

# LEGEND: EVIDENCE APPRAISAL OF A SINGLE STUDY

## – MEANING/KAB: META-SYNTHESIS –

KNOWLEDGE, ATTITUDES, BELIEFS

PROJECT / TOPIC OF YOUR CLINICAL QUESTION: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Today's Date (mm/dd/yy): \_\_\_\_\_ Final Evidence Level: \_\_\_\_\_

Article Title: \_\_\_\_\_

Year: \_\_\_\_\_ First Author: \_\_\_\_\_ Journal: \_\_\_\_\_

Do the study purpose/objectives and inclusion/exclusion criteria assist in answering your clinical question?

Yes  No  Unknown

• Study Purpose/Objective: \_\_\_\_\_

• Inclusion Criteria: \_\_\_\_\_

• Exclusion Criteria: \_\_\_\_\_

When reading the bolded questions, consider the bulleted questions to help answer the main question.

If you are uncertain of your skills in evidence evaluation, please consult a local evidence expert for assistance:

CCHMC Evidence Experts: <http://groups/ce/NewEBC/EBDMHelp.htm>

Unfamiliar terms can be found in the LEGEND Glossary: <http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf>

## GENERAL QUESTIONS

1. Were qualitative designs identified?

Yes  No  Unknown

• What were the qualitative designs? (Check all that apply.)

Ethnography

Focus Group

Grounded Theory

Narrative

Phenomenology

Other\*:

\* Case studies and descriptive studies with open ended questions provide qualitative information, but are not qualitative studies. Terms defined in EBP Glossary.

Comments:

2. Is the area of study (domain of inquiry) clearly stated in one sentence?

Yes  No  Unknown

Comments:

3. Were the designs appropriate to explore the domain of inquiry being studied?

Yes  No  Unknown

Comments:

4. Was a theoretical framework identified?

Yes  No  Unknown

Comments:

5. Was the theoretical framework appropriate for the domain being studied?

Yes  No  Unknown

Comments:

6. Were participants selected in accordance with the needs of the study (i.e., purposeful sampling)?

Yes  No  Unknown

Comments:

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7. Were the settings clearly identified for the domain of inquiry being studied?  Yes  No  Unknown

- Were the settings appropriate for the domain of inquiry being studied?

Comments:

8. Were the contexts of the participants analyzed using the words of the participants in all included studies?  Yes  No  Unknown

Comments:

## EVALUATION CRITERIA FOR QUALITATIVE STUDIES

### CREDIBILITY: ARE THE FINDINGS CREDIBLE?

9. Was the credibility of included studies reported?  Yes  No  Unknown

Comments:

### CONFIRMABILITY: ARE THE FINDINGS VERIFIED WITHIN THE CONTEXT?

10. Did the researchers report how findings (themes) were confirmed?  Yes  No  Unknown

- How were findings confirmed? (Check all that apply.)

- Key Participants
- General Participants
- Reflections with Participants throughout Study
- Use of Field Notes

Comments:

### MEANING IN CONTEXT: ARE THE FINDINGS REPORTED WITHIN THE CONTEXT OF THE AREA OF STUDY?

11. Do the researchers discuss the essence (meaning) of the findings (themes) within the socio-cultural context?  Yes  No  Unknown

- Were the findings reported in terms of the context:

- of the participants
- of the culture / subculture
- of the environment

Comments:

### SATURATION: WAS THE DATA COLLECTED UNTIL THERE WAS NO NEW INFORMATION COMING FORTH?

12. Was saturation discussed and reached in the included studies?  Yes  No  Unknown

Comments:

### RECURRENT PATTERNING: IS THERE CONSISTENCY IN REPEATED PATTERNS, THEMES, & ACTS OVER TIME?

13. Were the data analysis methods identified in the included studies?  Yes  No  Unknown

Comments:

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14. Were the themes reported in terms of the theoretical framework?  Yes  No  Unknown

- Were the themes supported by raw data?
- Did the raw data fall into patterns?
- Were patterns reported as themes?

Comments:

### TRANSFERABILITY: ARE THE FINDINGS TRANSFERABLE?

15. Is this information gained from the study applicable to my patient population?  Yes  No  Unknown

Comments:

ADDITIONAL COMMENTS OR CONCLUSIONS (“TAKE-HOME POINTS”): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### QUALITY LEVEL / EVIDENCE LEVEL

- Consider each “No” answer and the degree to which this limitation is a threat to the rigor of the results, then check the appropriate box to assign the level of quality for this study/article.
- Consider an “Unknown” answer to one or more questions as a similar limitation to answering “No,” if the information is not available in the article.

THE EVIDENCE LEVEL IS:  Good Quality Meta–Synthesis (1a)  
 Lesser Quality Meta–Synthesis (1b)  
 Not Applicable or Credible

TABLE OF EVIDENCE LEVELS					
DOMAIN OF CLINICAL QUESTION	TYPE OF STUDY / STUDY DESIGN				
	Meta–Synthesis	Qualitative Study	Cohort – Prospective	Cross – Sectional	Expert Opinion Case Reports
Meaning / KAB <sup>+</sup>	1a 1b	2a 2b	3a 3b	4a 4b	5

<sup>+</sup> KAB = Knowledge, Attitudes, and Beliefs

Development for these appraisal forms are based on:

1. Guyatt, G.; Rennie, D.; Evidence-Based Medicine Working Group.; and American Medical Association.: Users' guides to the medical literature : a manual for evidence-based clinical practice. *Users' guides to the medical literature : a manual for evidence-based clinical practice*: "JAMA & archives journals." Chicago, IL, 2002
2. Denzen, N. & Lincoln. Y. (2005). *The Sage Handbook of Qualitative Research*, Sage Publications: Thousand Oaks, California.
3. Freshwater, D. (2004). *Deconstructing Evidence Based Practice*, Routledge: New York: New York.
4. Guba, Y. & Lincoln, E. (1989). *Fourth Generation Evaluation*, Sage Publications: Newbury Park, California.
5. Leininger, M (1991). *Culture care diversity and universality: A theory of Nursing*, National League for Nursing Press: New York
6. Leininger, M. & McFarland, M. (2006). 2<sup>nd</sup> Ed. *Culture care diversity and universality: A worldwide nursing theory*. Jones & Bartlett Publishers: Sudbury, Mass.
7. Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*, Sage Publications: Newbury Park, California.
8. Morse, J., Swanson, J., & Kuzal, A. (2001). *The Nature of Qualitative Evidence*, Sage Publications: Thousand Oaks, California.
9. Phillips, et al: Oxford Centre for Evidence-based Medicine Levels of Evidence, 2001. Last accessed Nov 14, 2007 from <http://www.cebm.net/index.aspx?o=1025>.
10. Fineout-Overholt and Johnston: Teaching EBP: asking searchable, answerable clinical questions. *Worldviews Evid Based Nurs*, 2(3): 157-60, 2005.