

Words to know

Knowing these terms will help you better understand evidence-based practice research and how it relates to daily clinical care.

Body of evidence: All known studies (published and unpublished) about a clinical issue.

Common statistic: Each study's findings are translated into this statistic to allow for comparison of all studies' findings. There are a few unique statistics that allow this comparison.

External evidence: Data generated through research.

Internal evidence: Data generated through clinical practice.

Generalizability: This basic requirement of research allows findings from a study to be applied more broadly than just to the study sample. Research design and methods help ensure a study is generalizable.

Hierarchy of evidence: Another name for levels of evidence that indicates a rank order of which research study designs, when methods are done well, offer users the most confidence in the study results.

Independent variable: The intervention; what is done to achieve the outcome.

Intervention studies: Studies in which active treatments are used to achieve an expected outcome.

Interventions: A treatment or other action delivered to achieve an outcome.

Overall statistic: The finding that provides an understanding of the combined findings from all the studies within a meta-analysis.

Precision of effect: This is how predictable it is for clinicians to implement an intervention and get close to the result found in the study. The confidence interval (CI) tells you the precision of effect. A narrow CI is precise, which means clinicians can get the same result as in a study; a wide CI is not precise, which means clinicians aren't likely to get the same outcome as the study.

Quantitative studies: Studies that investigate issues using statistical analysis. They can be descriptive, predictive, or causal.

Standardize the findings across studies: Researchers can standardize—or make uniform—the findings across studies using a common statistic.