



Kathi Grainger
Manager-Customer Success Training

Amanda Arsenault/Jen Gallant
Federal Manager

8/2024



Learning Objectives

1. Provide an understanding of JBI, Collaboration and the Database
2. Highlight the content and key features
3. Share resources for additional learning
4. How to access from the VA Library and resource page
5. Demonstrate live tips on searching JBI
6. Introduce you to the JBI Tools
7. Take time to answer any questions

The screenshot shows the JBI Evidence-Based Practice Resources page on Ovid. At the top, the Wolters Kluwer and Ovid logos are visible. The main heading is "JBI Evidence-Based Practice Resources". Below this, there is a green banner with the text "One of the World's Leading Providers of Evidence-Based Information— Available Exclusively on Ovid". The main content area is divided into two columns. The left column contains a paragraph about healthcare professionals striving for high quality care and a paragraph about JBI's evidence-based practice model. The right column features a photograph of two healthcare professionals in a clinical setting. Below the photograph, there is a section titled "Why JBI EBP Resources on Ovid?" with a bulleted list of benefits. At the bottom, there is a section titled "Evidence to Inform Clinical Practice" with a sub-heading "JBI Evidence Synthesis" and a paragraph describing the journal. A small image of the JBI Evidence Synthesis journal cover is shown to the right of the text. The bottom right corner of the page features the JBI logo.

Wolters Kluwer Ovid®

JBI Evidence-Based Practice Resources

Healthcare professionals and institutions around the world strive to provide the highest quality care to their patients.

JBI's evidence-based practice model is considered a benchmark in the healthcare industry. JBI's unique suite of evidence-based content and software ensures that health professionals can access high quality evidence, appraise diverse types of evidence and apply evidence at the point of care, to meet today's rigorous quality standards and improve patient outcomes.

One of the World's Leading Providers of Evidence-Based Information— Available Exclusively on Ovid

• Content and software that will help your institution implement evidence-based practice

• Systematic reviews, recommended practices, evidence summaries, and more

• Evidence to inform clinical practice—derived from JBI's global collaborating Centres of Excellence in 40+ countries

• Resources designed to help assess the quality of research

Why JBI EBP Resources on Ovid?

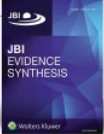
- Evidence-based content and software from a leading evidence-based practice organization— only available on Ovid
- Summarized research in a format that is easy to locate, understand, and distribute
- Diverse range of resources that go beyond therapeutic medical interventions, to look at patient and caregiver experiences, report on costs, diagnostics, and prognostics.
- Improved patient outcomes by extending the reach of clinical practice guidelines tailored for your institution or community

Evidence to Inform Clinical Practice

JBI Evidence Synthesis

An international peer-reviewed, online journal that publishes rigorous evidence syntheses relevant to a range of healthcare contexts and health conditions. JBI Evidence Synthesis is the premier channel for diverse systematic reviews that move beyond inclusion of RCTs and experimental studies, providing the best available evidence for health professionals to aid point of care decision making and healthcare administrators to inform health policy and practice.

The journal publishes systematic and scoping review protocols, diverse types of systematic reviews, and scoping reviews covering multi-disciplinary healthcare-related topics that follow rigorous methodology and methods developed by JBI. Fully indexed in Embase®, MEDLINE®, and CINAHL®.



JBI

[Click on the image to open](#)

JBI Collaboration Entities



- 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

The JBI Model of Evidence-based Healthcare

EVIDENCE TRANSFER:

A coactive, participatory process to advance access to and uptake of evidence in local contexts. It is a causal phenomenon consisting of factors that enable, facilitate and support evidence implementation that is more than just a single interaction.



Overarching principles

Culture – Capacity – Communication - Collaboration

JBIEBP DATABASE

JBIEBP's Evidence-based Practice Database is an online resource for healthcare professionals to rapidly access evidence on a wide range of clinical topics at the point of care, including 5000+ JBIEBP Evidence Summaries, Recommended Practices and Best Practice Information Sheets. Visit [Wolters Kluwer Health](#) to learn more.



EVIDENCE SUMMARIES

RECOMMENDED PRACTICES

BEST PRACTICE INFORMATION SHEETS



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

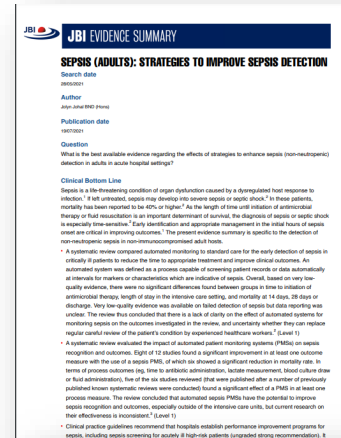
 [Article as PDF \(650KB\)](#)

- JBI Systematic Review Protocols

 [Article as PDF \(650KB\)](#)

- JBI Evidence Synthesis

 [Article as PDF\(1482KB\)](#)



JBI EVIDENCE SUMMARY

SEPSIS (ADULTS): STRATEGIES TO IMPROVE SEPSIS DETECTION

Search date: 2022-01-11
Author: van den Broek P, et al.
Publication date: 2021-01-01
Version: 1.0

Question: What is the best available evidence regarding the effects of strategies to enhance sepsis (non-neurogenic) detection in adults in acute hospital settings?

Clinical Bottom Line: Sepsis is a life-threatening condition of organ dysfunction caused by a dysregulated host response to infection. Early empirical antibiotic therapy (before sepsis or septic shock) in these patients, mortality has been reported to be 40% or higher. As the length of time until initiation of antimicrobial therapy or fluid resuscitation is an important determinant of survival, the diagnosis of sepsis or septic shock is especially time-sensitive. Early identification and appropriate management in the initial hours of sepsis onset are critical in improving outcomes. This present evidence summary is specific to the detection of non-neurogenic sepsis in non-neurointensive care adult hosts.

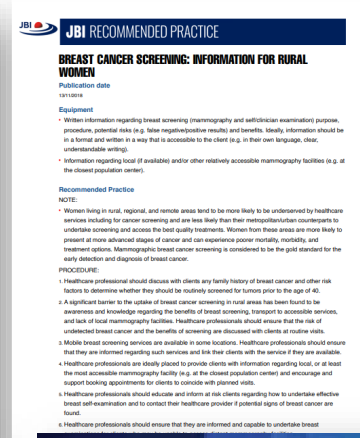
A systematic review compared automated monitoring to standard care for the early detection of sepsis in critically ill patients to reduce the time to appropriate treatment and improve clinical outcomes. An automated system was defined as a process capable of screening patient records or data automatically at intervals for markers or characteristics which are indicators of sepsis. Overall, based on very low quality evidence, there were no significant differences found between groups in time to initiation of antimicrobial therapy, length of stay in the intensive care setting, and mortality at 14 days, 28 days or discharge. Very low quality evidence was available on failed detection of sepsis but data reporting was unclear. The review has concluded that there is lack of clarity on the effect of automated systems for monitoring sepsis on the outcomes investigated in the review, and uncertainty whether they can replace regular careful review of the patient's condition by experienced healthcare workers. (Level 1)

A systematic review evaluated the impact of automated patient monitoring systems (APMS) on sepsis recognition and outcomes. Eight of 12 studies found a significant improvement in at least one outcome measure with the use of a sepsis APMS, of which six showed a significant reduction in mortality rate. In terms of process outcomes, six time to antibiotic administration, lactate measurement, blood culture draw or fluid administration, five of the six studies included. Only one published after a number of previously published sepsis systematic reviews were conducted found a significant effect of a APMS on at least one process measure. The review concluded that automated sepsis APMS have the potential to improve sepsis recognition and outcomes, especially outside of the intensive care units, but current research on their effectiveness is inconclusive. (Level 1)

Clinical practice guidelines recommend that hospitals establish performance improvement programs for sepsis, including sepsis screening for acutely ill hospital patients. (Largest strong recommendation.) (L)



JBI Library of Systematic Reviews



JBI RECOMMENDED PRACTICE

BREAST CANCER SCREENING: INFORMATION FOR RURAL WOMEN

Publication date: 15/10/2018

Equipment:

- Written information regarding breast screening (mammography and self-examination) purposes, procedures, potential risks (e.g. false negative/positive results) and benefits. Ideally, information should be in a format and written in a way that is accessible to the client (e.g. in their own language, clear, understandable writing).
- Information regarding local (if available) and/or other relatively accessible mammography facilities (e.g. at the nearest population centre).

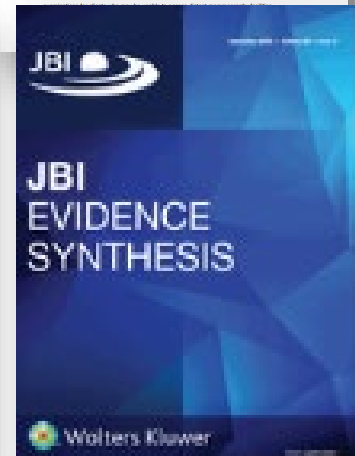
Recommended Practice:

NOTE:

- Women living in rural, regional, and remote areas tend to be under-served by healthcare services including for cancer screening and are less likely than their metropolitan counterparts to undergo screening and access the best quality treatments. Women from those areas are more likely to present at more advanced stages of cancer and can experience poorer mortality, morbidity, and treatment options. Mammographic breast cancer screening is considered to be the gold standard for the early detection and diagnosis of breast cancer.

PROCEDURE:

1. Healthcare professional should discuss with clients any family history of breast cancer and other risk factors to determine whether they should be routinely screened for tumors prior to the age of 40.
2. A significant barrier to the uptake of breast cancer screening in rural areas has been found to be awareness and knowledge regarding the benefits of breast screening, transport to accessible services, and lack of local mammography facilities. Healthcare professionals should ensure that the risk of undetected breast cancer and the benefits of screening are discussed with clients at routine visits.
3. Mobile breast screening services are available in some locations. Healthcare professionals should ensure that they are informed regarding such services and link their clients with the service if they are available.
4. Healthcare professionals are ideally placed to provide clients with information regarding local, or at least the most accessible mammography facility (e.g. at the closest population centre) and encourage and support booking appointments for clients to coincide with planned visits.
5. Healthcare professionals should educate and inform at-risk clients regarding how to undertake effective breast self-examination and to contact their healthcare provider if potential signs of breast cancer are found.
6. Healthcare professionals should ensure that they are informed and capable to undertake breast



JBI EVIDENCE SYNTHESIS

Wolters Kluwer

Evidence Summaries

- Short abstracts starting with a **PICO question** that summarize existing international evidence on common health care interventions and activities
- Based on structured searches of the literature and selected evidence-based health care databases

JBI Grades of Recommendation	
A 'strong' recommendation for a certain health management strategy where:	
Grade A	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.
A 'weak' recommendation for a certain health management strategy where:	
Grade B	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.



JBI EVIDENCE SUMMARY

LOW BACK AND PELVIC PAIN (PREGNANCY): PREVENTION

Author

Dr Ashley Whitehorn BAppSc BHlthSc (Hons) PHD

Publication date

08/04/2020

Question

What is the best available evidence regarding interventions to prevent low back and/or pelvic pain in pregnant women?

Clinical Bottom Line

It is estimated that around half of all pregnant women experience low back pain (LBP), or pelvic girdle pain (PGP), together known as lumbopelvic pain (LBPP) during pregnancy.¹ LBP is pain or discomfort between the 12th rib and the gluteal fold, while GPP is pain experienced between the iliac crest and gluteal fold, particularly around the sacroiliac joints. LGPP can negatively affect sleep, social and sexual life, work and mental health.¹ A systematic review and meta-analysis investigated the effect of prenatal exercise (frequency, intensity, type and volume) on maternal LBP, PGP, and LBPP during pregnancy and in the postpartum period. Exercises included yoga, aerobic exercise, strength training and combination resistance and aerobic exercise, with the majority of interventions starting in the second and ending late in the third trimester. Exercise frequency ranged from one to 14 times per week, duration ranged from 20 to 75 minutes per session and exercise intensity ranged from low to vigorous. The meta-analysis of randomized controlled trials (RCTs) (n=13) found that overall prenatal exercise was not associated with lower risk of pain (LBP, PGP or LBPP) during pregnancy compared to no exercise. A single study found lower risk of LBP when participating in water based exercise compared to land based exercise, although there was no effect on PGP. The meta-analysis did find an inverse association between prenatal exercise and pain severity suggesting that although women who exercised did experience pain, the severity was less than women who did not exercise. Authors concluded that there is very low level evidence supporting exercise to reduce the severity of pregnancy related LBP, PGP and LBPP.¹ (Level 1)

- A systematic review and meta-analysis investigated the effect of exercise for the prevention of low back and pelvic girdle pain (and associated sick leave) during pregnancy. The exercise interventions included water gymnastics, sitting pelvic tilt exercises, an energy expenditure exercise, strength training (general

Best Practice Recommendations

- Best Practice Recommendations
- Women should be encouraged to participate in regular exercise during pregnancy as there may be a small protective effect for low back pain. (Grade B)

Systematic Reviews

VS

JBI Evidence Summaries

How are they similar?

They both adopt a systematic approach to synthesise information on a specific topic.



Maintain transparency in their methods by documenting their search strategies, inclusion/exclusion criteria, and critical appraisal assessments.

Provide healthcare professionals with evidence-based information to guide clinical decision-making.



Published resources undergo a rigorous peer-review process to ensure the quality of the information presented.

How do JBI ES Differ?

Evidence Summaries use a rapid review approach for timely completion, using streamlined methods such as a targeted database search and a focus on inclusion of the best available evidence.



Evidence Summaries are concise 2–4 page documents, using clear and clinician-friendly language to ensure easy access and rapid uptake of knowledge.



Provide best practice recommendations that can be used to develop audit criteria and the evaluation of clinical practice.



Are 'living' summaries, undergoing a continual, active evidence surveillance and monitoring cycle to ensure information is up-to-date.

Recommended Practices

Interventions or procedures that describe **step by step** and recommend a practice on a selected clinical topic; developed by an expert clinical review panel to confirm clinical relevance and currency; based on Evidence Summary.

- Recommended Practice
- Equipment List
- Occupational Health & Safety Provisions

Occupational Health and Safety Considerations



BACK CARE
FOLLOW MANUAL
HANDLING PROCEDURES



CLINICALLY COMPETENT
PROFESSIONALS ONLY



ATTENTION
STANDARD PRECAUTIONS
OR APPROPRIATE
PRECAUTIONS



DELEGATION
COMPETENCIES REQUIRED



PATIENT EDUCATION
REQUIRED



RESIDENT EDUCATION
REQUIRED



JBI RECOMMENDED PRACTICE

NON-SPECIFIC LOW BACK PAIN: SUPERFICIAL HEAT

Publication date

10/04/2020

Equipment

- Patient's medical record
- Sensation testing equipment
- Heat Wrap/Hot Pack

Recommended Practice

PRECAUTIONS:

- Neurological disorders
- Kidney problems
- Diabetes mellitus
- Bleeding diseases
- Inflammatory disease
- Abnormal heat sensitivity
- Peripheral vascular disorders
- Active tuberculosis
- Skin lesions (e.g. rash, bruising, laceration)
- Areas where heat rub was applied
- May refer to manufacturer's guidelines for precautions

CONTRAINDICATIONS:

- Circulatory insufficiency
- Risk of dissemination (malignancy, systemic disease)
- Possible exacerbation of existing conditions
- Loss of skin sensation (hot or cold)

PROCEDURE:

1. Conduct an appropriate assessment to determine individual patient needs and any contraindications/ precautions.
2. Explain procedure to patient and gain consent. Warn patient regarding potential risks (e.g. burns), and that the sensation must be comfortable. Therapist should monitor the effects during the treatment and stay present. If therapist needs to leave the patient, he/she should be provided with a warning device or if able,

Systematic Reviews and Systematic Review Protocols

■ Systematic Reviews

Analysis of all the available literature

- Develop a question
- Establish inclusion/exclusion criteria
- Develop a strategy to comprehensively search for the evidence
- Appraising the quality of each paper
- Extracting the findings of included papers
- Synthesizing the findings of included papers

■ Systematic Review Protocols

- A document that will become a systematic review

Links from the record open the article in the JBI journals

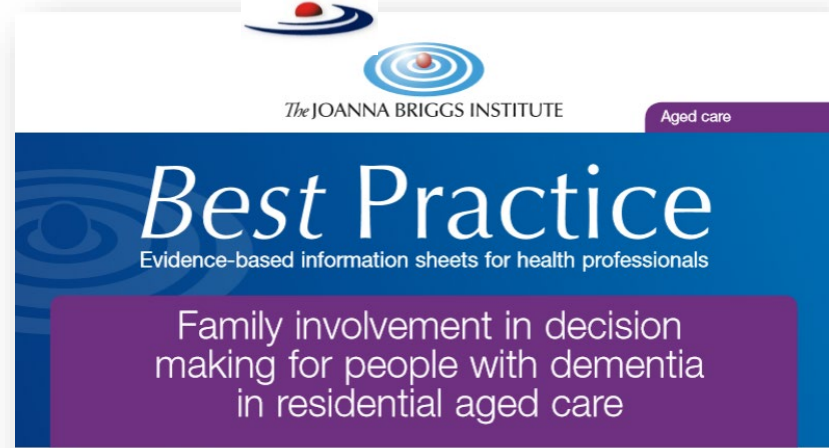
The screenshot displays a JBI Evidence Synthesis record page. At the top, it identifies the journal as 'JBI Evidence Synthesis', Volume 18(3), pages 368-642, March 2020, with ISSN 2689-8381 and copyright © 2020 Joanna Briggs Institute. The main title of the record is 'Risk factors for osteoporosis in adults with serious illnesses: a comprehensive systematic review'. The authors listed are Xie Huting, RN, BHSoc, PhD¹; Lu Qiu Fen, BSc, RN¹; Yuan Peng, BSc, RN, RMN¹; Wang Jia, BSc, RN, RMN¹; Serena Loh, BSc, RN(Hons)¹; Chua Pei Shan, BSc, RN²; and Rajni Parasuram, BS, RN, RMN¹. The affiliations are: 1. The Joanna-Briggs Institute-Institute of Mental Health (Singapore) Centres for Mental Health Care; a collaborating centre of the Joanna Briggs Institute; 2. Mount Elizabeth Hospital, Singapore. The corresponding author is Xie Huting, with email hui_ling_xie@imh.com.sg. The executive summary includes a background on mental illnesses and osteoporosis, and objectives to synthesize evidence on risk factors. The record also features a thumbnail of the article cover, a 'Looking back to look forward' link, and a 'Nurse experiences of medication administration to people with swallowing difficulties living in aged care facilities: a systematic review of qualitative evidence' link. The bottom of the page shows the citation: Forough, Aida Sefidani, Wong, Simon Y.M., Lau, Esther T.L., Santos, Jose Manuel Serrano, Kyle, Greg J., Steadman, Kathryn J., Cichero, Julie A.Y., Nissen, Lisa M., JBI Database of Systematic Reviews & Implementation Reports. 16(1):71-86, 2018. [Systematic Reviews] AN: JBI18915 Year of Publication 2018. Navigation options include Abstract, Cite, My Projects, and Annotate.

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

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 - Experimental Designs	Level 1.a - Systematic review of Randomized Controlled Trials (RCTs)
	Level 1.b - Systematic review of RCTs and other study designs
	Level 1.c - RCT
	Level 1.d - Pseudo-RCTs
Level 2 - Quasi-experimental Designs	Level 2.a - Systematic review of quasi-experimental studies
	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 - Observational - Analytic Designs	Level 3.a - Systematic review of comparable cohort studies
	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 4 - Observational - Descriptive Studies	Level 4.a - Observational study without a control group
	Level 4.b - Systematic review of descriptive studies
	Level 4.c - Cross-sectional study
	Level 4.d - Case series
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



Recommendations*

- Residential aged care staff could ascertain the preferred degree of involvement of family caregivers in decision making about the resident. **(Grade B)**
- Residential aged care staff can ensure that they develop and maintain effective dialogue with the resident's family about the resident's health status. **(Grade B)**
- Residential aged care staff can provide support for family caregivers when making decisions about the resident. **(Grade B)**
- Residential aged care staff can provide opportunities for reciprocal sharing of information with the resident's family about the resident's illness, treatment options and quality of life as well as their life story, values and wishes. **(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 has been systematic review published in 2013 in the J Systematic Reviews and Implementation Reports. review report is available from the Joanna (www.joannabriggs.org).

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.

JBI levels of evidence

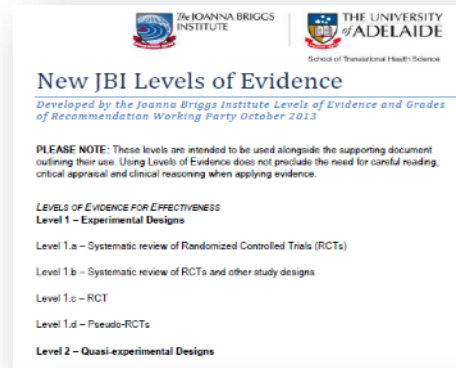
- [JBI Levels of Evidence \(PDF\)](#)

The JBI levels of evidence help describe the strength of the evidence found in the Evidence Summaries. JBI assigns levels 1 to 5 [1 systematic reviews, 5 expert opinions].

- [JBI Grades of Recommendation \(PDF\)](#)

Grading system that helps professionals to quickly establish the importance of the evidence. JBI assigns a level *[A or B] to its recommendations found within the Best Practice Sheets and the Evidence Summaries

* Some older Best Practice Sheets will continue to show A, B, C, D grades.



Click on the image



Click on the image

VHA National Desktop Library

VA » Health Care » VHA National Desktop Library » Training

VHA National Desktop Library

- HeinOnline Knowledge Nook Recorded Training
- Joanna Briggs Institute Evidence Based JBI for VA Clinical Staff Recorded Training Slides from the JBI for VA Clinical Staff JBI Overview Resource Page for JBI Links Knowledge Nook Recorded Training
- Lexicomp Online for Dentistry Knowledge Nook Recorded Training Lexi-Comp Online for Dentistry Quick Lexi-Comp Online for Dentistry Training
- Natural Medicines Knowledge Nook Recorded Training
- Nutrition Databases (eNCPT, EAL, and Knowledge Nook Recorded Training
- Ovid Clinical Edge Anatomy.tv Training site* Anatomy.tv Resource Center* Knowledge Nook Recorded Training

The VHA National Desktop Library contains links to your library's unique portal where you can search or browse for online journals and books and get connected to the full text.

Selecting a medical center will open a new window. Close the window to return to this page.

JBI Resource Page



JBI is one of the world's leading evidence-based practice (EBP) organizations. JBI's evidence-based practice resources assist healthcare professionals to implement an effective evidence-based practice program to provide the best possible patient care.

- View a list of new JBI Reports added last month
- Email the Monthly flyer of new JBI Reports to me
- JBI Evidence Synthesis
- JBI Overview for Clinicians - Session Recording
- JBI Resource Center
- Athens Login to JBI

Search JBI EBP Database:

Publication Types:

Popular Searches:

- Click to search the JBI EBP database for these topics:
- PTSD - Evidence Summaries
 - Diabetes Prevention - Evidence Summaries
 - Falls - Recommended Practices



Help and Training

Browse by Publication Type:

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

Evidence-Based Practice Tools:



JBI SUMARI
SUMARI provides a framework for managing the systematic review project step-by-step.

- SUMARI Tutorials
- SUMARI Reviewer's Manual



Wolters Kluwer

JBI Nodes (Groups)

Adolescents
Aged Care
Blood Disorders
Burns
Cancer
Cardiovascular
Community Health
Critical Care
Dental and Oral Care
Diagnostic Imaging
Emergency and Trauma

Endocrine and Diabetes
Eyes, Ears, Nose, Throat
Family Health
Fundamentals of Care
Gastrointestinal
Health Policy
Infection Control
Infectious Diseases
Informatics
Mental Health
Musculoskeletal

Neonatal
Nervous System
Nutrition and Metabolic
Palliative Care
Pediatrics
Pregnancy and Childbirth
Reproductive Health
Respiratory
Surgical Services
Urinary
Wound and Skin Care

Expert Reference Group (ERG).



Practical Advice on Searching

- Basic mode can be a good approach if you have a PICO question– “using acupuncture to treat back pain”
- Remember you can limit to publication type or subject node

Search History (1) ▾

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

1 resource selected [Hide](#) [Change](#)

🕒 JBI EBP Database Current to January 31, 2024

using acupuncture to treat back pain

Include Multimedia Include Related Terms

Limits ⌵

Full Text Abstracts

Publication Year

Publication Types

Subject Area Nodes

[Additional Limits](#) [Edit Limits](#)

Ovid Tools & JBI Resources Portal

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Ovid Tools & Resources Portal

Ovid

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TRAINING

- Browse All Videos
- Guides & Documentation
- Ovid Academy (coming soon)
- Instructor-Led Training

TOOLS

- PICO Resource Center
- eTOC Alerts
- Expert Searches
- History JumpStart
- History Launcher
- JumpStarts
- Scientific Production
- Search Builder Tool
- Search Translator
- URL Encoder / Decoder
- Top Articles

JBI Resource Center

Home | Training Videos | User Guides | Access Options | Contact | About JBI

Training Videos

The following JBI tutorials are available for the Ovid platform.

Watch videos directly from this site or set links to the videos in your own webpage.

Click on the **i** icon to see more information about each tool.

Please note that JBI SUMARI training is conducted by JBI in Adelaide, Australia and may incur a charge.

JBI EBP Database

- Introducing the JBI EBP Database **i**
- Beyond the Search: Maximizing the Quality of Systematic Reviews **i**

JBI EBP Software

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Thank you

Kathi.grainger@wolterskluwer.com

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