

EDITORIAL

Dear Readers,

Although the editorial is usually considered to be an introduction oriented toward the content of the given journal, I would like instead to approach this particular one as a treatise focusing on the application of the best available evidence in practice.

A number of professional teams deal with development, methodology, and dissemination of evidence in practice. The centres playing a leading role in Evidence-Based Practice around the world are: Cochrane, established in Great Britain in 1993, the Joanna Briggs Institute (JBI), founded three years later in Adelaide, and the Campbell Collaboration centre, set up in the USA in 2000. Each is represented by dozens of regional or national centres, with thousands of other collaborators around the world. Their common goal is to improve global health in the broad sense of the term, and they are convinced that this objective can be achieved by making judicious decisions in individual cases and specific situations based on the best available evidence. Their methods and techniques are, therefore, analogous. Originally, the JBI primarily focused on nursing, midwifery, healthcare management, and public health. As research in these fields is more often conducted by means of qualitative research designs, the JBI first paid attention to the development of the methodology, approach, critical appraisal instruments, and software support for the creation of qualitatively-oriented systematic reviews with meta-analysis. The JBI's activities gradually expanded to a focus on quantitative research, for which it has developed another series of methods for judicious use in medical practice. Nowadays, the JBI offers a complex combination of methods used in every field of healthcare. The specialized approach implemented according to JBI methods is referred to as Evidence-Based Healthcare (EBHC). As the only institution focusing on Evidence-Based Practice, the JBI holds a six-month training program, the Evidence-Based Clinical Fellowship, offered to clinical professionals, managers in healthcare, public health professionals, health policy-makers, and other health care professionals. An outcome of the training program is that attendees can make use of evidence in healthcare practice, with specific implementation carried out under JBI supervision.

To open discussion, I would like to share my personal observation that the concept of Evidence-Based Practice is not always as thoroughly grasped as we might suppose. One example of this are articles that claim a systematic review component in their title, whereas their design actually corresponds more to a literature review. It is necessary to be aware that in the hierarchy of evidence, a literature review represents the lowest level on which we can base decisions in practice. On the other hand, a systematic review (SR) provides the highest level of evidence for our decision-making process in practice. The research design of a systematic review must follow rigorous methodology, including, for example, a reviewed protocol of the prospective SR written according to Prisma-P Guidelines, assessing the relevance of retrieved studies by independent experts, assessing the methodological quality of relevant research studies using robust tools and instruments, using only the best quality studies, with meta-analysis and meta-synthesis of data from the studies included. I start the discussion with this example because I am persuaded that if we can acknowledge our imperfections, we can learn from them and improve our knowledge of EBHC methodology, and, thus, effectively and meaningfully use the methods of judicious decision-making based on best evidence in practice.

assoc. prof. PhDr. Jana Marečková, Ph.D.

*Department of Social Medicine and Public Health,
Faculty of Medicine and Dentistry, UP Olomouc;*

*Deputy Director of the Czech Republic (Central European) Centre for Evidence-Based Health Care:
A Joanna Briggs Institute Centre of Excellence*