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## Translating knowledge: Joanna Briggs Institute's expertise

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Evidence-based practice (EBP) or evidence-based healthcare (EBHC) is a recurring discourse in academia, among health professionals, and at national and international events. However, there is still a lot of misunderstanding of the concepts involved leading to many practical questions. What does 'evidence' mean in health care and, in particular, in nursing practice? What is knowledge translation and how is it relevant to EBP? How do we identify and access the best evidence in health? Why is implementing evidence for the nursing profession slow and difficult? These are questions that may leave the reader curious, if not yet familiar with these terms, or because they want to know how to implement the best available evidence in practice. Our purpose here is to awaken the reader about the concepts involved in the EBP and the Joanna Briggs Institute (JBI) Model of Evidence-based healthcare.

EBHC is defined as "clinical decision-making that considers the feasibility, appropriateness, meaningfulness and effectiveness of healthcare practices...informed by the best available evidence, the context in which the care is delivered, the individual patient, and the professional judgment and expertise of the health professional"<sup>(1)</sup>. This concept is at the center of Joanna Briggs Institute's Model of EBHC. By evidence, we of course mean knowledge created through good quality research in any discipline or specialty, but we also mean 'knowledge' (sometimes referred to as 'expert opinion') that expert nurses gain through the accumulation of education and experience<sup>(2)</sup>. The terms EBP, EBHC and knowledge translation are embodied in the JBI model<sup>(1)</sup>.

While evidence is generated by primary research this evidence is hard to find, may be even harder to understand, and the volume of papers being published make it difficult for health professionals to keep up to date. Evidence synthesis brings the evidence on important topics or questions together, increasing the accessibility of high quality research findings from many otherwise individual pieces of research through systematic reviews, summaries of evidence and guidelines<sup>(1)</sup>. Publishing synthesized evidence is not enough to inform practice change, therefore we also aim to transfer findings from synthesis through education, active dissemination and integration of evidence into information systems such as electronic medical records. Evidence transfer is only a part of the Knowledge Translation cycle and is defined as "a process that helps communicate or convey the results of research or evidence, or brings evidence to the forefront. It is focused on ensuring people are aware of, have access to and understand evidence"<sup>(3)</sup>.

Synthesis and Transfer are methods of increasing accessibility and awareness of evidence and nurses ability to use it, but practice change also requires implementation<sup>(4)</sup>. Effective implementation is based upon an analysis of the local context, promotes facilitation of change (facilitation may be by academics, clinicians or researchers training in EBHC and clinical leadership) and includes evaluation of the process and outcomes in order to objectively measure the benefits to nursing practice and patient outcomes<sup>(5)</sup>.



### Overarching principles

Culture - Capacity - Communication - Collaboration

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**Figure 1** - The Joanna Briggs Institute Model for EBHC<sup>(1)</sup>

JBI has expertise in developing theoretical frameworks, methodologies and tools capable of putting its model into action to train professionals and researchers (transfer), to carry out systematic reviews (synthesis of evidence) and to implement evidence using tools (PACES- Practical Application of Clinical Evidence System and GRiP – Getting Research into Practice), audit criteria, clinical leadership, and educational theories to address barriers, change behaviors, and engage staff to implement EBP.

The Brazilian Centre for Evidence-informed Healthcare: A Joanna Briggs Institute Centre of Excellence (JBI Brazil), established in 2009 and unique in Latin America, has been offering courses in systematic reviews (Comprehensive Systematic Reviews Training Program-CSRT), since 2010, and has formed the first Clinical Fellowship in 2017, through the Evidence-based Clinical Fellowship Program (EBCFP).

Training health professionals and researchers for the development of systematic reviews (CSRT) in the rigorous JBI methodology has given them a solid basis for consumption, critical analysis of scientific production and synthesis of the best available evidence, and grades of recommendation for practice. The course is composed of three modules and offered intensively in one week, encompassing quantitative and qualitative reviews of the literature.

The EBCFP is offered in three stages. The first and third stages take place in a face-to-face intensive week. In the first stage, the participants develop the evidence implementation project. In the second one (residence), in six months the Project is implemented into practice. The last stage ends with the presentation of the results of the best practice implementation project. The methodology of evidence implementation has made possible knowledge translation into practice and the Fellows, trained for clinical leadership, have changed health realities in health services in which they are inserted.

Returning to the questions presented at the beginning of this essay, we are aware that practice is not evidence-based because nurses do not work in systems and organisations that are enabled for EBHC. Nurses are well education in EBHC theory, but until now, Latin America lacked ‘hands on’ courses that give high quality, practical guidance in EBHC, practice change and clinical leadership, and without these courses, the health system continues to support traditional practices rather than enable nursing leadership from an evidence-based perspective. Therefore, we still reiterate practices based on routines and without any evidence.

Until managers, decision-makers, health professionals and teachers of health-courses are involved in developing EBP, including supporting clinical nurses educational needs for EBHC there will continue to be a large gap between the best available evidence and contemporary clinical practice<sup>(6)</sup>. Not putting the knowledge produced into practice it contributes to knowledge being restricted to pages of scientific journals that serve “only” to attribute status to whom produces it.

In response to these needs for EBHC, JBI and the Brazilian Centre for Evidence-informed Healthcare have been contributing to KT through synthesis, transfer and implementation, to see a “world in which the best available evidence is used to inform policy and practice to improve health in communities globally”.

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