



CONE HEALTH[®]

Medical Library

Medical Library

Our Roadmap

- Why Indeed
- Your Medical Library
- The Literature
- A Research Guide Just For You

Here's the heads up on what I'm planning on covering today.

But first, let's hear from you...

“What is your understanding the role of research plays in Spiritual Care?”

Before we dive in, I just want to ask, what is your understanding of the role research plays or should play in spiritual care.

Possible prompts:

- Can anyone define “Research in Spiritual Care?”
- Has anyone written up a Case Study? Did any of them highlight instances where research has positively impacted spiritual care outcomes in hospital settings?
- What do you see as the perceived challenges and benefits of integrating research into spiritual care?

Section 3: Maintaining Competent Chaplaincy Care

Standard 11, Continuous Quality Improvement: The chaplain seeks and creates opportunities to enhance the quality of chaplaincy care practice as understood within the chaplain's professional setting.

Standard 12, Research: The chaplain remains informed of relevant developments in evidenced-based and best practices in chaplaincy care through reading and reflecting on the current research and professional practice; and, where practical, collaborates or provides leadership on research studies.

Standard 13, Knowledge and Continuing Education: The chaplain takes responsibility for continued professional development and demonstrates a working knowledge of current theory and practice as appropriate to the chaplain's professional setting.

<https://www.apchaplains.org/wp-content/uploads/2022/05/Standards-of-Practice-for-Professional-Chaplains-102215.pdf>

Looking at the Association of Professional Chaplains, in their Standards of Practice, under Section 3, Maintaining Competent Chaplaincy Care, there are 3 standards listed, CQI, Research and Knowledge and CE.

There is an emerging recognition of the importance of research for the development of the profession of spiritual care.

Developing research literacy means

- Reading research
- Knowing where to find it
- Being able to understand what the research is indicating
- Recognizing major limitations
- Integrating helpful findings into one's spiritual care

Doing so will lead to

- Improved spiritual care
- Greater professionalism
- Bringing in diverse voices that can inform our practice
- Interaction with the interdisciplinary team with an
- Increased capacity to take in data to support their practice.
- Become a lifelong learner.

- ACPE Manual 2020

And jumping over to the ACPE, a look at their Manual, under Category E (Professional Development), it states that success includes to “become Research literate” followed by an elaboration on what that means.

On the left research literacy is defined and on the right are some results that will come from that literacy.

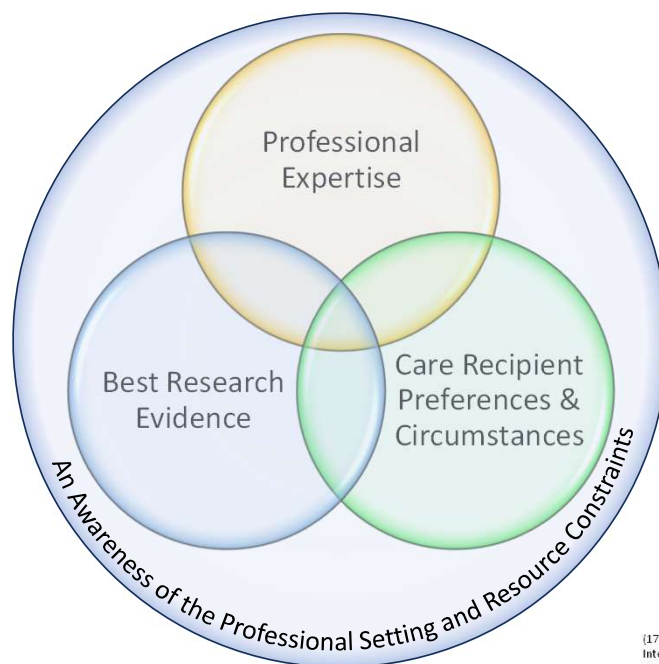
- IA: Demonstrate an awareness of how research is relevant to spiritual care.
- IB: how one's readings of research is relevant to one's provision of spiritual care.
- **IIA: Demonstrate one's ability to access and understand the main points of a research article and any major limitations.**
- IIB: Integrate relevant research into one's practice of spiritual care.

- ACPE Manual 2020

Then, down in Outcome 5, it provides these four indicators to be met in the pursuance of the Research Literate goal.

Today, we are going to focus on the third one, *Demonstrate one's ability to access and understand the main points of a research article and any major limitations* but in laying some context, we'll touch on the others to some extent.

Evidence-based Chaplaincy Care



(17) Kevin Adams. Patterns in Chaplain Documentation of Assessments and Interventions, a Descriptive Study. Unpublished PhD Dissertation. Richmond, VA: Virginia Commonwealth University, 2015.)

So, let's loop back for a moment on some of those benefits of research literacy.

Since the early 1990s, Evidence-Based Practice has come to be the standard bearer for providing care.

Research is what provides the 'evidence' that will support the integration of spiritual care into clinical practice in the first place.

And the research plays a part in that provision of "Evidence Based Care".

Engaging with the published literature is going to allow you to incorporate Evidence Based Practices into your own spiritual care interventions. Your critical evaluation of research findings, theoretical models or best practices will make sure your interventions will be grounded in the empirical evidence.

Following up on that last point, Evidence Based Interventions, a quick reminder of what EBP is.

From the ACP Standard of Practice for Professional Chaplains, they define

Evidence-based chaplaincy care. Chaplaincy care based on "an integration of best research evidence, [professional] expertise, [care recipient] preferences and circumstances, and an awareness of the [professional] setting and resource constraints.

Their cited reference: Kevin Adams. Patterns in Chaplain Documentation of Assessments and Interventions, a Descriptive Study. Unpublished PhD Dissertation. Richmond, VA: Virginia Commonwealth University, 2015.

Why Research Matters in Spiritual Care

The ways you'll be impacted:

- Ethical Considerations
- Improved Patient Outcomes
- Interdisciplinary Collaboration:
- Professional Development
- Knowledge Expansion
- Skill Development
- Quality Improvement

Looking at some of the 'why's' research will matter to you and the ways that by engaging with it, it will impact you, are:

Ethical Considerations

- Research can explore the ethical implications of integrating spiritual care into patient treatment plans, ensuring that healthcare providers respect patients' beliefs and values while delivering care. Which is one of the components of that EBP diagram we just looked at.

Improved Patient Outcomes:

- Research will enhance your understanding of the relationship between spirituality and health outcomes.
- It can demonstrate the impact of spiritual care on pain management, coping mechanisms, psychological well-being and satisfaction with care.

Interdisciplinary Collaboration:

- Research encourages interdisciplinary collaboration between healthcare providers, researchers, and spiritual care professionals. Collaborative research projects facilitate the exchange of knowledge and expertise across different disciplines, leading to a more holistic approach to patient care that

incorporates spiritual dimensions.

- Overall, research plays a crucial role in advancing the field of spiritual care in clinical settings by providing evidence-based practices, supporting professional development, addressing ethical considerations, and improving patient outcomes.
 - Published literature often highlights the importance of interdisciplinary collaboration in providing holistic patient care. By staying abreast of relevant literature, resident chaplains can identify opportunities for collaboration with healthcare professionals from diverse disciplines, such as physicians, nurses, psychologists, and social workers. Collaborative efforts informed by literature can lead to more comprehensive and integrated approaches to addressing patients' spiritual needs.
-

Professional Development:

- Research contributes to the professional development of healthcare providers who offer spiritual care.
 - By staying informed about the latest research findings and participating in research activities, clinicians can enhance their knowledge and skills in providing effective spiritual care to patients.
 - Reading published literature fosters ongoing professional development for resident chaplains. It exposes them to the latest research trends, emerging theories, and innovative approaches in the field of spiritual care. This continuous learning process enhances chaplains' expertise, confidence, and adaptability in addressing complex spiritual issues encountered in clinical settings.
-

Knowledge Expansion

- Reading published literature allows resident chaplains to expand their knowledge base regarding various aspects of spirituality, religious practices, cultural beliefs, and the intersection of spirituality with healthcare.
 - This expanded knowledge equips chaplains with a deeper understanding of the diverse needs of patients and enables them to provide more informed and culturally sensitive spiritual care.
-

Skill Development

- Literature on spiritual care often includes practical strategies, case studies, and theoretical frameworks that can help resident chaplains develop and refine their skills in providing effective spiritual care.
- By learning from the experiences and insights shared in published literature, chaplains can enhance their communication skills, empathy, active listening abilities, and techniques for addressing spiritual distress.

Quality Improvement

- Resident chaplains who engage with published literature are better equipped to contribute to quality improvement initiatives within healthcare settings.
- By critically analyzing existing practices and exploring innovative approaches documented in the literature, chaplains can identify areas for improvement in the delivery of spiritual care and actively participate in organizational efforts to enhance the quality of care provided to patients.

Establishing a Research Support System

The Medical Library will provide

- Resources and tools to enhance your research literacy skills.
- Information on those resources and tools so you can continue your engagement with research.

So now that we've touched on the whys and built a case for your involvement in research and the literature, as the African proverb says, "It takes a village". Meaning, that to be successful, you need a support system.

The Medical Librarian's are here to be a part of that collaborative support. They can provide you resources and tools that will enhance your research literacy and support your engagement with the literature reporting on the research.

The Smiling Faces



PIEDMONT AHEC
PART OF NC AHEC



**Ed
Donald**



**Laura
Eynon-Way**



**Samantha
Winsmith**

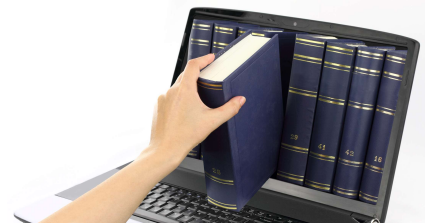


Let's start with the smiling faces. These are your librarians. I'm the Director and Laura and Samantha do an amazing job of making me look good and are my super stars.

And while the majority of work we do in support of Cone Health; we are also the regional library for the Piedmont AHEC.

What We Can Do For You

- Article Retrieval
- Literature Searches
- Provide Study Space; Computers & Printing
- Collaborate on:
 - Poster design
 - Conducting surveys
 - Citation management

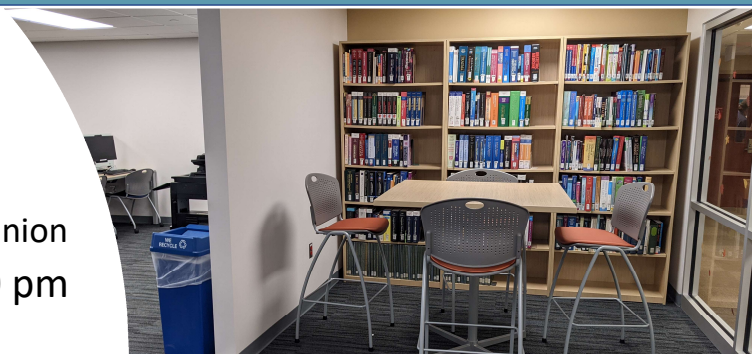


We do what you might think we do, in terms of the standard document delivery and literature search services. And our physical space also provides study space, computers and printing.

Some of the things that might not immediately come to mind when I say “Library” include poster design, surveys and citation management.

Our Physical Space

- Moses Cone Hospital Campus
- Ground Floor, West
 - Near Physicians' Lounge & Credit Union
- Librarians onsite M-F, 8 am - 4:30 pm
- 24/7 EID Badge Access
- 12 Networked Computers
- Tables & Outlets
- Soft seating
- Printing, scanning and faxing



We're down to one physical location on the ground floor west in MCH.

The librarians are onsite M-F 8 a.m. -4:30 p.m. however your employee ID badge will get you in 24/7/365.

And while we're on the smaller side, we do have a dozen networked computers, printing, scanning and fax options as well as space to study.

Connecting With Us

- Phone: 832-7484
- Email: medical.library@conehealth.com
- Web: www.conehealth.com/library
 - ConeConnects | Tools & Resources



You can connect up with us via the traditional phone, email or website options.

I like to say 'we're right in the middle of things' as you can find our online portal linked off ConeConnects, in the middle of Tools and Resources.

Library Online Portal www.conehealth.com/library

The screenshot shows the DENIM (Discover Essential nKnowledge in Medicine) library portal. At the top, it displays the logo and the text "Discover Essential nKnowledge in Medicine". Below this is a search bar with a dropdown menu showing "Discovery", "Journals", "PubMed", and "CINAHL". The search bar contains the text "Choose Discovery to search across multiple sources, Journals for a specific journal title or search PubMed or CINAHL, o". To the right of the search bar are navigation icons for "A", "A-", and "Q". Below the search bar is a navigation menu with links for "Services", "Ask Us...", "Databases", "Books", "Research Support", "ABOG Reading", "About", and "Piedmont AHEC".

Below the navigation menu are four large buttons for "PubMed", "CINAHL", "ClinicalKey", and "ClinicalKey for Nursing".

On the left side, there are several sections:

- Find Full-Text Journals @ Cone Health:** Click [HERE](#) to search our Publication Finder.
- Top Databases:** AHEC Digital Library, CINAHL, ClinicalKey, ClinicalKey for Nursing, Essential Evidence, Medline (CVID), Medline Plus, Micromedex, PubMed, STATID.
- Did you know...:** The body has 2.5 million sweat pores. Click [HERE](#) for more information on possible issues involved in remotely accessing the library's resources. Possible scenarios may involve:
 - Logging into the AHEC Digital Library when not first authenticated with Cone Health credentials.
 - Authenticating with Cone Health credentials.
 - Authenticating directly from a publisher's website.
- SurveyMonkey:** Cone Health has an enterprise license to Survey Monkey. Click [HERE](#) to log in using your Cone Health login credentials. Need help building a survey or have

The right-hand side of the portal features several sections:

- Micromedex:** Click [HERE](#) to log in using your Cone Health login credentials. Need help building a survey or have questions? Click [HERE](#) to find out how the library can help.
- SurveyMonkey:** A green button with the SurveyMonkey logo.
- Books:** Click [HERE](#) to search for library books in our catalog. Click [HERE](#) to browse our eBook collections.
- Targeted Program-Specific Resources:** These guides provide targeted program-specific resources with links and educational how-to visuals. Family Medicine Residency, Internal Medicine Residency, Pediatric Teaching Program, Psychiatry Residency, Sports Medicine Fellowship.
- eBooks:** Scroll below for some highlighted titles. Each cover is linked to the online book. We also have access to eBooks from ClinicalKey, StatRef, Ovid, PubMed, ClinicalKey for Nursing, and more. Click [HERE](#) to explore our entire eBook collection further.
- Historical Archives:** The Greensboro Medical Historical Archives collections are comprised of unique primary documents dating from the early 19th Century to the present including journals, letters, correspondence, photographs, medical instruments, ledgers, moving images, scrapbooks, and albums. Materials relate to the history of health and medicine in North Carolina, particularly in Greensboro and Guilford County, Burlington, and Alamance County and Rowan and Rockingham County.

This is our online portal, DENIM, Discover Essential nKnowledge in Medicine, a nod to our founder.

Here you can search our databases, pick up a fun medical fact from Temperance and a whole bunch of other 'library' things.

And getting to it is easy, I'd like to think, with the address www.conehealth.com/library.

Responsive to Mobile Devices



And the site is mobile responsive.

AHEC DIGITAL LIBRARY

The screenshot displays the NC AHEC Digital Library website. At the top, the logo for NC AHEC Digital Library is shown, along with the tagline "AHEC librarians helping North Carolina health professionals in every county." A search bar is located in the top right corner, with a "Site Search" button and a note: "* Does not search database content or full text resources." Below the header is a navigation menu with links for About, Databases, Journals, Books, Subject List, Research Guides, Continuing Professional Development, Patient Education, and Services.

The main content area is divided into several sections:

- Your Top Used Resource:** Browse Special Collections, New Books
- COVID-19 Mental Health for Health Care:** A highlighted resource.
- Databases:** STATiRef Collection of Textbooks, PubMed MEDLINE (ADL), Cochrane Database of Systematic Reviews - EBM Reviews, CINAHL Complete (ADL Subscription), MEDLINE 1946 - present
- Journals:** New England Journal of Medicine, JAMA, Lancet, ACP Journal Club, American Family Physician
- Books:** STATiRef Collection of Textbooks, ICD-10-CM Clinical Modification, CPT Professional 2029, AACN Procedure Manual for High Acuity, Progressive, and Critical Care, Davis's Drug Guide for Nurses

On the right side, there is a **PIEDMONT AHEC PART OF NC AHEC** section with an **Individual Account** login form. The form includes a username field (edonnald), a password field (*****), and a "Login to your account" button. Below the login form are links for "Need Assistance?", "Forgot your password?", and "Request an Account".

At the bottom left, there is a section for **ADL News (more ...)** featuring a **Highlighted Resource for October 1, 2023: Questions and Answers about Medicaid Expansion**. The text states: "North Carolina recently announced that Medicaid expansion will launch on December 1, 2023. NC DHHS has released a collection of answered questions about Medicaid expansion, covering topics like coverage, costs, and benefits. To learn more, check out the ADL's October 1 Highlighted" followed by a link icon.


At the bottom right, there is a **Library Links** section with links for ABOG Readings, Essential Evidence, New Books, and Research Guides.

I do want to take a moment just to explain what the "AHEC Digital Library" or ADL is.

A large set of our resources are provided through a contract with the NC AHEC and those things are found in the ADL. At present, if you are jumping over to a resource in there, you'll either be automatically passed through due to IP recognition, or we can set you up with an account and then you can log in independently of Cone Health.

Support to Write, Publish and Present

Scholarly Work



Congratulations, you've completed your project!
Now it's time to share your findings with others, impact practice, and contribute to a body of knowledge.
"Dissemination: The spreading of ideas from QI, EBP or Research studies to those who can use the information."

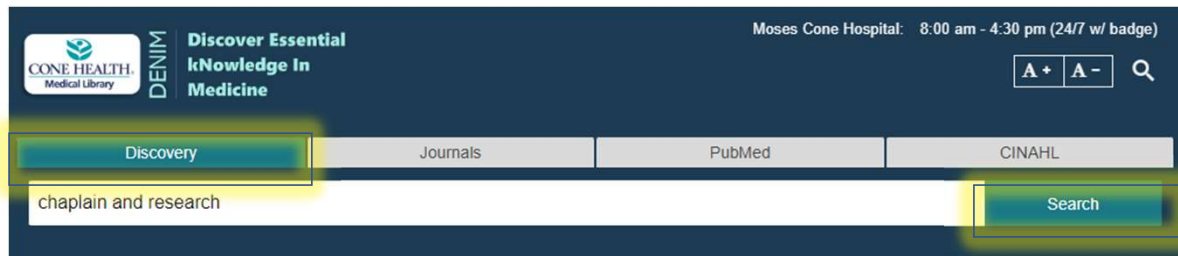
Getting back to our side of things, we also offer resources and guidance in the area of scholarly work, from writing abstracts, managing citations, writing and getting published as well as disseminating your findings including scientific posters.

Forms for Submitting Requests

The image shows a screenshot of a library website. At the top, there is a navigation bar with the logo for 'CONE HEALTH Medical Library DENIM Discover Essential Knowledge In Medicine'. Below this is a search bar with tabs for 'Discovery', 'Journals', 'PubMed', and 'CINAHL'. A dropdown menu is open under 'Ask Us...', listing options: 'Request an Article', 'Request a Literature Search', 'Suggest purchase for the collection.', 'Request a Consult', and 'How do I...'. To the right, two forms are displayed. The 'Request Literature Search' form includes fields for Employee ID Number, Requester Name, Department or Unit, and Email. It also has a 'Search' button and a 'Submit' button. The 'Request Article' form includes fields for Name, Department, and Email. It has a 'File Upload' section with a 'Choose File' button and an 'Upload' button. Both forms have a 'Submit' button at the bottom.

On the portal, under the “Ask Us” option, you will find different forms for requesting articles, literature searches or to just get in touch with us.

Using Discovery Service



Let's now take a deeper dive on that need to demonstrate an ability to access research articles.

Our Discovery works like Google in the sense that you have a single search box. So, you drop in your key words and click on Search.

Use Those Filters

The screenshot displays a search interface for Cone Health Medical Library. At the top, the search term "chaplain and research" is entered in a search box, with a "Search" button to its right. Below the search box are two "AND" filter boxes, each with a "Select a Field (optional)" dropdown and a "Clear" button. A "Basic Search" link is visible below the filters.

The main search results area shows "Search Results: 1 - 20 of 11,347". The first result is titled "1. The perceived impact of being a chaplain-researcher on professional practice." and includes a snippet of the abstract and a "Subjects" list. The second result is titled "2. Supporting staff: The role of health care chaplains." and also includes a snippet of the abstract.

On the left side, there is a "Refine Results" sidebar. It contains a "Current Search" section, a "Find all my search terms" section, and a "Limit To" section. The "Limit To" section is highlighted in yellow and includes checkboxes for "Full Text" and "Scholarly (Peer Reviewed) Journals". Below this is a "From" and "To" date range selector, currently set to "1077" and "2024", with a "Publication Date" label and a "Current Year" button.

On the right side, there is a "Folder has items" section with a list of folders and a "Go to: Folder View" button. Below this is a "Mesh Terms" section with a list of terms.

Pulling back just a bit, you'll see your results listed with options for further refinements. Including advanced search fields, Limits and other ways to narrow down your results.

PICO

The screenshot displays the Cone Health Medical Library search interface. At the top, the search bar contains the text "chaplain and research". Below the search bar, there are three dropdown menus for selecting fields, each labeled "Select a Field (optional)". A blue arrow points from the "PICO Search" link in the search bar to the "PICO Search for EDS" modal window. The modal window has a title "PICO Search for EDS" and a close button. It contains four input fields labeled "P Problem/Population", "I Intervention", "C Comparison", and "O Outcome". Below these fields are three buttons: "Submit", "Reset", and "Help". A help message in a separate box reads: "Welcome to the PICO searchbox for EDS. Enter P and I (C and O optional) terms, and click Submit".

Searching: Discovery Service for Cone Health

CONE HEALTH Medical Library

chaplain and research Select a Field (optional) Search

AND PNP Select a Field (optional) Clear ?

AND Select a Field (optional) + -

Basic Search Advanced Search **PICO Search** Search History

Search Results: 1 - 20 of 17

1. The perceived impact of being a **chaplain**-researcher on professional practice.

(Includes abstract) Ten Toom, Niels; Visser, Anja; Körver, Jacques; Walton, Martin N. Journal of Health Care Chaplaincy. Tables/Charts) ISSN: 0885-4726 AN: 174662010. Database: CINAHL Complete

Academic Journal

Abstract: As **research** involvement in **research**, the impact of participation in the Dutch Case Studies Project (CSP) on their professional expertise and their positioning in the CSP (N = 50) and was completed by 48 participants. We found that participation in **research** contributes to the expertise method) and their positioning as they try to legitimate their profession. This study thus substantiates the presumption that contributes to the perceived improvement of the quality of chaplaincy care and its legitimization.

Subjects: **Chaplains** Psychosocial Factors; **Research** Personnel; Professional Practice; Professional Competence; Prof Middle Aged: 45-64 years; Aged: 65+ years; Male; Female

HTML Full Text PDF Full Text Report a Broken Link

2. Supporting staff: The role of health care **chaplains**.

(Includes abstract) Tartaglia, Alexander; White, Kelsey B.; Corson, Tyler; Charlescraft, Ann; Johnson, Tricia; Jackson-Jorj Chaplaincy, Jan-Mar2024; 30(1): 60-73. (14p) (Journal Article - **research**, tables/charts) ISSN: 0885-4726 AN: 174662013. Database: CINAHL Complete

Abstract: The aim of this study was to describe the range of spiritual care activities in support of clinical colleagues at a subset of U.S. hospitals. A descriptive cross-sectional design using

Research Report

Refine Results

Current Search

Find all my search terms:

chaplain and research

Expanders

Also search within the full text of the articles

Apply equivalent subjects

Limit To

Full Text

Scholarly (Peer Reviewed) Journals

From: 1077 To: 2024

Publication Date

There's a PICO option to help approach a search that way if you wanted.

The Search Results & Download PDF Full Text

1. The perceived impact of being a **chaplain**-researcher on professional practice.



Academic Journal

(includes abstract) den Toom, Niels; Visser, Anja; Körver, Jacques; Walton, Martin N. Journal of Health Care Chaplaincy, Jan-Mar2024; 30(1): 19-32. (14p) (Journal Article - research, tables/charts) ISSN: 0885-4726 AN 174662010, Database: CINAHL Complete

Abstract: As **research** has become part of chaplaincy, many **chaplains** become involved in **research**, often in a double-role of **chaplain**-researcher. Despite the increase of involvement in **research**, how conducting **research** benefits **chaplains'** professional care for clients has not been studied. The present study aimed to describe how **chaplains** perceive the impact of participation in the Dutch Case Studies Project (CSP) on their professional expertise and positioning in the institution. A survey was distributed among participants of the CSP (N = 50) and completed by 48 participants. We found that participation in **research** contributed to the expertise of **chaplains** in its goal-orientation, the use of theory and method) and their positioning as they try to legitimate their professional study thus substantiates the presumption that **chaplains'** engaging in **research** as **chaplain**-researcher contributes to the perceived improvement of the quality of chaplaincy care and its legitimization.

Subjects: **Chaplains** Psychosocial Factors; **Research** Personnel; Professional Practice; Professionalism; Professionalism; Chaplaincy Service, Hospital; Adult: 19-44 years; Middle Aged: 45-64 years; Age Group: 19-44 years; Female

[HTML Full Text](#)

[PDF Full Text](#)

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2024, VOL. 30, NO. 1, 19-32
<https://doi.org/10.1080/08854726.2022.2132056>

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OPEN ACCESS

The perceived impact of being a chaplain-researcher on professional practice

Niels den Toom* , Anja Visser* , Jacques Körver* , and Martin N. Walton*

*Department of Practical Theology and Religious Studies, Tilburg School of Catholic Theology, Tilburg University, Tilburg, the Netherlands; *Faculty of Theology and Religious Studies, University of Groningen, Groningen, the Netherlands; *Department of Practices, Protestant Theological University, Groningen, the Netherlands

ABSTRACT
As research has become part of chaplaincy, many chaplains become involved in research, often in the double-role of chaplain-researcher. Despite the increase of involvement in research, how conducting research benefits chaplains' professional care for clients has not been studied. The present study aimed to describe how chaplains perceive the impact of participation in the Dutch Case Studies Project (CSP) on their professional expertise and positioning in the institution. A survey was distributed among participants of the CSP (N = 50) and was completed by 48 participants. We found that participation in research contributed to the expertise of chaplains (e.g., its goal-orientation, the use of theory and method) and their positioning as they try to legitimate their profession. This study thus substantiates the presumption that chaplains' engaging in research as chaplain-researcher contributes to the perceived improvement of the quality of chaplaincy care and its legitimization.

KEYWORDS
chaplaincy; chaplain-researcher; professionalism; spiritual care; the Netherlands

INTRODUCTION
As part of chaplaincy (Gadge, 2019; Carr, 2015; Fitchett, 2020), one of the ways in which research specifically benefits chaplaincy. The present article seeks to understand how chaplains perceive that their professionalism has changed as a result of their participation in a research project in the Netherlands. Since the beginning of the 21st century, chaplaincy scholars in the United States, United Kingdom and Europe call upon chaplains to engage in research (Hamdoo, Cobb, Holmes, Kelly, & Sinclair, 2014; Mowat, 2008; O'Connor, 2002). While there are also critical voices regarding (outcome) research (Jensen, 2002; Nolan, 2015), chaplaincy associations advocate a research-informed or, even stronger, an evidence-based profession (Association of Professional Chaplains, 2015; European Network of Healthcare Chaplains [ENHCC], 2014; Fitchett, Tartaglia, Dodd-McCue, & Murphy, 2012). Generally, integration of research into the profession aims to benefit chaplaincy in two ways: to improve the quality of chaplaincy

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Once you've fired your search, you'll start to scroll through the results, eyeing up ones of interest.

One of the options you'll see is "PDF Full Text" and that is just what you'd expect, click on the link and that's what you get!

The Search Results & Getting the Full Text

4. The development of an outcome oriented and **research** informed spiritual care assessment and documentation form for the electronic health record in an adult hospital setting.



(includes abstract) Woggon, Frank; Arlyck, Matthew; Maddox Hill, Stephenie; Small Stokes, Leslie Journal of Health Care Chaplaincy, Jul-Sep2022; 28(3): 400-414. (15p) (Journal Article - forms, tables/charts) ISSN: 0885-4726 / 157868808, Database: CINAHL Complete

Abstract: Standards for professional chaplaincy expect **chaplains** to document their work in patients' medical records, but no agreed upon standard for the content or format of such documentation exists. With the adoption of Electronic Health Records (EHRs) in many hospitals, **chaplains** may utilize a provided electronic form or one that can be customized from a basic format to departmental specifications. Ideally, the documentation form supports and reflects the work of **chaplains** in their specific clinical context. Outcome oriented models of chaplaincy and an increasing focus on a **research** informed practice of spiritual care should determine the format and content of **chaplains'** documentation in the EHR. This article describes how a chaplaincy department in an adult academic Level I trauma center designed and implemented a spiritual care documentation form for the EHR. The documentation template is informed by clinical expertise and by **research** about patients' meaning-making activities and patients' experience of connectedness in the context of illness. It integrates a consensus-based assessment form with narrative documentation options, searchable selections, and an outcome-oriented plan of care.

Subjects: Spiritual Care Evaluation; Documentation; Electronic Health Records; Hospitals In Adulthood; Research; Medical; **Chaplains**; Program Development; Adult; 19-44 years

Show all 5 Images



HTML Full Text

The development of an outcome oriented and **research** informed spiritual care assessment and documentation form for the electronic health record in an adult hospital setting

This content may contain URLs/links that would redirect you to a non-EBSCO site. EBSCO does not endorse the accuracy or accessibility of these sites, nor of the content therein. X

Contents

Listen

Introduction

The clinical context and background

First things first: defining spirituality in the context of illness and health care

The spiritual needs and assets profile (SNAP)

Integrating the assessment with other elements of care

Standards for professional chaplaincy expect **chaplains** to document their work in patients' medical records, but no agreed upon standard for the content or format of such documentation exists. With the adoption of Electronic Health Records (EHRs) in many hospitals, **chaplains** may utilize a provided electronic form or one that can be customized from a basic format to departmental specifications. Ideally, the documentation form supports and reflects the work of **chaplains** in their specific clinical context. Outcome oriented models of chaplaincy and an increasing focus on a **research** informed practice of spiritual care should determine the format and content of **chaplains'** documentation in the EHR. This article describes how a chaplaincy department in an adult academic Level I trauma center designed and implemented a spiritual care documentation form for the EHR. The documentation template is informed by clinical expertise and by **research** about patients' meaning-making activities and patients' experience of connectedness in the context of illness. It integrates a consensus-based assessment form with narrative documentation options, searchable selections, and an outcome-oriented plan of care.

Keywords: **Chaplains**; charting; electronic health record; outcome oriented spiritual care; spiritual assessment

Introduction

Professional standards for board certified health care **chaplains** specify that **chaplains** document the care they provide like other members of the interdisciplinary team (IDT) in the patient's medical record. A recent edited volume about the emerging role of chaplaincy records in global health care shows that the interest in spiritual care documentation is not just a matter of professional standards but an international conversation about the ongoing development of chaplaincy as a profession (Peng-Keller & Neuhold, [30]). The contributions in this collection of essays from the United States, Canada, Australia, the United Kingdom, the Netherlands, Belgium, and Switzerland show that a one-size-fits-all approach to charting in chaplaincy is not the norm, but that different

If the PDF isn't an option, you may see "HTML Full Text". So, in this case, you still get all of the content, it's just not formatting and packaged as a PDF.

The Search Results & Requesting the Full Text

17. Assessing Impact Amongst **Chaplains** in a University Setting: Phases of an Action **Research** Project.



(English) By: Stephens CWB; Miller S, The journal of pastoral care & counseling : JPCC [J]. ISSN: 2167-776X, 2024 Jan 30, pp. 15423050241228302; Publisher: SAGE Publications; This article reports findings from an action **research** project in which a university chaplain's desirability and viability of assessing their impact. It uncovers a complexity in **chaplains'** role and - chief amongst their fears - belief that quantitative measures can be harmful to pastoral care. It also reveals a sense of institutional accountability and a desire to engage with processes of articulating chaplaincy's value.

Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the **research**, authorship, and/or publication of this article.

Ahead of Print

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Title	Assessing Impact Amongst Chaplains in a University Setting
Journal	The journal of pastoral care & counseling : JPCC
Author	Stephens CWB
Year	2024
Volume	
Issue	
Start Page	15423050241228302
DOI	10.1177/15423050241228302
ISSN	2167776X
ISBN	
PubMed ID	36291672
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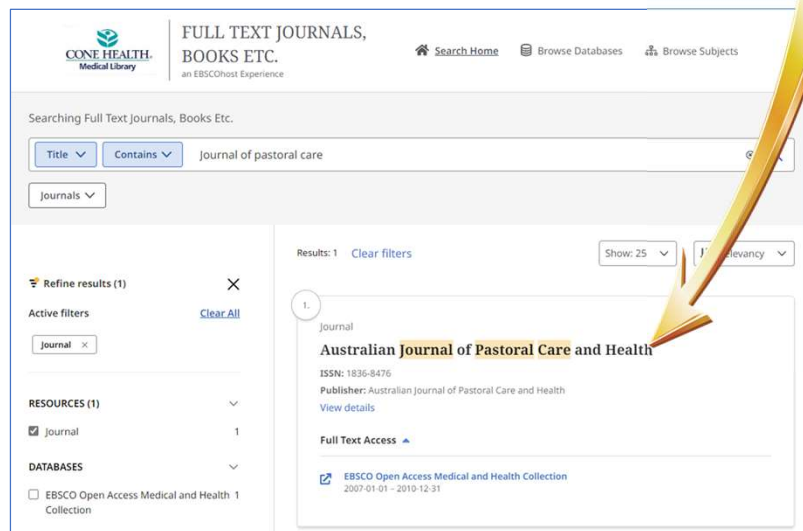
CITATIONS IN HAND

Fitchett, G. (2012). Educating chaplains for research literacy. The Journal of pastoral care & counseling, 66(1), 3.

Fleenor, D. (2018). Do Journal Clubs Work? Journal of health care chaplaincy, 24(2), 43–56.

Hemming, P. (2016). Chaplains on the Medical Team. Journal of religion and health, 55(2), 560–571.

The actual video is pretty cool with the music and scrolling and flashing back to my youth. LOL. But the idea here is that you already have a lead on the article you are after. You have the citation and are looking to get the full text article.



So, you KNOW the journal title that published your article.

In this case, you come to our portal, select Journals and enter your journal title.

Here we are looking for the Journal of Pastoral Care, but it appears we only have access to the Australian Journal of Pastoral Care and Health.

The screenshot displays a library search interface. On the left, a dark blue banner for 'CONE HEALTH Medical Library DENIM' features the text 'Discover Essential knowledge In Medicine'. Below this, a search bar contains the text 'journal of healthcare chaplaincy'. The main interface is titled 'FULL TEXT JOURNALS, BOOKS ETC. an EBSCOhost Experience'. It includes navigation links for 'Search Home', 'Browse Databases', and 'Browse Subjects'. The search results section shows 'Searching Full Text Journals, Books Etc.' with a search bar containing 'journal of healthcare chaplaincy'. A 'Journals' filter is active. The results list shows one item: 'Scottish Journal of Healthcare Chaplaincy', which is peer-reviewed, has an ISSN of 1463-9920, and is published by Aberdeen Royal Infirmary. It is available in the 'CINAHL Complete' database from 2010-11-01 to 2013-01-01. A 'Refine results' sidebar on the left shows filters for 'LIMIT TO' (Peer Reviewed Journals: 1), 'RESOURCES' (Journal: 1), and 'DATABASES' (CINAHL Complete: 1).

Now, I'd mentioned Google earlier so want to caution that in some ways this works better and in others not quite the same.

So, in this example, we enter journal of healthcare chaplaincy.

And while we are given another foreign one, this time from Scotland, it appears that again we don't have access to what we're after.

The screenshot shows a library search interface for 'CONE HEALTH Medical Library'. The search bar contains 'journal of health care chaplaincy'. The search results are filtered to 'Journals' and show 1 result. The result is 'Journal of health care chaplaincy', which is peer-reviewed and available in the CINAHL Complete database. The interface includes a search bar, filters, and a list of results.

However, if we add just a single space ‘between’ health and care, we do in fact have access to that journal.

Now a quick and completely unscientific study which I’m not sure seems to settle things seems to indicate that

Health Care, with the space refers to the providers actions and has 1.4 billion (1,450,000,000) results in Google.

Healthcare, without a space is a replacement for the hyphenated health-care, refers to a system and is now most common usage, with Google providing 6.6 billion (6,570,000,000) results (4x)

Yet, we need the space to track down our journal.

All of which I suppose supports the maxim, garbage in garbage out.

More, but less is more 😊

The image displays two screenshots of a medical library search interface. Both screenshots feature the 'CONE HEALTH Medical Library' logo, 'DENIM Discover Essential knowledge In Medicine' branding, and a navigation bar with 'Discovery', 'Journals', 'PubMed', and 'CINAHL' options. The top screenshot shows a search box containing the full citation: 'Fleenor, D., Sharma, V., Hirschmann, J., & Swarts, H. (2018). Do Journal Clubs Work? The Effectiveness of Journal Clubs in a Clinical Pastoral Education Residency Program. Jo'. The bottom screenshot shows a search box containing a more concise version of the citation: 'Do Journal Clubs Work? The Effectiveness of Journal Clubs in a Clinical Pastoral Education Residency Program. Journal of health care chaplaincy'. Both screenshots include a 'Search' button and a 'Moses Cone Hospital: 8:00 am - 4:30 pm (24/7 w/ badge)' notification.

Now, getting back to the enhanced functionality of our Discovery service, another option would be to just drop what you have for a citation into the search box and see if it works.

In the top example, I've pasted in the entire citation, and in this case, it didn't bring back what I was after.

HOWEVER, if I took out some of the extraneous content like DOI, volume issue and pages and left the article title and journal title, I 'was' successful.

Searching: Discovery Service for Cone Health

CONE HEALTH
Medical Library

Do Journal Clubs Work? The Effectiveness of Jour Select a Field (optional) ▾ Search

AND ▾ Select a Field (optional) ▾ Clear ?


AND ▾ Select a Field (optional) ▾ + -

[Basic Search](#) [Advanced Search](#) [PICO Search](#) [Search History](#)

Refine Results Search Results: 1 - 9 of 9 Relevance ▾ Page Options ▾ Share ▾



Note: Exact duplicates removed from the results.

1. Do Journal Clubs Work? The Effectiveness of Journal Clubs in a Clinical Pastoral Education Residency Program.

 (includes abstract) Fleenor, David; Sharma, Vanshdeep; Hirschmann, Jo; Swarts, Heidi *Journal of Health Care Chaplaincy*, Apr-Jun2018; 24(2): 43-56. (14p) (Journal Article - case study, research, tables/charts) ISSN: 0885-4726 AN: 128103862. Database: [CINAHL Complete](#)

Abstract: **Journal clubs** are an established means of ongoing learning in medicine. Beginning with physicians in the nineteenth century, **journal clubs** have gradually become established in nursing and other allied **health** professions. However, their use in **Clinical Pastoral Education (CPE)** is relatively new. We describe the creation of a **journal club** for CPE residents and discuss the lessons learned from this effort. Over two years, a **journal club** was conducted with two different cohorts of residents. Residents were surveyed regarding the perceived strengths and weaknesses of the **journal club** and their recommendations for improvement. A small group of six to eight residents appears to be most effective. Focusing on a specific topic is preferable to broad-based readings. Residents preferred greater discussion about the applicability of the research findings to their **clinical** activity. Finally, the pros and cons of residents selecting articles and use of the Rush Research Summary Worksheet are discussed.

Subjects: [Chaplaincy Service, Hospital](#); [Chaplains Education](#); [Journal Clubs](#); [Education, Clinical](#)

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Find all my search terms:
Do Journal Clubs Work? The Effectiveness of Journal Clubs in a Cl...

Expanders

Also search within the full text of the articles

Apply equivalent subjects

Limit To

Full Text


Scholarly (Peer Reviewed) Journals

From: To:
Publication Date

And here you can see those search elements in the search box and my article with a waiting PDF link calling to me.

Read aloud | 1 of 15 | Check for updates

Journal of Health Care Chaplaincy, 24:43–56, 2018
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ISSN: 0885-4726 print/1528-6916 online
DOI: 10.1080/08854726.2017.1383646



Do Journal Clubs Work? The Effectiveness of Journal Clubs in a Clinical Pastoral Education Residency Program

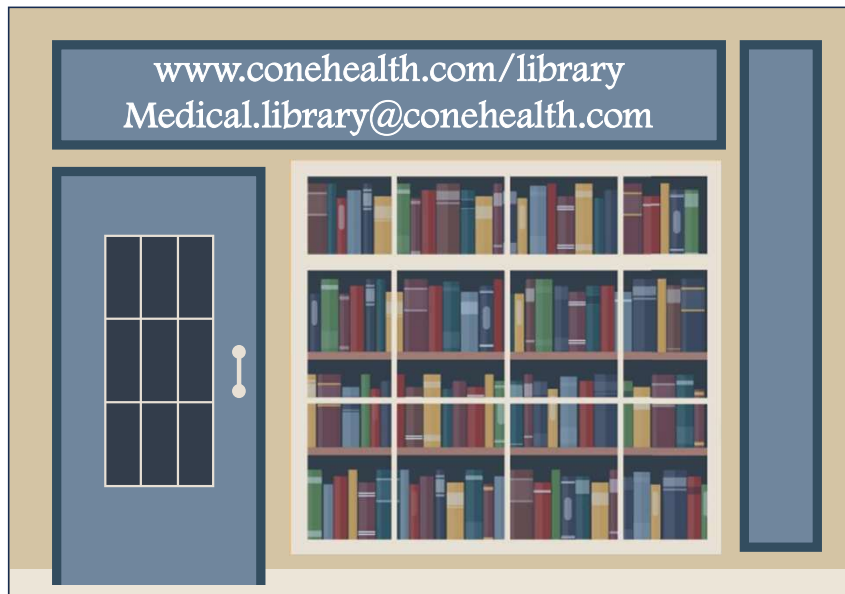
DAVID FLEENOR, VANSHDEEP SHARMA, JO HIRSCHMANN, and HEIDI SWARTS

Icahn School of Medicine at Mount Sinai New York, New York; Mount Sinai Hospital, New York, New York

Journal clubs are an established means of ongoing learning in medicine. Beginning with physicians in the nineteenth century, journal clubs have gradually become established in nursing and other allied health professions. However, their use in Clinical Pastoral Education (CPE) is relatively new. We describe the creation of a journal club for CPE residents and discuss the lessons learned from this effort. Over two years, a journal club was conducted with two different cohorts of residents. Residents were surveyed regarding the perceived strengths and weaknesses of the journal club and their recommendations for improvement. A small group of six to eight residents appears to be most effective. Focusing



You Village Shoppe for Support



So, in terms of the medical library and our resources, I know it was a quick romp through things so want to make sure you at least leave with the most important piece of info and that's how to find us.

I'd mentioned earlier it takes a village, and either our email address of medical.library@conehealth.com or our online portal at www.conehealth.com/library will get you back to the right shoppe. Once you get through that door, the rest of it can be covered again.

You Village Shoppe for Support



But what about once you leave.



TRANSFORMING CHAPLAINCY

<https://www.transformchaplaincy.org/about/mission-and-vision/>

Vision: We envision a future when chaplaincy is formed, informed, and transformed by evidence-based practice

Mission: The mission of Transforming Chaplaincy is to promote evidence-based spiritual care and integrate research into professional practice and education by fostering a culture of inquiry

CHAPLAIN

I'm just getting started »

<https://www.transformchaplaincy.org/resources-for/i-am-a-chaplain-gettingstarted/>

I want to take my research further » <https://www.transformchaplaincy.org/resources-for/i-am-a-chaplain-nextsteps/>

I'm sure there are lots of other resources out there that are useful. And perhaps you've already come across some of them.

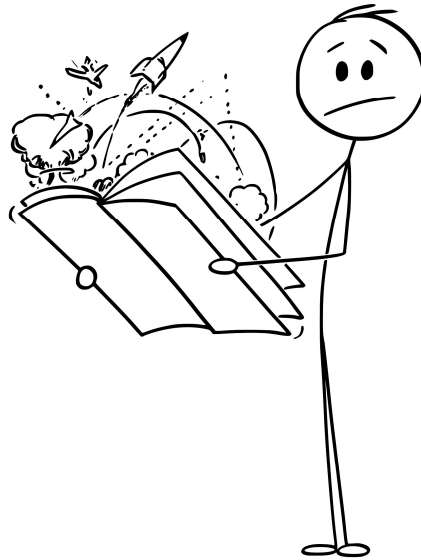
An obvious one I'll point out is starting back on the APC site. They have a link which leads to transforming chaplaincy and among the resource there are two, of many that caught my eye.

Under Chaplain, "I'm just getting started" and "I want to take my research further"

So, that may be worth a glance as well.

Standards of Practice suggested by Rev. Russell Dicks, 1940

Reading and understanding a research article can be a complex process



Getting back to the Research and the articles, remember the standard? We've covered the access part, now lets just touch on the understanding the main points.

Reading an article and understanding it can be a daunting and seemingly complex process. But let's break it down into manageable steps.

Working with the Literature

1. Searching the Literature

First, you need to search for articles on your topic using databases and other resources.

2. Understanding the Types Studies & Levels of Quality

Next, you will want to understand how the quality of the articles is related to the type of study done.

3. Reviewing Articles

After reading through an article, you will want to make notes on it.

4. Grading Articles

Remember Step 2? Now is the time to take a closer look at your articles and get a sense of their quality.

5. Synthesizing the Literature

Finally, you want to synthesize all of your articles, comparing them against each other to select the BEST ones for the BEST EVIDENCE.

<https://conehealth.sharepoint.com/teams/nursing-research/SitePages/Working%20with%20the%20Literature.aspx>

Now all of this has a process, which involves these steps.

First, you'll do the searching and come up with that stack of papers in front of you.

Next, you'll start to look at them and identify the type of research that was conducted through a lens of the quality that that type of article can present.

Now the fun part, digging in to read them.

There will be some sort of grading involved followed by a synthesize of what the evidence is that that stack of papers is trying to tell you.

Research Methods in Spiritual Care

- Qualitative research
 - (e.g., interviews, focus groups) to explore patients' spiritual experiences and needs.
- Quantitative research
 - (e.g., surveys, outcome measures) to assess the effectiveness of spiritual interventions.
- Mixed-methods approaches
 - combining qualitative and quantitative data for comprehensive understanding.

We've already spent a lot of time on the searching, so will just briefly mention that the three types of research methods typically utilized in spiritual care are:

- Qualitative
- Quantitative
- Mix-methods.

Art of reading a journal article: methodically and effectively

Subramanyam R. **Art of reading a journal article: Methodically and effectively.** J Oral Maxillofac Pathol. 2013 Jan;17(1):65-70. doi: 10.4103/0973-029X.110733. PMID: 23798833; PMCID: PMC3687192.

- Can Google “PMC3687192”

The cardinal rule
Never start reading an article from the beginning to the end.

- Don't approach like a textbook, reading from beginning to end without pause for reflection or criticism.
- Highly recommended that you highlight and take notes as you move through the article.

There's lots of advice available out there and there may be some tweaking in your own approach. But I'll offer something to get you thinking.

There's an article “Art of reading a journal article: Methodically and effectively”.

This particular one is Open Access, so free. All you need to do is Google it's PMC number and it'll pop right up. Just a note, that stands for PubMed Central, which makes its content freely available due to federal government funding, so no paywalls.

Their cardinal rule is “Never read an article from the begging to the end. It's not your traditional story book where you want to wait to the end to see who done it, or how the princess was saved. But rather you'll want to take a more circuitous route, pausing for reflection, or criticism, and even taking notes all of which will prove more fruitful.

Most scientific articles are organized as

- **Title** (Who)
- **Abstract** (Summary)
- **Introduction** (Why)
- **Methods** (How)
- **Results** (What Happened)
- **Discussion** (What It Means)
- **Conclusion** (What Was Learned)
- **References/Bibliography**

So, a quick review, as I'm sure there's nothing new here.

The typical article is constructed with the following sections.

1. Title

1. Contextual characterization of the topic (and they can get good at that) and the authors.

2. Abstract

Gives a quick overview of the article.

It will usually contain four pieces of information: purpose or rationale of study (why they did it); methodology (how they did it); results (what they found); conclusion (what it means).

Begin by reading the abstract to make sure this is what you are looking for and that it will be worth your time and effort.

3. The Introduction

Gives background information about the topic and sets out specific questions to be addressed by the authors.

You can skim through the introduction if you are already familiar with the paper's topic.

4. The Methods

Section gives technical details of how the experiments were carried out and serves as a "how-to" manual if you wanted to replicate the same experiments as the authors.

This is another section you may want to only skim unless you wish to identify the methods used by the researchers or if you intend to replicate the research yourself.

5. The **Results**

Are the meat of the scientific article and contain all of the data from the experiments. You should spend time looking at all the graphs, pictures, and tables as these figures will contain most of the data.

6. Lastly, the **Discussion**

Is the authors' opportunity to give their opinions. Keep in mind that the discussions are the authors' interpretations and not necessarily facts.

It is still a good place for you to get ideas about what kind of research questions are still unanswered in the field and what types of questions you might want your own research project to tackle.

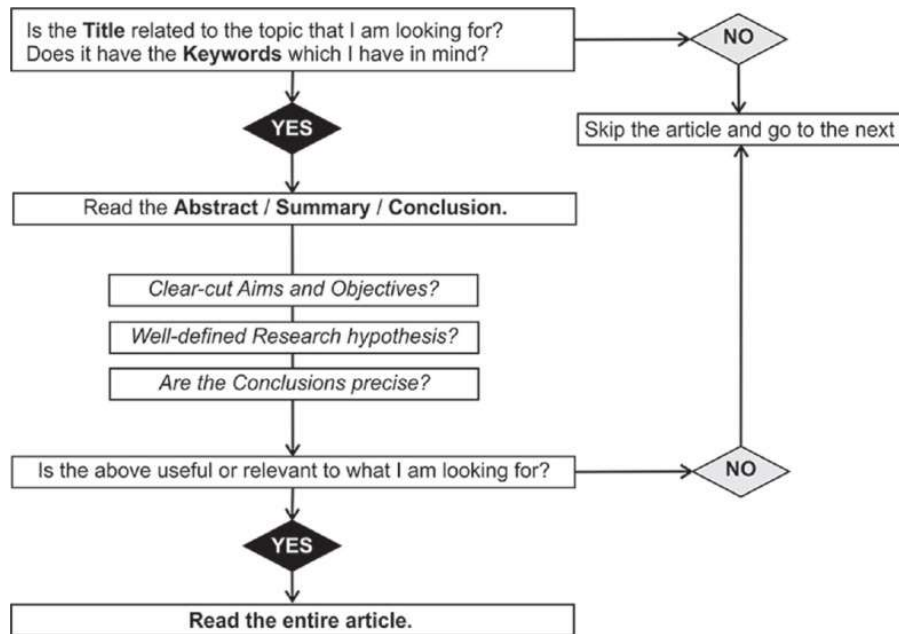
(See the Future Research Section of the Research Process for more information).

- **Read the bibliography/references section.**

Reading the references or works cited may lead you to other useful resources.

- **Reflect on what you have read and draw your own conclusions.**

Title → Abstract → Summary



[Art of reading a journal article: Methodically and effectively - PMC \(nih.gov\)](#)

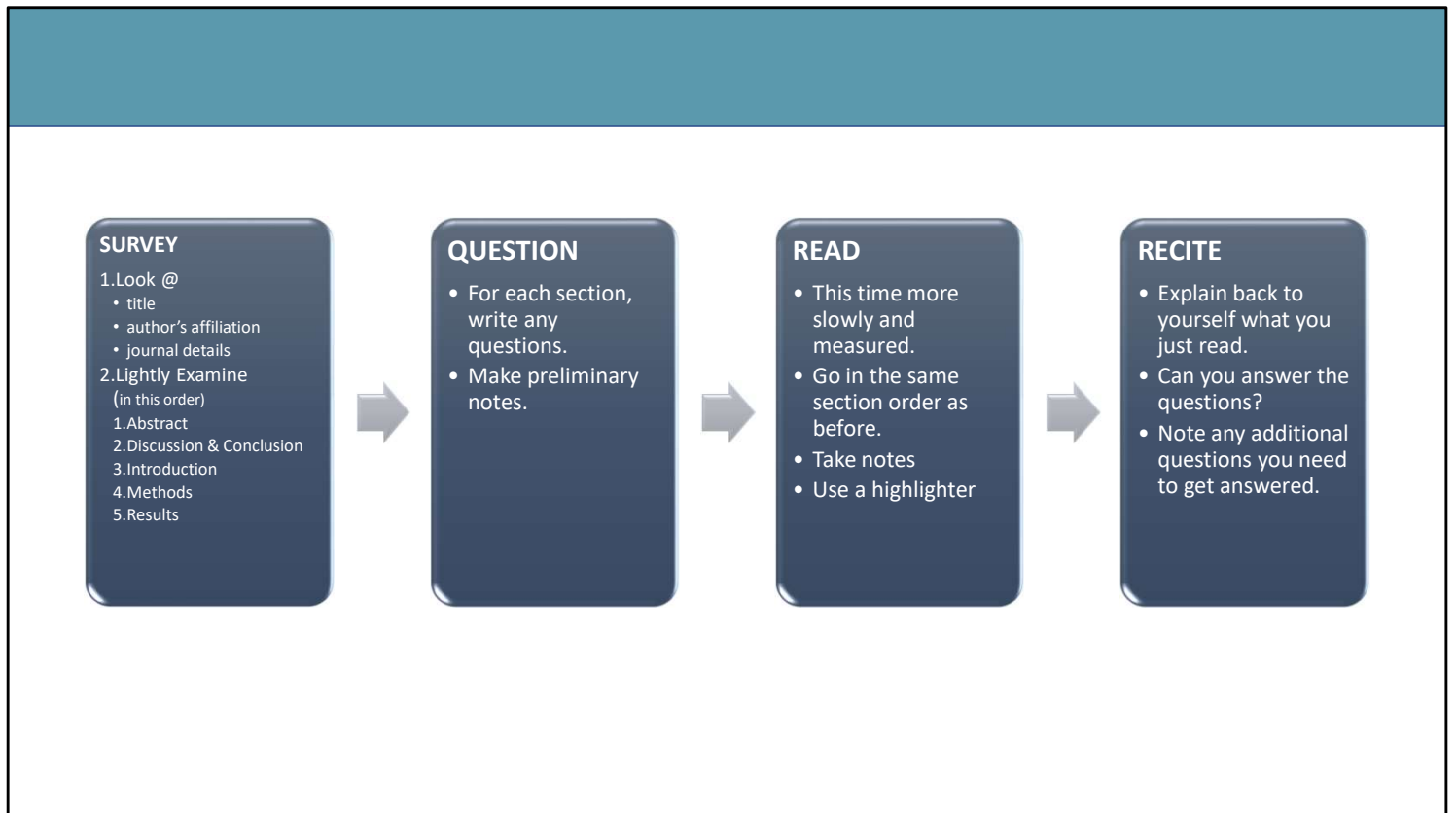
This particular article provides this nice decision tree.

As I mentioned, the title is usually pretty descriptive, and you can triage based on that.

Then read the Abstract (which can answer certain fundamental questions like what was the study about, why and how was the study conducted, the results and their inferences.)
Make a note of any questions that were raised while reading the abstract.

Next the Summary or Conclusions. This is telling you what the conclusions of the research are, summed up for you.

All the while, asking questions and making notes.



Adding a little more to it, I came across an approach where they are saying to SURVEY, QUESTION, READ and then RECITE.

What this means is to first look at that title as well as start gleaning information about the author's affiliation and details about the journal. Not sure if you've heard of Predatory Publishing, and that's another whole presentation, but those details can be important.

Then, skim over the sections, in the order we already suggested, the Abstract and then the Summary or Conclusion followed by the Introduction, Methods and finally the Results.

For each section, you want to be asking yourself questions and making notes on what you read and what questions you have. This is important, because these things 'will' begin to blur in your memory.

Now, go back and take your time and in a more measured fashion, cover the sections again in the same order, but highlight sections of interest or importance and refine your notes and questions.

Finally, explain back to yourself what you just read. And of course, add to that list of questions you may have.,

Critically appraising what you read

Overall

1. What was the article type?
2. What was the title?
3. Who were the authors?

Introduction

4. What was the research problem?
5. Was there any mention of previous studies on this topic?
6. Why was this study performed (the rationale)?
7. What were the aims and objectives of the study?
8. What was the study (research) hypothesis?

Materials and methods

9. How did the researcher attempt to answer the research question?
10. How was the sampling done?
11. How were they grouped (categorized)?
12. What were the inclusion criteria?
13. What were the exclusion criteria?
14. What procedures were followed?
15. Which variables were measured?
16. What equipment/instruments were used for data collection? Were they appropriate?
17. What statistical methods/tests were employed? Were they appropriate for evaluation?

Results

18. What were the key findings?
19. Were all the subjects present in the beginning of the study accounted for at the end of the study?
20. Were the results reliable?
21. Were the results valid?
22. Which results were statistically significant?
23. Which results were statistically non-significant?
24. Were the tables/graphs easy to comprehend?

Discussion

25. Did the results answer the research question?
26. What were the authors' interpretations of the data?
27. Was the analysis of the data relevant to the research question?
28. How were these results different/similar when compared to other studies?
29. What were the strengths of the study?
30. What were the limitations of the study?
31. Were there any extrapolations of the findings beyond the range of data?

Conclusions

32. What were the conclusions?
33. Were the authors' conclusions based upon reported data analysis?
34. Were the conclusions supported by the data?
35. Were the conclusions relevant to the research question?

The questions that you came up with, and more that you'll ask, while helping you understand what the research was about and the story being told, they also start the ball rolling on the evaluation and critical appraisal of the article.

Evaluating a scientific article involves critically assessing its quality, relevance, and contribution to the field of study. AND is where those limitations mentioned back in that Outcome can come from. And we're now in the critical appraisal stage where we are grading the article.

Here are some key steps to consider when evaluating a scientific article:

Author Credentials

Check the credentials and affiliations of the authors. Are they experts in the field with relevant qualifications and research experience? Consider their expertise and potential biases.

Journal Reputation

Assess the reputation and credibility of the journal in which the article is published. Is it a peer-reviewed journal with a rigorous editorial process and high standards for publication? Look for journals indexed in reputable databases like PubMed, Scopus, or Web of Science.

Title and Abstract

Review the title and abstract to understand the scope, purpose, and key findings of the study. Are the title and abstract clear, concise, and accurately reflective of the study's content?

Introduction

Evaluate the introduction to determine the significance of the research question, the clarity of the objectives, and the rationale for the study. Does the introduction provide sufficient background information and context for the research?

Methods

Scrutinize the methods section to assess the appropriateness of the study design, the reliability of data collection procedures, and the validity of statistical analyses. Are the methods clearly described and sufficiently detailed to allow replication of the study?

Results

Analyze the results section to understand the presentation and interpretation of the data. Are the results clearly presented with appropriate tables, figures, and statistical analyses? Are the findings supported by the data, and do they address the research question?

Discussion

Evaluate the discussion section to assess the interpretation of the results, the comparison with previous literature, and the implications of the findings. Are the conclusions drawn from the results justified, and do they contribute to advancing knowledge in the field?

References

Check the references cited in the article to evaluate the breadth and relevance of the literature review. Are the references up-to-date, credible, and accurately cited?

Ethical Considerations

Consider ethical considerations such as the protection of human subjects, adherence to research ethics guidelines, and disclosure of conflicts of interest. Are ethical considerations adequately addressed in the article?

Overall Quality

Assess the overall quality of the article, including the clarity of writing, organization of content, and adherence to journal guidelines. Does the article meet scholarly standards for clarity, accuracy, and rigor?

By systematically evaluating these aspects of a scientific article, you can make informed judgments about its quality, credibility, and relevance to your research or professional interests.

Grading your evidence



Meta-Analysis of RCTs	Best	A+
Systematic Review	Really Good	A
Evidence-Based Practice Guideline	Very Good	B+
Randomized Control Trial (RCT)	Good	B
Cohort / Case Control Study	Fair	B-
Case Report / Case Series	Poor	C+
Expert Opinion	Very Poor	C

	Lower if...	Raise if...		Lower if...	Raise if...
Question	<ul style="list-style-type: none"> Difficult to determine; not clearly focused or defined. 	<ul style="list-style-type: none"> Easily identified; Focused and well defined. 	Bias	<ul style="list-style-type: none"> There is evidence of bias or conflict of interest. There is no disclaimer to conflict of interest. 	<ul style="list-style-type: none"> There is clear evidence and acknowledgement of no (or minimal) bias and conflict of interest.
References	<ul style="list-style-type: none"> Missing or minimal 	<ul style="list-style-type: none"> They are extensive and from the primary literature. 	Results	<ul style="list-style-type: none"> They are incomplete, difficult to understand. No statistical significance shown. 	<ul style="list-style-type: none"> Easily interpreted, variables identified. Statistical significance is shown.
Sample Size	<ul style="list-style-type: none"> Very small (not appropriate); Large # of drop outs. Selection & exclusion criteria missing. 	<ul style="list-style-type: none"> Appropriately large; small # of drop outs. Reflects demographics of larger population. 	Conclusions	<ul style="list-style-type: none"> Are unclear. 	<ul style="list-style-type: none"> Are an honest objective interpretation of results. Provide implications for your practice.
Methods	<ul style="list-style-type: none"> You can't follow; understand what they did. Very low response rates to data collection. 	<ul style="list-style-type: none"> You can easily follow and understand. Appropriately high response rates to data collection. 			

You've already seen in your travels the 'evidence pyramid'. There are variations on it, but essentially it tries to convey that your expert opinion is on the lower end of verifiable 'evidence' whereas a Systematic Review on a topic is at the pinnacle, the gold standard for evidence.

So, you'll factor in the type of article you're reading and as you're assessing, will be nudging the needle in a positive direction or perhaps the other way. Some examples are included here.

Article Review Worksheet

Use the *Article Review Worksheet* below to make notes on the article you read. *Print out one for each article.*

Author(s):				
Article Title:				
Publication Information				
Name:				
Date:	Volume:	Issue:	Pages:	Database/Source:
Link/DOI:				
Brief Summary of the Article: (e.g. type of study, overall description)				
Methodology: (e.g. what was done, sampling: size & populations)				
Results/Findings: e.g. (e.g. outcomes, implications)				
Your evaluations (e.g. strengths, limitations, relevance to your question)				

Literature Synthesis Matrix

Use the *Literature Synthesis Matrix* below to bring together and compare all of your articles. Make notes based on your individual *Article Review Worksheets*.

Article Title & Publication	Brief Summary of the Article: (e.g. type of study, overall description)	Methodology: (e.g. what was done, sampling: size & populations)	Results/Findings: e.g. (e.g. outcomes, implications)	Your evaluations (e.g. strengths, limitations, relevance to your question)	Grade or Quality Indicator

I'd mentioned earlier, this will start to run together, so there are tools you can use in your assessment to help keep things straight. Our Nursing Research Council provides both an individual article worksheet as well as a synthesis matrix.

Limitations

- Methodology may include limitations due to:
 - Sample size
 - Lack of available or reliable data
 - Lack of prior research studies on the topic
 - Measure used to collect the data
 - Self-reported data
- Limitations during the research process may arise from:
 - Access to information
 - Longitudinal effects
 - Cultural and other biases
 - Language fluency
 - Time constraints

And finally, that last component of our Outcome, is identifying the limitations of the articles.

Potential to negate the validity of the outcomes or damage reputations.

Being aware and taking responsibility for the boundaries validates the transparency and integrity of the researcher.

All studies have limitations. However, it is important that you restrict your discussion to limitations related to the research problem under investigation. For example, if a meta-analysis of existing literature is not a stated purpose of your research, it should not be discussed as a limitation. **Do not apologize for not addressing issues that you did not promise to investigate in your paper.**

Here are examples of limitations you may need to describe and to discuss how they possibly impacted your findings. Descriptions of limitations should be stated in the past tense.

Possible Methodological Limitations

•**Sample size** -- the number of the units of analysis you use in your study is dictated by the type of research problem you are investigating. Note that, if your sample size is too small, it will be difficult to find significant relationships from the data, as statistical tests normally require a larger sample size to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred.

•**Lack of available and/or reliable data** -- a lack of data or of reliable data will likely require you to limit the scope of your analysis, the size of your sample, or it can be a significant obstacle in finding a trend and a

meaningful relationship. You need to not only describe these limitations but to offer reasons why you believe data is missing or is unreliable. However, don't just throw up your hands in frustration; use this as an opportunity to describe the need for future research.

•**Lack of prior research studies on the topic** -- citing prior research studies forms the basis of your literature review and helps lay a foundation for understanding the research problem you are investigating. Depending on the currency or scope of your research topic, there may be little, if any, prior research on your topic. **Before assuming this to be true, consult with a librarian!** In cases when a librarian has confirmed that there is a lack of prior research, you may be required to develop an entirely new research typology [for example, using an exploratory rather than an explanatory research design]. Note that this limitation can serve as an important opportunity to describe the need for further research.

•**Measure used to collect the data** -- sometimes it is the case that, after completing your interpretation of the findings, you discover that the way in which you gathered data inhibited your ability to conduct a thorough analysis of the results. For example, you regret not including a specific question in a survey that, in retrospect, could have helped address a particular issue that emerged later in the study. Acknowledge the deficiency by stating a need in future research to revise the specific method for gathering data.

•**Self-reported data** -- whether you are relying on pre-existing self-reported data or you are conducting a qualitative research study and gathering the data yourself, self-reported data is limited by the fact that it rarely can be independently verified. In other words, you have to take what people say, whether in interviews, focus groups, or on questionnaires, at face value. However, self-reported data contain several potential sources of bias that should be noted as limitations: (1) selective memory (remembering or not remembering experiences or events that occurred at some point in the past); (2) telescoping [recalling events that occurred at one time as if they occurred at another time]; (3) attribution [the act of attributing positive events and outcomes to one's own agency but attributing negative events and outcomes to external forces]; and, (4) exaggeration [the act of representing outcomes or embellishing events as more significant than is actually suggested from other data].

Possible Limitations of the Researcher

•**Access** -- if your study depends on having access to people, organizations, or documents and, for whatever reason, access is denied or otherwise limited, the reasons for this need to be described.

•**Longitudinal effects** -- unlike your professor, who can literally devote years [even a lifetime] to studying a single research problem, the time available to investigate a research problem and to measure change or stability within a sample is constrained by the due date of your assignment. Be sure to choose a topic that does not require an excessive amount of time to complete the literature review, apply the methodology, and gather and interpret the results. If you're unsure, talk to your professor.

•**Cultural and other type of bias** -- we all have biases, whether we are conscience of them or not. Bias is when a person, place, or thing is viewed or shown in a consistently inaccurate way. It is usually negative, though one can have a positive bias as well. When proof-reading your paper, be especially critical in reviewing how you have stated a problem, selected the data to be studied, what may have been omitted, the manner in which you have ordered events, people, or places and how you have chosen to represent a person, place, or thing, to name a phenomenon,

or to use possible words with a positive or negative connotation. Note that if you detect bias in prior research, it must be acknowledged and you should explain what measures were taken to avoid perpetuating bias.

•**Fluency in a language** -- if your research focuses on measuring the perceived value of after-school tutoring among Mexican-American ESL [English as a Second Language] students, for example, and you are not fluent in Spanish, you are limited in being able to read and interpret Spanish language research studies on the topic. This deficiency should be acknowledged.

Brutus, Stéphane et al. Self-Reported Limitations and Future Directions in Scholarly Reports: Analysis and Recommendations. [Journal of Management](#) 39 (January 2013): 48-75; Senunyeme, Emmanuel K. [Business Research Methods](#). Powerpoint Presentation. Regent University of Science and Technology.

The screenshot shows a web page with a navigation menu on the left and a main content area on the right. The navigation menu includes links for Home, Library Discovery, PubMed, ACPE, Other Professional Websites, Journals, and Contact the Medical Library. The main content area has a 'Welcome' heading and a paragraph explaining the guide's purpose for the Cone Health Spiritual Care and Counseling Program. It also includes a link to report issues or suggest content.

Home	Welcome
Library Discovery	<p>This guide is designed for the Cone Health Spiritual Care and Counseling Program. It links relevant resources, tutorials, and other information to improve the end-user experience.</p> <p>Click HERE to report any issues or problems or to suggest added content for this guide to the Medical Library.</p>
PubMed	
ACPE	
Other Professional Websites	
Journals	
Contact the Medical Library	

Now, I know this was a whirlwind tour on the topic, so I want to end by telling you one more thing and proposing another.

I have created a Research Guide just for you. It's ...

And finally, I'd like to propose that we meet again and provide an opportunity for you to share with each other what you've learned. The idea is that you will identify a research article that catches your interest. You will read and assess it. Then, we'll get back together, and you can share your experience with your colleagues.

