The Joanna Briggs Institute Scientific Writer Handbook
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of this guide</td>
<td>3</td>
</tr>
<tr>
<td>An introduction to the Joanna Briggs Institute</td>
<td>3</td>
</tr>
<tr>
<td>JBI Evidence Summaries</td>
<td>4</td>
</tr>
<tr>
<td>JBI Scientific Writers</td>
<td>4</td>
</tr>
<tr>
<td>Application to become a JBI Scientific Writer</td>
<td>5</td>
</tr>
<tr>
<td>Requirements of writers</td>
<td>5</td>
</tr>
<tr>
<td>Roles and Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Updacing Evidence Summaries</td>
<td>6</td>
</tr>
<tr>
<td>The update process</td>
<td>7</td>
</tr>
<tr>
<td>Step 1: Searching</td>
<td>8</td>
</tr>
<tr>
<td>Step 2: Technical Development Report</td>
<td>9</td>
</tr>
<tr>
<td>Step 3: Including new evidence in the Clinical Bottom Line</td>
<td>10</td>
</tr>
<tr>
<td>Step 4: The Characteristics of the Evidence</td>
<td>11</td>
</tr>
<tr>
<td>Step 5: Best Practice Recommendations</td>
<td>11</td>
</tr>
<tr>
<td>Step 6: Referencing</td>
<td>12</td>
</tr>
<tr>
<td>Evidence Summary style guide</td>
<td>13</td>
</tr>
<tr>
<td>The update checklist</td>
<td>13</td>
</tr>
<tr>
<td>Peer review and approval</td>
<td>14</td>
</tr>
<tr>
<td>Payment</td>
<td>14</td>
</tr>
<tr>
<td>Appendix 1: Example JBI Evidence Summary</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 2: JBI Scientific Writer application form</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 3: Schedule template</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 4: Contributor Agreement</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 5: Example Technical Development Report</td>
<td>25</td>
</tr>
<tr>
<td>Appendix 6: Quality Appraisal Checklists</td>
<td>26</td>
</tr>
<tr>
<td>Appendix 7: Evidence Summary update – Quick reference guide</td>
<td>27</td>
</tr>
</tbody>
</table>
Introduction

Purpose of this guide

Scientific Writers assist the Implementation Science team in the development and update of Evidence Summaries. This guide outlines the role of the Scientific Writer within the Joanna Briggs Institute (JBI), how to apply to become a Scientific Writer, and the methods required to undertake the work involved. Scientific Writers receive a nominal fee for their contribution to this field and this guide also details the payment process.

An introduction to the Joanna Briggs Institute

The JBI is an international, not-for-profit, research and development center within the Faculty of Health and Medical Sciences at the University of Adelaide, South Australia. JBI collaborates internationally with over 70 entities located across the world and is one of the world’s leading evidence-based healthcare organizations.

The JBI approach to evidence-based healthcare is unique. The Institute and its collaborating entities and groups promote and support the synthesis, transfer and utilization of evidence through identifying feasible, appropriate, meaningful and effective health care practices to assist in the improvement of health care outcomes globally. Global healthcare evidence needs, as identified by health professionals or patients/consumers, are addressed through the generation of research evidence that is effective, but also appropriate, feasible and meaningful to specific populations, cultures and settings. This evidence is collated and the results are appraised, synthesized and transferred to service delivery settings and health professionals who utilize it and evaluate its impact on health outcomes, health systems and professional practice.

The JBI develops and offers a unique suite of information to assist health professionals to integrate evidence into their practice with many of these resources available online via OVID (http://www.ovid.com/site/platforms/jbi_ebp.jsp#tabs1):

- Evidence Summaries — Short articles that summarize existing international literature on common healthcare interventions and activities.
- Evidence–Based Recommended Practices — Procedures based on the best available evidence, that describe and/or recommend practice on various clinical topics.
- Audit Criteria – Criteria based on the best available evidence to facilitate clinical audit and feedback, and support evidence implementation.
- Best Practice Information Sheets — Series of information guideline sheets based on JBI systematic reviews produced specifically for practicing health professionals.
- Systematic Reviews — Comprehensive systematic reviews of international research literature completed by trained JBI reviewers.
- Systematic Review Protocols — Documents of background information and the plan for conducting a systematic review.

This handbook is focused on the development and updating of Evidence Summaries, the premier JBI resource to inform clinical policy and practice.
JBI Evidence Summaries

Evidence Summaries are short articles (2-3 pages on average) that summarize existing international evidence on common healthcare interventions and care processes. They are on specific clinical topics that are targeted at healthcare professionals (see Appendix 1 for a published example).

Evidence Summaries are based on structured searches of the literature and selected evidence-based health care databases. Each Evidence Summary is developed from the evidence, subject to both internal (JBI) and external (Expert Reference Group) peer review to confirm it meets the methodological requirements specified in this handbook before it is considered for publication. Evidence Summaries are specific to particular clinically focused information needs (e.g. Cancer: Non-Pharmacological Pain Management) rather than broad analyses of literature on a general topic (e.g. pain management). They are intended to inform and guide decision making in clinical policy and practice. Therefore, maintaining quality and consistency in the development of each Evidence Summary is central to the JBI mission. To ensure that the evidence base that informs Evidence Summaries is current, these resources are updated regularly (every 12 months); Scientific Writer assists with this process.

JBI Scientific Writers

JBI Scientific Writers are involved in updating the evidence base of JBI Evidence Summaries. Being a Scientific Writer is an opportunity to develop skills and expertise in:

- Searching databases for literature.
- Evaluating the relevance and quality of literature to be included in an Evidence Summary.
- Writing high quality summaries that concisely describe the issue and report the evidence for clinical policy and practice.

Potential professional benefits include:

- Developing a portfolio of work that supports professional development and clinical licensing requirements.
- Contributes to a CV by being named on evidence-based publications.

Scientific Writers follow detailed guidance and search selected databases for recent, relevant, high quality evidence related to the topic, critically appraise the evidence, update the Evidence Summary in line with the evidence and outline the process in a technical development report.

Where possible we try to match the Evidence Summary topics to a writer’s specialty area(s) but this depends on which summaries are due for update. Scientific Writers are expected to work on any topic that is necessary.
To maintain a consistent and rigorous approach to the development of our resources, Scientific Writers are assigned a JBI Research Fellow who will facilitate their work by providing feedback, guidance and advice on work undertaken. The JBI Research Fellow will provide constructive feedback to assist Scientific Writers as they become familiar with JBI methodology. However it is expected that Scientific Writers will already be skilled in the following areas:

- Searching databases
- Understanding different research designs
- Critically appraising the quality of different forms of evidence
- Summarizing evidence in a clear, coherent, and concise manner

Application to become a JBI Scientific Writer
If you are interested in becoming a Scientific Writer with JBI, please complete the application form (Appendix 2) and return to the JBI Scientific Writer Program Administrator at jbisciwriter@adelaide.edu.au, along with a copy of your CV. Applicants must specify their area(s) of clinical/policy expertise to ensure that Evidence Summaries are sent to them in these fields (where possible).

Requirements of writers
JBI Scientific Writers work externally to JBI, with the work performed remotely. The majority of communication between Scientific Writers and JBI is via email. It is a requirement that JBI Scientific Writers have access to specified databases (see Appendix 2) as well as full-text access to a wide range of online journal articles. Generally, this means that writers have institutional access through their place of work or study allowing them subscription access to a wide range of online journals, and access to full-texts of most articles not just the abstract. In some circumstances, access may be able to be provided via the University of Adelaide if you meet the requirements to become a title holder with the university (see https://www.adelaide.edu.au/hr/recruitment/titleholders/).

Roles and Responsibilities
For each writing project undertaken, the JBI Scientific Writer Program Administrator will send a Schedule (see Appendix 3), which lists the Evidence Summaries to be updated and the timelines by which the project should run. The time taken to update an Evidence Summary depends on your literature searching skills and experience. The amount of content sent to you to update can be tailored to suit your available time. The terms of the agreement between JBI and Scientific Writers ('Contributors') are detailed in the Contributor Agreement, located in Appendix 4.

The process outlined below in Figure 1 describes the steps and who is responsible for each step. Submission of draft updates should be emailed to jbisciwriter@adelaide.edu.au.
When JBI advises that the updates are approved, the Scientific Writer should notify the JBI Program Administrator of when they are available to receive further content. Writers should inform the JBI Program Administrator of how many Evidence Summaries they wish to update and anticipated time frames for completion. Scientific Writers who commit to a regular schedule will be preferred.

Updating Evidence Summaries

JBI Evidence Summaries are required to be updated regularly to include any new evidence that is available. The date at the top of each document is when it was last updated. As the updater of the Evidence Summary, you become the new author so please replace the author’s name with your name and post-nominal qualifications. Even if you don’t find any new evidence we expect you to check the existing content for correct grammar, spelling etc.

For all changes you make to the Evidence Summary, please use the ‘track changes’ function in MS Word so that it is easy to identify what you have added or deleted.

The following pages detail the JBI approach to updating Evidence Summaries in accordance with our methods to ensure both a high quality approach and reliable evidence is available for health care practitioners. This involves:

1. Searching for high quality evidence following JBI guidance.
2. Drafting the Technical Report for each Evidence Summary using the JBI template, including evaluating and recording the quality of new evidence using standardized checklists.
3. Writing the updated evidence in track changes in MS Word.
4. Updating the ‘Characteristics of the Evidence’ section.
5. Evaluating and revising (if indicated) the ‘Best Practice Recommendations’.
6. Updating the reference list, and removing any outdated references.

The update process
The process of updating an Evidence Summary will vary depending on what, if any, new evidence is available. An overview of the Evidence Summary update process is summarized in Figure 2. Specific information regarding each step in the process is detailed below this.

Figure 2. JBI Evidence Summary update process
Step 1: Searching

Evidence Summaries are based upon searching for the highest level and quality of evidence. As such, each summary will ideally include high quality systematic reviews; for this reason the search process specified in this document focuses on systematic reviews over single studies. For some topics, there will be multiple systematic reviews, while for other topics there will be only one review or no reviews. The methods below describe optimal methods for promoting consistency in content development for each of these scenarios.

As a Scientific Writer, you need to conduct a search for evidence that informs best practice relevant to the topic. While the search should focus on evidence published since the Evidence Summary was last updated, do not discount relevant evidence from the previous five years.

The following electronic databases MUST be searched using a range of keywords and subject headings appropriate to the specific topic:

- JBI Database of Systematic Reviews and Implementation Reports (http://journals.lww.com/jbisrir/)
- Cochrane Library (http://www.cochranelibrary.com/)
- Medline - searched via PubMed (https://www.ncbi.nlm.nih.gov/pubmed/) or another platform such as Ovid, EBSCO, etc.
- CINAHL (Cumulative Index to Nursing and Allied Health Literature - https://health.ebsco.com/products/the-cinahl-database)
- Additional databases may be searched, where relevant, for specific topics e.g. PsycINFO (mental health), Physiotherapy Evidence Database (PEDro), etc.

In updating content, the Scientific Writer undertakes a three-phase search:

1. Firstly, searching to establish if any new systematic reviews or evidence-based guidelines underpinned by systematic review findings (see searching for guidelines) have been published on the topic. If additional reviews or guidelines have been published, they are incorporated into the Evidence Summary as per the methods described in Step 3 below; no further searching is required if the included systematic reviews answer the clinical question.

2. Secondly, if the first search establishes that no new systematic reviews have been published on the topic, a broader search is undertaken for primary research. The aim of this search is to retrieve the highest level of relevant evidence to answer the clinical question. If multiple new primary research studies are found, incorporate the most relevant studies into the summary, taking into account the information the study contributes, the level of evidence (see Step 3 for information of JBI Levels of Evidence), and the quality and size of the study.

3. If no research studies on the topic are found then a search for expert opinion evidence is conducted.
Searching for guidelines and opinion papers

When searching for evidence-based guidelines or expert opinion papers the above databases should be searched first, however, it may be necessary to conduct a wider internet search for reputable organizations/affiliations. The following list below is a guide to potentially relevant sites that you may search for evidence-based guidelines or expert opinion. This is not a comprehensive list and it is necessary to tailor the search to the specific topic area:

- World Health organization [http://www.who.int/](http://www.who.int/)
- National Institute of Clinical Excellence (NICE) [https://www.nice.org.uk/guidance](https://www.nice.org.uk/guidance)
- The Scottish Intercollegiate Guidelines Network (SIGN) [http://www.sign.ac.uk/](http://www.sign.ac.uk/)
- National Health and Medical Research Council (NHMRC) [https://www.nhmrc.gov.au/guidelines/search](https://www.nhmrc.gov.au/guidelines/search)
- Relevant organization and associations related to the topic area (e.g. European Society of Cardiology for cardiac related topics [https://www.escardio.org/](https://www.escardio.org/))
- It may be necessary to conduct a general search using Google [https://www.google.com/](https://www.google.com/)

Please note that evidence from books/textbooks is not accepted. Other content related decisions are up to the discretion of the Research Fellow/Scientific Writer but the evidence reported must be related to the answering the clinical question.

Step 2: Technical Development Report

For each Evidence Summary you need to complete a Technical Development Report. This report should include:

1. The date range of the search (i.e. last 5 years).
2. The names of the databases searched.
3. Search terms used.

Please see Appendix 5 as an example of how to fill this out.

If you find new evidence then complete the relevant Quality Appraisal Checklist. The completed checklist/s is/are to be included in the technical report (see Appendix 6). Complete the relevant section depending on whether the evidence is a systematic review, quantitative evidence or qualitative evidence. Literature reviews and expert opinion articles (both Level 5 evidence) do not need to be appraised.

There is not a set number of “yes” scores a study must receive to be included. However, if a study scores particularly badly you may use your judgment and decide to not include it in the Evidence Summary if there is other higher quality evidence available.
Step 3: Including new evidence in the Clinical Bottom Line

For each new paper found, add a dot point to the existing Evidence Summary under the ‘Clinical Bottom Line’ section that concisely describes the objective and key findings of the study. It is important that text is paraphrased (written in your own words), not simply copied verbatim from the paper or abstract.

When reporting the key findings:

1. Only report the findings that are relevant to the topic i.e. those that are explicitly related to the clinical question.
2. Include relevant numbers where appropriate.
3. Include some information on the clinical relevance of the results e.g. the conclusions/implications.
4. Cite the reference and include the JBI Level of Evidence in brackets (see Figure 3 and http://joannabriggs.org/jbi-approach.html#tabbed-nav=Levels-of-Evidence). Only the major levels are applied in Evidence Summaries e.g. Level 1, Level 2, etc. (sub-levels not required).

An example of how a dot point in the ‘Clinical Bottom Line’ section should be constructed is as follows:

- **A systematic review investigated the effects of asthma education on health outcomes in children who presented to the emergency department (ED) for treatment of asthma.** Asthma education provided to children and/or parents resulted in a 27% lower risk of future ED presentation and 21% lower risk of hospital admission. However, the long-term effect of asthma education on quality of life, symptoms, and lung function are still unclear. Details of education content and method of delivery need to be further researched.\(^1\) (Level 1)

**Please note:**

- Evidence Summaries only include the current best available evidence, so delete older evidence in the summary that is superseded by new evidence (unless it is relevant and of high quality).
- If you find a new systematic review, check if other existing references in the Evidence Summary are included studies in the systematic review. Primary studies included in a systematic review should not be included separately in the Evidence Summary.
- Where systematic reviews have been updated, the older review should be replaced with the new version.
Step 4: The Characteristics of the Evidence

Under the ‘Characteristics of the Evidence’ section, describe what type of study the new evidence is (e.g. systematic review, randomized controlled trial, etc.) and give some brief details about the study (e.g. the number of included studies, study designs, number of participants, etc.).

An example of the information to include in this section is as follows:

- A systematic review that included 38 studies (randomized controlled trials [RCTs] and quasi RCTs) with a total of 7,843 children (aged 5 months to 20 years).

Step 5: Best Practice Recommendations

If you change the Evidence Summary by adding new evidence (and/or deleting old evidence), check the ‘Best Practice Recommendations’. Depending on the evidence you have included it may be necessary to:

- add a new recommendation, or
- remove/amend an old one, or
- modify the Grade of an existing recommendation.

Having looked at the ‘Best Practice Recommendations’ section, decide if any new evidence you have added to the ‘Clinical Bottom Line’ section warrants an alteration to any of the recommendations or the addition of a new recommendation. The inclusion of new evidence doesn’t necessarily mean that the recommendations need to change.
If adding a new recommendation it should be worded as a specific recommendation that is actionable, with words like: “should”, “may”, “use”, “is recommended”, etc. A JBI Grade of Recommendation is then assigned, Grade A for a ‘strong’ recommendation or Grade B for a ‘weak’ recommendation (see Table 1 and http://joannabriggs.org/jbi-approach.html#tabbed-nav=Grades-of-Recommendation).

An example of a Best Practice Recommendation is as follows:

- **Immunization against measles is recommended for all susceptible children and adults for whom measles vaccination is not contraindicated. Contraindications include high fever or other signs of serious disease, pregnancy, history of anaphylactic reaction to vaccine components, or a severely compromised immune system. (Grade A)**

**Table 1. Joanna Briggs Institute Grades of Recommendation**

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<th>JBI Grades of Recommendation</th>
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<td><strong>Grade A</strong></td>
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<td>A ‘strong’ recommendation for a certain health management strategy where:</td>
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<tr>
<td>1. It is clear that desirable effects outweigh undesirable effects of the strategy;</td>
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<tr>
<td>2. where there is evidence of adequate quality supporting its use;</td>
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<tr>
<td>3. there is a benefit or no impact on resource use, and</td>
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<tr>
<td>4. values, preferences and the patient experience have been taken into account.</td>
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<tr>
<td><strong>Grade B</strong></td>
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<tr>
<td>A ‘weak’ recommendation for a certain health management strategy where:</td>
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<tr>
<td>1. desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear;</td>
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<tr>
<td>2. where there is evidence supporting its use, although this may not be of high quality;</td>
</tr>
<tr>
<td>3. there is a benefit, no impact or minimal impact on resource use, and</td>
</tr>
<tr>
<td>4. values, preferences and the patient experience may or may not have been taken into account.</td>
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**Step 6: Referencing**

Add new references to the reference list in Vancouver format. For example:


If the study has six authors or less then list them all. If there are more than six authors then list the first six followed by ‘et al’. Use sentence case for the article title. Abbreviate the journal name; you can find recommended abbreviations via [https://www.ncbi.nlm.nih.gov/nlmcatalog/journals](https://www.ncbi.nlm.nih.gov/nlmcatalog/journals).

When citing studies in the text, superscript all reference numbers. With Vancouver style referencing, articles are assigned a number in terms of when they first appear in the text. If the structure of the summary dictates that a new study needs to be added above any
existing cited studies, then the reference numbers must be updated so they remain sequential.

A quick reference guide outlining the steps of the Evidence Summary update process is available in Appendix 7.

Evidence Summary style guide

- Evidence Summaries use US spelling.
- Explain abbreviations in full when first using them, even if simple. Thereafter, the abbreviated term should be used throughout the Evidence Summary. Once abbreviations are defined, it is acceptable to start a sentence with an abbreviated term.
- Numbers from one to nine are written as words (except for numbers with decimals e.g. 3.5, or numbers that are accompanied by a symbol e.g. 4°C). Numbers 10 and above are written in digits except when starting a sentence.
- Use ‘and’ instead of ‘&’.
- Use ‘%’ instead of ‘percent’.

The update checklist

Prior to returning the updated Evidence Summaries to JBI, please check that you have:

☐ Completed a Technical Development Report for each Evidence Summary, including details of the search strategy used and the relevant critical appraisal checklist for each new study.

☐ Added details of the new evidence to the ‘Clinical Bottom Line’ and included the JBI Level of Evidence.

☐ Added the study details to the ‘Characteristics of the Evidence’.

☐ Checked the ‘Best Practice Recommendations’ and have updated them if necessary.

☐ Added any new studies to the reference list using the correct reference formatting.

☐ Changed the date and author name on the Evidence Summary.

☐ Checked the existing text for grammar, clarity, completeness, etc.

☐ Used the ‘track changes’ function for all changes made to the Evidence Summary.
Peer review and approval

Once Scientific Writers have completed the batch of Evidence Summary updates these are emailed to jbisciwriter@adelaide.edu.au. The updated Evidence Summaries and corresponding Technical Reports are sent to a JBI Research Fellow for peer review. Peer review will consist of a rapid overview of the search strategy and any content added to the Evidence Summary. The Research Fellow will provide feedback directly to the Scientific Writer. If the content only requires minor editing, the Research Fellow completes this and the content is approved and will be sent to be uploaded to the JBI database. If the content requires considerable changes, the Research Fellow will send this back to the Scientific Writer for changes to be made. No negotiation of changes will be entered into. Scientific Writers who do not undertake to make changes will not receive payment and their work will be re-allocated to other program participants for completion and payment.

Payment

Evidence Summaries are usually sent to writers in batches of 10 or 20. For each batch of 10 updates completed, writers are paid AUD $225 (or AUD $450 for 20). Payment will require that Evidence Summaries have been completed to the agreed standards, including changes as required by JBI Research Fellows. No payment will be made for content that does not meet the specified quality criteria. Once the updates have been approved by JBI, a payment request will be submitted to the University of Adelaide finance services. Payment will occur via electronic funds transfer (EFT). Prior to the first payment, Scientific Writers will need to complete a ‘Banking Authority’ form and return this to JBI.

Scientific Writers are not required to obtain or quote an Australian Business Number (ABN), however, prior to the first payment, Scientific Writers are required to provide JBI with an Australian Taxation Office (ATO) ‘Statement by a supplier form’ (available from https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/). An updated ‘Statement by supplier form’ will be required yearly.
Appendix 1: Example JBI Evidence Summary

Medication Safety: Smart Infusion Pumps

1 July 2016

Author

Dr Matthew Stephenson, BBiotech (Hons), PhD

Question

What is the best available evidence regarding the use of smart infusion pumps for intravenous medication administration?

Clinical Bottom Line

Smart infusion pumps are designed for intravenous (IV) medication administration. These devices are equipped with a database of intravenous medications (drug library) and software that includes inbuilt safety features designed to minimize IV medication dose errors.¹,²

• In 2009, the Institute for Safe Medication Practices (ISMP) published guidelines on the safe implementation and use of smart infusion pumps. These guidelines include a wide range of recommendations covering aspects such as implementation planning, staff education, rollout of devices, establishment of the medication library, policy development, and use of information collected by smart pumps. ³ (Level 5)
• A systematic review evaluated the impact of smart infusion pumps on medication error rates and assessed both the benefits and negative effects of smart pumps.⁴ (Level 1)
  • The reviewers concluded that smart pumps reduce pump programming errors but do not eliminate them.
  • Benefits of using smart pumps included intercepting pump setting errors, reduction of adverse drug event rates, practice improvements, and cost effectiveness.
  • Negatives associated with smart pump use included low compliance rates of using the pumps, overriding of soft alerts, non-intercepted errors, or possibility of using the wrong drug library.
  • The reviewers identified opportunities for improvement of smart pumps including upgrading drug libraries, developing standardized drug libraries, decreasing the number of unnecessary warnings, and developing stronger approaches to minimize workarounds.
  • The reviewers also highlighted the importance of continuous quality improvement processes to improve smart pump use.
JBI Evidence Summary

- A multi-site observational study investigated the types and frequency of medication errors associated with smart infusion pumps.\(^5\) (Level 3)
  - Despite the use of smart pumps, the study found a high error rate in administration of IV medication, with 60% of infusions having one or more errors associated with their administration.
  - The most frequent errors related to use of unauthorized medication, bypassing the smart pump, and incorrect rate of administration, however, the majority of errors were classified as having relatively low potential for harm. Only 0.4% of errors were categorized as more serious errors.
  - Many of the observed errors were violations of hospital policy, some not directly related to the use of smart pumps.

Characteristics of the Evidence

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:

- Literature reviews.\(^1,2\)
- Clinical practice guidelines.\(^3\)
- A systematic review including 22 studies, one of which was a randomized controlled trial (RCT).\(^4\)
- A multi-site observational study conducted in 10 hospitals in the USA, including a total of 478 patients and 1,164 medication administrations.\(^5\)

Best Practice Recommendations

- Smart infusion pumps may be recommended to reduce IV medication dose errors. (Grade B)
- Effective implementation of smart infusion pumps requires the development of policies and procedures around their use. (Grade A)
- Continuous quality improvement processes are recommended to improve smart infusion pump use. (Grade A)

References

2. Franklin BD. ‘Smart’ intravenous pumps: how smart are they? BMJ Qual Saf. 2016. (Level 5)
Appendix 2: JBI Scientific Writer application form

Application Form – JBI Scientific Writer Registration

The following is a brief document to apply for status as a JBI Scientific Writer. Please fill out all sections of this form and return to the Scientific Writer Program Administrator at jbisciwriter@adelaide.edu.au, along with a copy of your CV.

Name:

Email Address:

Phone (incl country and area code):

Profession:

Specialty(s):

Highest Tertiary Qualification:

Current professional or academic registrations:

Do you have access to the following databases:
  • JBI Database of Systematic Reviews and Implementation Reports
  • The Cochrane Library
  • PubMed/Medline
  • CINAHL
  • Others (please list)?

Do you have full text access to a wide range of online health literature, and if so, through which institution? (i.e. Hospital, University, Health board etc.)

Briefly outline your relevant experience with literature searching, critically appraising studies, and summarizing evidence:

How did you hear about this opportunity?
Appendix 3: Schedule template

SCHEDULE

A. The Project

The project shall consist of:

- The Contributor updating 10 Evidence Summaries as provided to the Contributor by the Joanna Briggs Institute in accordance with the procedures and process outlined in the Contributor Handbook.
- The 10 Evidence Summaries provided by the Joanna Briggs Institute under this Agreement are:

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B. Project Period

The Joanna Briggs Institute will provide Project Materials to the Contributor by <insert date>

The Contributor will provide the draft reports to the Joanna Briggs Institute by <insert date>

The Joanna Briggs Institute will provide feedback to the Contributor by <insert date>

The Contributor will provide the final report incorporating the amendments based on the feedback from the Joanna Briggs Institute (if any) to the Joanna Briggs Institute by <insert date>

The project shall conclude on <insert date>

C. Reports

As detailed in the Contributor Handbook, each Report shall consist of:
10 Updated Evidence Summaries

Along With:

A copy of the Technical Development Report (including Quality Appraisal Checklist for each study added)

D. Funds

At the acceptance of the final report as approved by the Joanna Briggs Institute and subject to clause 10, the Joanna Briggs Institute shall pay the Contributor the sum of AU$225.00.

If the Contributor is required to pay Goods and Services Tax (GST) in Australia and provides an invoice with their Australian Business Number (ABN), then an additional GST component will be paid in accordance with the GST Act (as per clause 8).

The Joanna Briggs Institute will not pay funds prior to the conclusion date shown in Item B, and shall endeavor to process the payment of funds (subject to clause 8) as soon as practicable after the project conclusion date.

The Joanna Briggs Institute shall pay funds by direct deposit into a nominated bank account. Any variation of the deposited amount, due to international currency fluctuation, bank fees or any other cause, shall be the sole responsibility of the Contributor.

E. Liaison Officer

The liaison officer for the Joanna Briggs Institute will be:

<insert JBI contact details>

The liaison officer for the Contributor will be:

<insert Scientific Writer details>
Appendix 4: Contributor Agreement

1. The Parties

THE UNIVERSITY OF ADELAIDE a body established pursuant to the provisions of the University of Adelaide Act 1971 (SA) of North Terrace, Adelaide South Australia 5005 (ABN 61 249 878 937) (‘University’), procuring the services of the Joanna Briggs Institute.

Name: The Joanna Briggs Institute
Address: The Joanna Briggs Institute
Faculty of Health and Medical Sciences
The University of Adelaide
SA 5005, Australia

The Contributor:

The person detailed on item E of the schedule.

2. Intention

Both parties intend to be bound by the terms of this agreement.

3. Agreement

3.a The Offer

The University offers The Contributor the opportunity to undertake the research, review and writing of content under the terms of this Agreement (The Project).

3.b The Acceptance

The Contributor accepts the offer made by the University to undertake The Project under the terms of this Agreement.

4. Consideration

The University, through the Joanna Briggs Institute, agrees to pay The Contributor the set fee detailed in the schedule.

5. Legal Capacity

The Contributor represents and warrants to the University that he/she has full power and authority to enter into, perform and observe her/his obligations under this Agreement.

Terms of this Agreement

The parties agree to the following;

6. Interpretation

6.1 In this agreement, unless the contrary intention appears:

   a. words in the singular include the plural and words in the plural include the singular;

   b. words importing a gender include any other gender;
c. words importing persons include a partnership and a body whether corporate or otherwise;

d. where any word or phrase is given a defined meaning, any other form of that word or phrase has a corresponding meaning;

e. an uncertainty or ambiguity in the meaning of a provision of this Agreement will not be interpreted against a party just because that party prepared the provision;

f. reference to any statute or other legislation (whether primary or subordinate) is to a statute or other legislation of the State of South Australia and, if it has been or is amended, is a reference to that statute or other legislation as amended;

g. all references to clauses are to clauses in this Agreement, all references to 'Items' are to Items in the Schedule to this Agreement and any references to 'Schedule' are to the Schedule to this Agreement.

6.2 If there is any conflict or inconsistency between:

a. the terms and conditions contained in the clauses of this Agreement and any part of the Schedule, then the terms and conditions of the clauses will prevail to the extent of the conflict or inconsistency;

b. the terms and conditions contained in the clauses of this Agreement and any part of the annexures (if any), then the terms and conditions of the clauses will prevail to the extent of the conflict or inconsistency; and

c. any part of the Schedule and any part of the annexures (if any), then the Schedule will prevail to the extent of the conflict or inconsistency.

6.3 The Contributor cannot assign his/her obligations, and agrees not to assign his/her rights, under this Agreement without, in either case, prior approval in writing from the University.

7. Funding

7.1 The University agrees, through the Joanna Briggs Institute, to pay the Funds to the Contributor in accordance with the payment schedule set out in Item D.

7.2 The funding to be contributed by the University and the Joanna Briggs Institute for the Project will not exceed the amount of Funds specified in Item D.

7.3 Without limiting its rights, the University, through the Joanna Briggs Institute, may at its discretion defer, reduce or not make a payment of Funds until the Contributor has performed all of its obligations that are required to be performed under this Agreement.

8. TAXES, DUTIES AND GOVERNMENT CHARGES

8.1 If the Contributor is required by law to pay Goods and Services Tax (GST) in Australia, the Contributor must issue the University, and the Joanna Briggs Institute with a tax invoice in accordance with the GST Act.

8.2 The Contributor warrants it is registered in accordance with the GST Act and agrees to remain registered during the Project Period.
8.3 If the Contributor is unable to or not required to register in accordance with the GST Act as stated in clause 8.2, the Contributor shall provide the University and the Joanna Briggs Institute with an ATO 'Statement by a supplier form'.

9. Conduct of the Project

9.1 In consideration of the provision of the Funds, The Contributor must:

a. perform all aspects of the Project (including achieving the outcomes and objectives of the Project) as set out in Item A; and

b. endeavor in good faith to ensure that all work undertaken under this Agreement is in support of the expected outcomes and objectives for the Program; and

c. have, and will continue to have and to use, the skills, qualifications and experience to perform the Project in an efficient and controlled manner with a high degree of quality and responsiveness and to a standard that complies with this Agreement; and

d. provide the necessary resources to perform the Project and use those resources or services to perform the Project.

9.2 The Contributor agrees not to subcontract the performance of any part of the Project except to a subcontractor approved in writing by the University, through the Joanna Briggs Institute.

10. Liaison

10.1 The Contributor must liaise with and report to the Joanna Briggs Institute's Liaison Officer as reasonably required for the purposes of this Agreement.

10.2 Upon receipt of written notice, the Contributor must within the time-frame stipulated in the notice, or within a reasonable time-frame if no time-frame is stipulated in the notice, provide any information in relation to the Project requested by the Joanna Briggs Institute for the purposes of this Agreement, including monitoring and evaluation.

11 Project Material, Copyright and Intellectual Property Rights

11.1 Intellectual Property Rights mean all copyright and all rights in relation to inventions and discoveries (including patents), registered and unregistered trademarks, registered designs and circuit layouts, confidential information, process, know-how and trade secrets and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

11.2 Any Intellectual Property Rights created during the course of this Agreement will vest upon creation, in the University, through the Joanna Briggs Institute. (‘Project Material’)

11.3 The Contributor warrants that anything done by The Contributor in the course of the Project, including in developing the Reports, will not infringe the Intellectual Property Rights of any third party.

11.4 Intellectual Property Rights and title to, or in relation to, the University's material remains vested at all times in the University.

11.5 At the end of the Project Period or on the earlier termination of this Agreement, The Contributor must deliver a complete copy of the Project Material and all of the University material to the Joanna Briggs Institute, or deal with it as otherwise directed by the University or the Joanna Briggs Institute.
12. Records and Reports

12.1 The Contributor must keep comprehensive written records of the conduct of the Project including, without limitation, progress against the objectives and outcomes of the Project, the creation of Project Material and the method of the creation of Project Material including search strategies, references, source documents and protocols, and to make these available through the Joanna Briggs Institute, to the University.

12.2 Each Report must contain the information specified in Item C and must also include:

a. detail on whether the objectives and outcomes of the Project are being achieved and if not, why not; and

b. a completed version of the Project Material; and

c. a detailed statement of receipts and expenditure in respect of the Funds.

4. The Final Report must contain the information specified in Item C and must also include a comprehensive report on whether the objectives and outcomes of the Project were achieved and if not, why not.

12.4 It is a condition of this Agreement that the Contributor has disclosed in writing to the University, through the Joanna Briggs Institute, prior to the execution of this Agreement, or if this Agreement has commenced, discloses in writing to the University, through the Joanna Briggs Institute, as soon as practicable after execution any litigation, arbitration, mediation, conciliation or proceeding whatsoever, or any matters relating to the commercial, technical or financial capacity of the Contributor that could have an adverse effect on the Contributor's ability to perform any of its obligations under this Agreement.

13. Negation of Employment, Partnership and Agency

13.1 The Contributor must not represent itself as being an employee, partner or agent of the University or The Joanna Briggs Institute, or as otherwise able to bind or represent the University or The Joanna Briggs Institute.

14. SUSPENSION AND TERMINATION

14.1 If:

a. The University or the Joanna Briggs Institute is reasonably satisfied that the terms and conditions of this Agreement have not been complied with by The Contributor; or

b. The University or the Joanna Briggs Institute is reasonably satisfied that The Contributor is unable or unwilling to satisfy the terms of this Agreement; or

c. The University or Joanna Briggs Institute, by notice in writing, requests The Contributor to take action to meet a timeframe or perform an activity in accordance with this Agreement and, after 7 days from the date of the notice (or such longer period as is specified in the notice), The Contributor has failed to take such action; or

d. The University or Joanna Briggs Institute is reasonably satisfied that any statement made by The Contributor is incorrect or incomplete in a way which would have affected the original decision to approve the Funds for the Project; or
e. The University or Joanna Briggs Institute is not reasonably satisfied that the purposes and activities of The Contributor remain compatible with the objectives of the Project; or

f. The Joanna Briggs Institute is reasonably satisfied that a Report given by The Contributor is not complete or accurate; or

g. The Contributor becomes bankrupt or insolvent or is wound-up or suffers any execution against its assets having adverse effect on its ability to perform the Agreement; or

h. The Contributor, by notice in writing given to The Joanna Briggs Institute, withdraws from this Agreement; or

i. The University or the Joanna Briggs Institute considers it appropriate for any other reason;

The University or the Joanna Briggs Institute may, by written notice to The Contributor, terminate this Agreement or require The Contributor to immediately suspend dealings with the Project.

14.2 If this Agreement is terminated in accordance with clause 14.1, The University or the Joanna Briggs Institute will not be liable for any costs incurred by The Contributor.

14.3 Subject to clause 14.2, The University or Joanna Briggs Institute will not be obliged to pay any part of the Funds to The Contributor after the termination of this Agreement or during any period of suspension of this Agreement.

14.4 At the end of the Project Period or on the earlier termination of this Agreement, The Contributor must deliver a complete copy of the Project Material and all of the Joanna Briggs Institute Material to the Joanna Briggs Institute, or deal with it as otherwise directed by The University or the Joanna Briggs Institute.
Appendix 5: Example Technical Development Report

**Technical Development Report**

**Date created**

30 August 2017

**Title of Evidence Summary**

Achilles Tendon Rupture: Rehabilitation

**PICO question**

What is the best available evidence regarding rehabilitation of patients with Achilles tendon rupture?

**Scientific Writer, post-nominals**

Xxxxxxx Xxxxxx, B. App Sc (Physiotherapy)

**Search strategy**

**Time frame:** Last 5 years

**Databases searched:** JBI Database of Systematic Reviews and Implementation Reports; Cochrane Library; PubMed; CINAHL; Physiotherapy Evidence Database (PEDro).

**Search terms:** Achilles, Achilles tendon, Achilles tendon rupture, and rehabilitation.

**References found**


**Quality Appraisal Checklist**

McCormark et al. 2015

<table>
<thead>
<tr>
<th>SYSTEMATIC REVIEW</th>
<th>Response (Y, N, U, NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the review question clearly and explicitly stated?</td>
<td>Y</td>
</tr>
<tr>
<td>2. Was the search strategy appropriate?</td>
<td>Y</td>
</tr>
<tr>
<td>3. Were the inclusion criteria appropriate for the review question?</td>
<td>Y</td>
</tr>
<tr>
<td>4. Was critical appraisal conducted by two or more independent reviewers?</td>
<td>Y</td>
</tr>
<tr>
<td>5. Were the methods used to combine studies appropriate?</td>
<td>Y</td>
</tr>
<tr>
<td>6. Were recommendations for policy and/or practice supported by the reported data?</td>
<td>Y</td>
</tr>
</tbody>
</table>

Y, Yes; N, No; U, Unclear; NA, Not Applicable

**Notes**

One systematic review (McCormark et al. 2015) was added to the Evidence Summary.
Appendix 6: Quality Appraisal Checklists

For each paper added to an Evidence Summary, include and complete the appropriate quality appraisal checklist in the Technical Development Report.

<table>
<thead>
<tr>
<th>SYSTEMATIC REVIEW</th>
<th>Response (Y, N, U, NA)</th>
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<td></td>
</tr>
</tbody>
</table>

Y, Yes; N, No; U, Unclear; NA, Not Applicable

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<tr>
<th>QUANTITATIVE EVIDENCE</th>
<th>Response (Y, N, U, NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the purpose/question clearly described?</td>
<td></td>
</tr>
<tr>
<td>2. Was the study design identified and appropriately applied?</td>
<td></td>
</tr>
<tr>
<td>3. Was the study sample representative of population of interest?</td>
<td></td>
</tr>
<tr>
<td>4. Are the intervention and/or comparator clearly described?</td>
<td></td>
</tr>
<tr>
<td>5. Are the outcomes accurately reported?</td>
<td></td>
</tr>
<tr>
<td>6. Are the conclusions drawn appropriate given the study methods and results?</td>
<td></td>
</tr>
</tbody>
</table>

Y, Yes; N, No; U, Unclear; NA, Not Applicable

<table>
<thead>
<tr>
<th>QUALITATIVE EVIDENCE</th>
<th>Response (Y, N, U, NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the purpose/question clearly described?</td>
<td></td>
</tr>
<tr>
<td>2. Is there alignment between the research question/purpose and research approach undertaken?</td>
<td></td>
</tr>
<tr>
<td>3. Are participants’ voices adequately represented?</td>
<td></td>
</tr>
<tr>
<td>4. Do the conclusions drawn flow from the analysis or interpretation of the data?</td>
<td></td>
</tr>
</tbody>
</table>

Y, Yes; N, No; U, Unclear; NA, Not Applicable
Appendix 7: Evidence Summary update – Quick reference guide

Scientific Writers follow the JBI approach to updating Evidence Summaries to ensure both a high quality approach and reliable evidence is available for health care practitioners. This involves:

### Step 1: Searching

Evidence Summaries are based upon searching for the highest level and quality of evidence. Scientific Writers conduct searches for evidence that informs best practice relevant to the topic. While the search should focus on evidence published since the Evidence Summary was last updated, do not discount relevant evidence from the previous five years.

The following electronic databases MUST be searched using a range of keywords and subject headings appropriate to the specific topic:

- JBI Database of Systematic Reviews and Implementation Reports ([http://journals.lww.com/jbisrir/](http://journals.lww.com/jbisrir/))
- Medline - searched via PubMed ([https://www.ncbi.nlm.nih.gov/pubmed/](https://www.ncbi.nlm.nih.gov/pubmed/)) or another platform such as Ovid, EBSCO, etc.
- CINAHL (Cumulative Index to Nursing and Allied Health Literature - [https://health.ebsco.com/products/the-cinahl-database](https://health.ebsco.com/products/the-cinahl-database))
- Additional databases may be searched, where relevant, for specific topics e.g. PsycINFO (mental health), Physiotherapy Evidence Database (PEDro), etc.

### Step 2: Technical Development Report

For each Evidence Summary updated, a Technical Development Report is completed. This report should include:

- The date range of the search (i.e. last 5 years).
- The names of the databases searched.
- Search terms used.
- Appraisal results for new evidence (any new evidence found is assessed for methodological quality using a short, standardized checklist).

### Step 3: Including new evidence in the Clinical Bottom Line

For each new paper found, add a dot point to the existing Evidence Summary under the ‘Clinical Bottom Line’ section that concisely describes the objective and key findings of the study. It is important that text is paraphrased (written in your own words), not simply copied verbatim from the paper or abstract.
When reporting the key findings:
- Only report the findings that are relevant to the topic i.e. those that are explicitly related to the clinical question.
- Include some information on the clinical relevance of the results e.g. the conclusions/implications.

### Step 4: The Characteristics of the Evidence
Under the ‘Characteristics of the Evidence’ section, describe what type of study the new evidence is (e.g. systematic review, randomized controlled trial, etc.) and give some brief details about the study (e.g. the number of included studies, study designs, number of participants, etc.).

### Step 5: Best Practice Recommendations
If new evidence is added and/or old evidence deleted, check the ‘Best Practice Recommendations’. Depending on the evidence, it may be necessary to:
- add a new recommendation, or
- remove/amend an old one, or
- modify the Grade of an existing recommendation.

Having looked at the ‘Best Practice Recommendations’ section, decide if any new evidence added to the ‘Clinical Bottom Line’ section warrants an alteration to any of the recommendations or the addition of a new recommendation. The inclusion of new evidence doesn’t necessarily mean that the recommendations need to change.

### Step 6: Referencing
Add new references to the reference list in Vancouver format. If there are less than six authors, list them all. If there are more than six authors, list the first six followed by ‘et al.’ Use sentence case for the article title. Use the abbreviated journal name. For example: