DASHBOARD CRITERIA PARTICIPANTS SAMPLING DATA COLLECTION **GRIP** REPORT

GRIP Report

[View GRIP Summary](#)

GRIP PROJECT TEAM

Project Lead: CEO

Stakeholder:

Date to Implement Action: 30 Mar 2021


BARRIER(S)



1. Lack of education

Type: Educational

Description: Need further information regarding best practice

[+ Add Barrier](#)

 | JBI PACES DASHBOARD CRITERIA PARTICIPANTS SAMPLING DATA COLLECTION **GRIP** REPORT

 Cycle, Block 1  30 Mar 2021 - 30 Sep 2021

DASHBOARD CRITERIA PARTICIPANTS SAMPLING DATA COLLECTION **GRIP** REPORT


GRIP Report


GRIP PROJECT TEAM

Project Lead: CEO

Stakeholder:

Date to Implement Action: 30 Mar 2021

BARRIER(S) 

ENABLER(S) 

Add Barrier

Name

Type

Educational

Description

Need further information regarding best practice


Data Collection Period Criteria

All Criteria

Link(s)

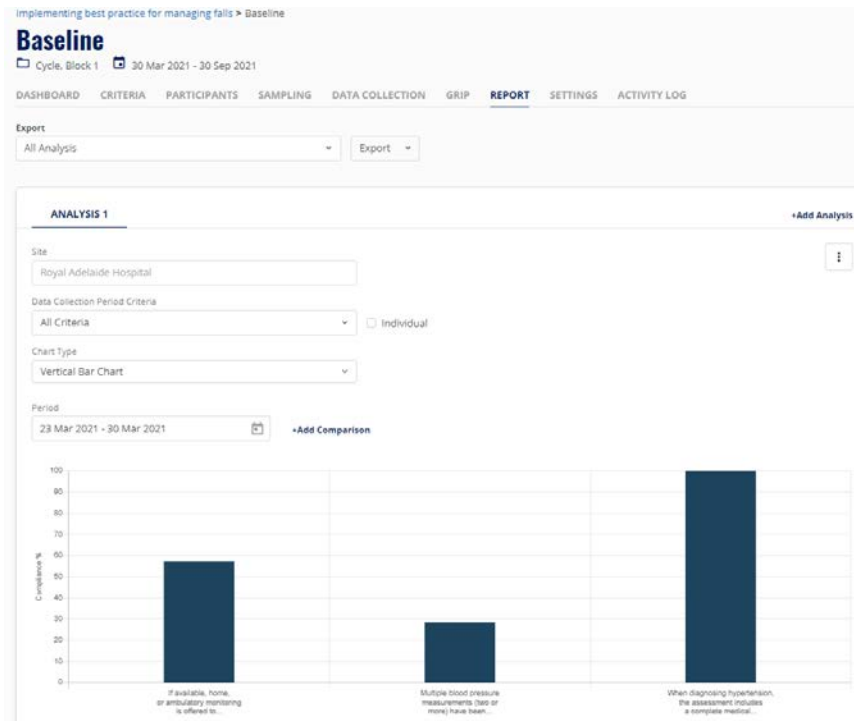
[+ Add Link](#)

Attachment(s)



[Add Barrier](#)

Customisable reports



Where to find out more...

<http://joannabriggs.org/sumari.html>

<https://www.jbisumari.org/> and

<https://www.jbisumari.org/#tutorials>

The screenshot shows the JBI SUMARI website. At the top, there is a navigation bar with links: Intro, Features, Mailing List, About, Tutorials, and FAQ. A 'Login' button is in the top right corner. The main content area has a heading 'The System for the Unified Management, Assessment and Review of Information (SUMARI) is the Joanna Briggs Institute's premier software for the systematic review of literature.' Below this, a paragraph describes the system's purpose and supported review types. To the right, there is a small inset image showing a screenshot of the SUMARI software interface. Below the main text, there are three columns of information: 'From Protocol To Report', 'Scientific Credibility', and 'Multiple Review Types'. At the bottom, there is a 'Mailing List' section with a form to subscribe, including fields for 'First name...', 'Last name...', and 'Email address...', and a 'Subscribe' button.

JBI SUMARI

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The System for the Unified Management, Assessment and Review of Information (SUMARI) is the Joanna Briggs Institute's premier software for the systematic review of literature.

It is designed to assist researchers and practitioners in fields such as health, social sciences and humanities to conduct systematic reviews. SUMARI supports 10 review types, including reviews of effectiveness, qualitative research, economic evaluations, prevalence/incidence, aetiology/risk, mixed methods, umbrella/overviews, text/opinion, diagnostic test accuracy and scoping reviews. It facilitates the entire review process, from protocol development, team management, study selection, critical appraisal, data extraction, data synthesis and writing your systematic review report. Essentially, it is a word processor, reference management program, statistical and qualitative data analysis program all in one easy to use web application.

From Protocol To Report

JBI SUMARI supports the entire review process, from drafting your protocol, study selection, critical appraisal, data extraction and synthesis. It also allows you to manage review teams and contributors to your review.

Scientific Credibility

JBI SUMARI is designed based upon the guidance of the Joanna Briggs Institute, and as such all methods are supported and approved by the international scientific committee. SUMARI users can conduct reviews and know that they are following a sound and rigorous methodology.

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