

Level of Evidence:

Level of evidence scales rank evidence by the research methodology that would answer the clinical question with the least amount of error and provide the most reliable findings. The purpose of this additional information is to provide the learner with a guide to prioritize evidence. The higher a methodology ranks, the more confidence clinicians can have that the intervention will produce the same outcomes in similar patients. It is important to note that Level I evidence is not always the most appropriate or best approach for the proposed clinical question, nor should Level VII evidence always be ignored; each are important components of evidence-based practice (EBP) (Fineout-Overholt & Stevens, 2019).

As you prepare your reference list, please document the level of evidence for each article included. For example:

Burbage, D., Duffy, N., Johnson, E., & Schneider, S. (2019). Implementing a cancer survivorship program for individuals living with recurrent breast cancer. *Clinical Journal of Oncology Nursing*, 24(1), 89–93. [VI]

Waseem, H., Ginex, P., Sivakumaran, K., DeGennaro, G., Lagler-Clark, S., LeFebvre, K., . . . Morgan, R. (2022). Interventions to support adherence to oral anticancer medications: Systematic review and meta-analysis. *Oncology Nursing Forum*, 49(4), 1–13. [I]

Level of Evidence Categories:

Level I: Evidence from systematic reviews or meta-analyses of all relevant randomized controlled trials (RCTs)

Level II: Evidence from well-designed single RCTs

Level III: Evidence from quasi experimental studies or nonrandomized controlled trials

Level IV: Evidence from case-control and cohort studies

Level V: Evidence from systematic reviews of multiple descriptive and qualitative studies

Level VI: Evidence from single descriptive or qualitative studies and quality improvement projects

Level VII: Evidence from expert opinion

Evidence Synthesis:

Evidence synthesis is a process completed through group discussion. Members of the EBP team come together to critically appraise the evidence to reach a consensus decision based on subjective and objective reasoning during the synthesis process (Dang & Dearholt, 2018).

The synthesis process incorporates the number of individual articles per category type and the overall quality rating per category, then makes a recommendation based on the strength of the overall evidence to guide practice change considering the quantity of evidence, the consistency of the findings across the evidence, and the applicability of the evidence to the population or setting of interest (Dang & Dearholt, 2018).

Examples of evidence synthesis are the ONS Symptom Interventions, ONS Guidelines™, and the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

References:

Dang, D., & Dearholt, S.L. (2018). *Johns Hopkins nursing evidence-based practice: Model & guidelines* (3rd ed). Sigma Theta Tau International.

Fineout-Overholt, E., & Stevens, K.R. (2019). Critically appraising knowledge for clinical decision making. In B.M. Melnyk & E. Fineout-Overholt (Eds.), *Evidence-based practice in nursing and healthcare: A guide to best practice* (4th ed., pp. 109–123). Wolters Kluwer.