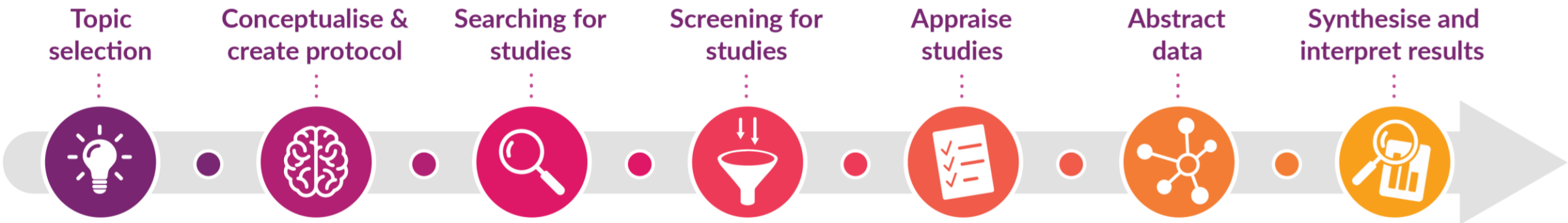
Systematic Review Workshop



Whanaungatanga Activity

Let's introduce ourselves

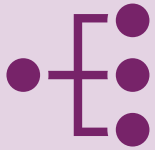
1. Name
2. Area of Research
3. What is your favourite fruit burst flavour?

Reflection

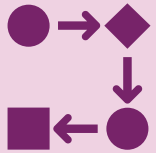
What do you know already about Systematic Reviews?

What do you want to know about Systematic Reviews?

Workshop Objectives

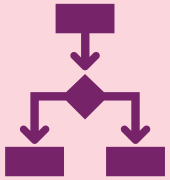


Which review type?



Systematic review process

Research question & framework

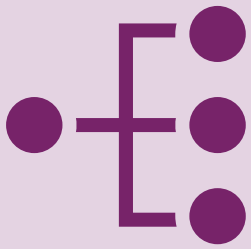


Develop your protocol

Build your search strategy

Run your search strategy

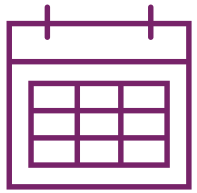
The next steps



Review types

Literature/Narrative Review

Select a topic → Identify appropriate places to search → Search for sources → Read, analyse, critique → Write the review



Timeframe:

1 to 6 weeks

Useful for:

- Providing an overview of main theories and hypotheses, appropriate methods and methodologies, and key findings
- Showcasing the key authors/researchers on a topic
- Identifying knowledge gaps

Limitations:

- Bias Risk: Susceptibility to the reviewer's biases or perspectives.
- Lack of Rigor: Absence of a structured methodology can lead to a less systematic approach.
- Limited Scope: May not encompass the entire breadth of available literature due to selective inclusion.

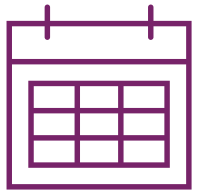
Further Reading:

Ferrari, R. (2015). Writing narrative style literature reviews. *Medical writing*, *24*(4), 230-235

Jones, B. (2007). Ask the Professor about... good literature reviews

Integrative Review

Problem identification → Literature search → Data evaluation → Data analysis → Presentation



Timeframe:

2 months to 2 years

Useful for:

- Informing policy and processes
- Defining concepts
- Reviewing theories
- Analysing methodological issues

Limitations:

- Resource Intensity: Conducting comprehensive reviews is time and resource-demanding.
- Publication Bias: Reliance on published literature might overlook unpublished studies.
- Synthesis Challenges: Diverse methodologies can make synthesizing findings difficult.

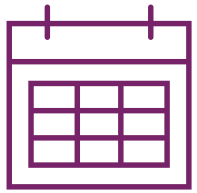
Further Reading:

Dhollande, S., Taylor, A., Meyer, S., & Scott, M. (2021). Conducting integrative reviews: A guide for novice nursing researchers. *Journal of Research in Nursing*, *26*(5), 427 438

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of advanced nursing*, *52*(5), 546-553.

Rapid Review

Problem identification → Research question definition → Searching & filtering → Assessment → Screening of studies → Synthesis



Timeframe:

2 months to 6 months

Overview:

- Is a variation of a systematic review but balances time constraints with considerations in bias.
- Can exclude hand searching and grey literature.
- May apply limits such as years and language.
- Can be done Individually or a group.

Limitations:

- Reduced Depth: Limited time may compromise the depth of analysis.
- Potential Bias: Quick turnaround might increase the risk of bias or oversight.
- Quality Compromise: Rapid reviews might sacrifice thoroughness, affecting overall quality.

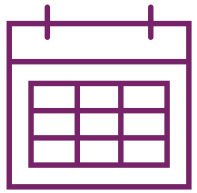
Further Reading:

Dobbins, M. (2017). Rapid review guidebook. *Natl Collab Cent Method Tools*, *13*, 25.

Garritty, C., et al (2021). Cochrane Rapid Reviews Methods Group offers evidence-informed guidance to conduct rapid reviews. *Journal of clinical epidemiology*, *130*, 13-22.

Scoping Review

Define topic, objective and sub-questions → Develop a protocol → Apply PCC framework → Conduct systematic searches → Screen studies for eligibility criteria → Extract data → Write up



Timeframe:

2 months to 6 months

Useful for:

- Examining a body of literature that has not been comprehensively reviewed
- Identifying or clarifying key concepts or definitions
- Seeing how research is conducted on a topic

Limitations:

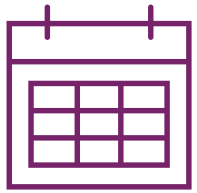
- Lack of Detailed Analysis: Focuses on breadth rather than depth, potentially limiting in-depth analysis.
- Inclusion of Varied Evidence: Due to inclusivity, the quality and heterogeneity of studies might vary widely.
- Potential for Bias: Inherent subjectivity in selection and analysis may introduce bias

Further Reading: Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Scoping Reviews (2020). Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBI Manual for Evidence Synthesis*. JBI; 2024.

Systematic Review

Overview:

Seek to answer a specific question with narrow parameters. Often look at interventions or treatments.



Timeframe:

8 months to 2 years

Useful for:

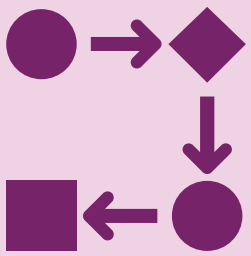
- Confirming current practices
- Guiding decision-making
- Informing future research

Limitations:

- Time and Resource Intensity: Conducting thorough systematic reviews can be time-consuming and resource-intensive.
- Heterogeneity of Studies: Variability in methodologies across included studies can complicate synthesis.
- Inherent Bias: Despite systematic approaches, biases in study selection and analysis can still exist.

Further Reading:

Borah, R., et al (2017). Analysis of the time and workers needed to conduct systematic reviews of medical interventions using data from the PROSPERO registry. *BMJ open*, *7*(2)
Higgins JPT, et al. *Cochrane Handbook for Systematic Reviews of Interventions* version 6.4 (updated August 2023). Cochrane, 2023.



Systematic review process

Purpose of a Systematic Review

Systematic reviews aim to

identify, evaluate, and summarize the findings of all relevant individual studies

over a health-related issue, thereby making the available evidence more accessible to decision makers

Gopalakrishnan, S., & Ganeshkumar, P. (2013). Systematic Reviews and Meta-analysis: Understanding the Best Evidence in Primary Healthcare. *Journal of family medicine and primary care*, *2*(1), 9–14.

What questions to ask yourself

Is your topic new?

Do you have a team?

Do you have statistical support?

Do you have time?

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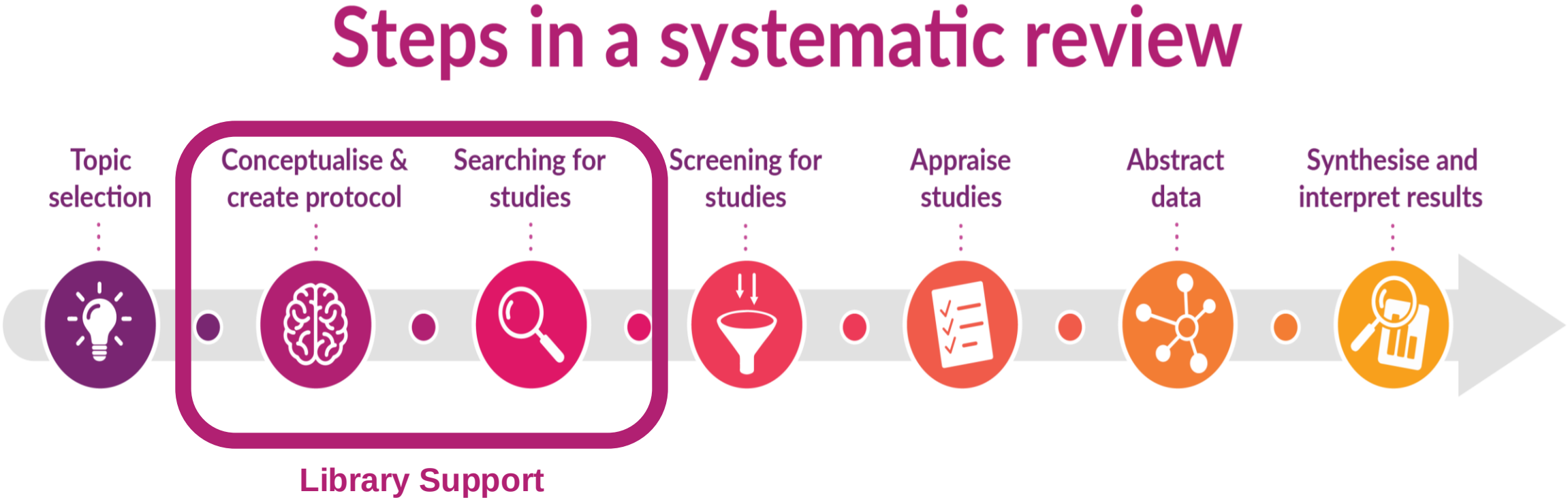
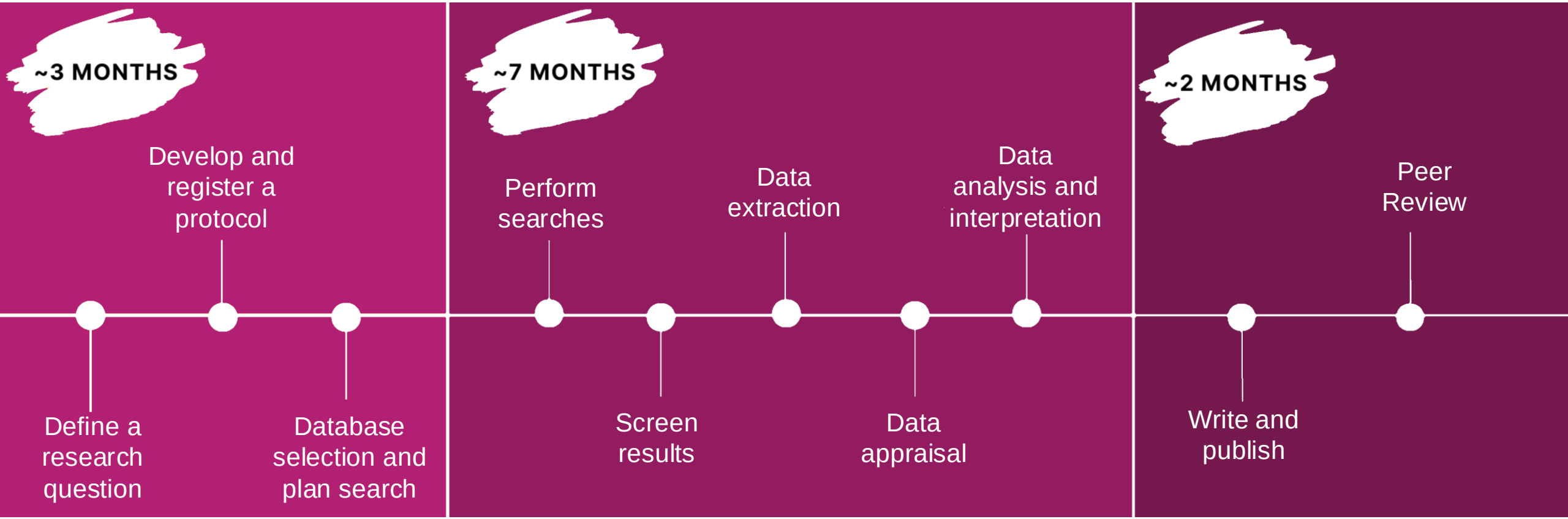
Systematic Review Steps



Systematic Review Timeline



Research question & frameworks

Developing a research question

Research topic → **Research question**

Broad area of research

Answerable

Focused

Specific

New

	P	I	C	O
Question Type:	**Population, Patient, Problem**	**Intervention or Exposure**	**Comparison**	**Outcome Measures**
Treatment (Therapy)	The patient's disease or condition.	A therapeutic measure a medical, surgical intervention, or lifestyle change.	Standard of care, another intervention, or a placebo.	Ex: mortality rate, days lost from work, pain, disability.
Prevention	The Patient's risk factors and general health condition.	A preventive measure, e.g. a medication or a lifestyle change.	May not be applicable.	Ex. Disease incidence, mortality rate, days lost from work.
Diagnosis	The target disease or condition.	A diagnostic test or procedure.	The current "reference standard" or "gold standard" test for the problem.	Measures of the test utility, ex sensitivity, specificity, odds ratio.
Prognosis (Nature History)	The main prognostic factor or clinical problem in terms of its severity and duration.	The exposure of interest is usually time, sometimes expressed as "watchful waiting".	Usually not applicable. Identify the standard treatment if your question is about "watchful waiting".	Ex: survival rates, mortality rates, rates disease progression.
Etiology or Harm (Causation)	Your patient's risk factors, current health disorders or general health condition.	The intervention or exposure of interest, including some indications of the strength (dose) of the risk factor and the duration of the exposure.	May not be applicable.	Ex: disease incidence, rates of disease progression, mortality rates.

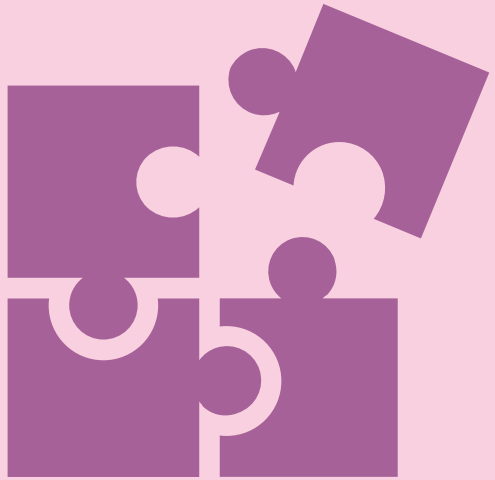
Quantitative

	P	I	C	O
	Population, Patient, Problem	**Intervention or Exposure**	**Comparison**	**Outcome Measures**
Element of the clinical question	Describe as accurately as possible the patient or group of patients of interest.	What is the main intervention or therapy you wish to consider? Including an exposure to disease, a diagnostic test, a prognostic factor, a treatment, a patient perception, a risk factor, etc.	Is there an alternative treatment to compare? Including no disease, placebo, a different prognostic factor, absence of risk factor, etc.	What is the clinical outcome, including a time horizon if relevant?
Example	In patients with acute bronchitis	Do antibiotics	*None*	Reduce sputum production, cough or days off?
Example	In children with cancer	What are the current treatments	*None*	In the management of fever and infection?
Example	Among family-members of patients undergoing diagnostic procedures	Does standard care	Listening to tranquil music, or audio taped comedy routines	Make a difference in the reduction of reported anxiety.

PICO Framework

Research question: Do dietary interventions such as intermittent fasting reduce the risk of heart attack in adults?

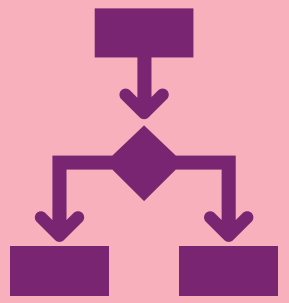
P	Patient Population	**Adults**
I	Intervention or Exposure	**Intermittent Fasting**
C	Comparison	**Conventional Treatment Options**
O	Outcome measures	**Reduced risk of heart attack**



Activity #1

Create a PICO framework for your research topic.

P	I	C	O
Population, Patient, Problem	Intervention or Exposure	Comparison	Outcome Measures

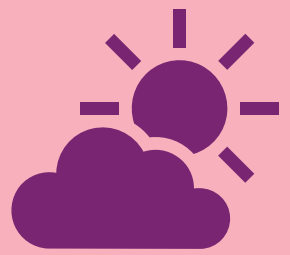


Protocol

What is a Protocol

The protocol describes the rationale and proposed methods of the review - it is the plan your systematic review will follow.

Why do systematic reviews need a protocol?



Transparency

Reduce biases

Consistency

Duplication

Check out the protocol of our example **Clarke 2021**.The protocol was created in 2003.

Where can you register your protocol

PROSPERO
Is an international database for prospectively registered systematic reviews.

Cochrane Library of Systematic Reviews
Offer registration for affiliated papers.

The Open Science Framework
Is a free open platform that supports research through the entire project life cycle. Among other functions, it offers preregistration

Joanna Briggs Institute (JBI)
Offer registration for affiliated papers.

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What questions to ask yourself

What is the scope of your enquiry?

What will be included & excluded in your study?

What date range will you be working within?

Will you limit to studies from a particular country/region?

Does your population group have a specific age/gender?

Will you use gray literature?

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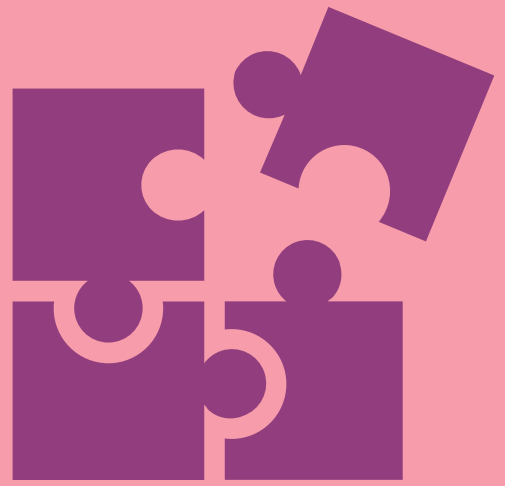


Activity #2

Write down some of the criteria you need for your protocol

Search strategy

Why use keywords and subject headings?

Curtin University. (2017, April 10). *Keywords vs. Subject Headings* [Video]. YouTube. https://www.youtube.com/watch?v=bNIG4qLuhJA

Finding synonyms and alternate terms

Online Thesaurus

MeSH Database

Author keywords from articles on your topic.

Abstract

The use of electronic cigarettes (e-cigarettes) is common and increasing, especially among youth. In 2022/2023, 30% of 12- to 17-year-olds reported ever using e-cigarettes in Australia-a >50% increase from 2017 (14%). Several adverse e-cigarette health effects have been identified and most effects remain unknown. Social norms, rules that govern social behaviours, are associated with current and future adolescent e-cigarette use. Understanding social norms in Australian adolescents is critical to the development of targeted and effective e-cigarette prevention activities. This study aims to explore e-cigarette social norms among adolescents living in New South Wales, Australia. A total of 32 online single or paired semi-structured qualitative interviews were conducted involving 46 participants aged 14-17 years, as part of the Generation Vape project. Reflexive thematic analysis was applied within a constructivist perceptive. Adolescents perceived e-cigarettes use as prolific among their peers, with use considered common, acceptable and normal. Fuelled by social exposure to e-cigarettes, 'everyone' was generally thought to be using them (descriptive norms). E-cigarette use was considered so entrenched that it was part of adolescent identity, with abstinence regarded as atypical. Use was driven by an internalised desire to fit it (injunctive norm), rather than being attributed to overt/external 'peer-pressure'. Positive e-cigarette norms exist among Australian adolescents with norm formation strongly influenced by social exposure, including e-cigarette promotion. Prevention efforts should include limiting adolescent exposure to e-cigarette marketing to help redefine existing pro-e-cigarette social norms and protect health.

Keywords: descriptive norms; e-cigarette marketing; electronic cigarettes; injunctive norms; social exposure; social norms.

Yazidjoglou, A., Watts, C., Joshy, G., Banks, E., & Freeman, B. (2024). Electronic cigarette social norms among adolescents in New South Wales, Australia. *Health promotion international*, *39*(2), daae018. https://doi.org/10.1093/heapro/daae018

Finding keywords using your PICO

Research question: Do dietary interventions such as intermittent fasting reduce the risk of heart attack in adults?

P	Patient Population	**Adults**	Middle aged
I	Intervention or Exposure	**Intermittent Fasting**	Calorie restriction Time restricted feeding Fasting Diet Nutrition
C	Comparison	**Conventional Treatment Options**	Usual care
O	Outcome measures	**Reduced risk of heart attack**	Heart attack Myocardial infarction Cardiovascular stroke Reduction Prevention Risk

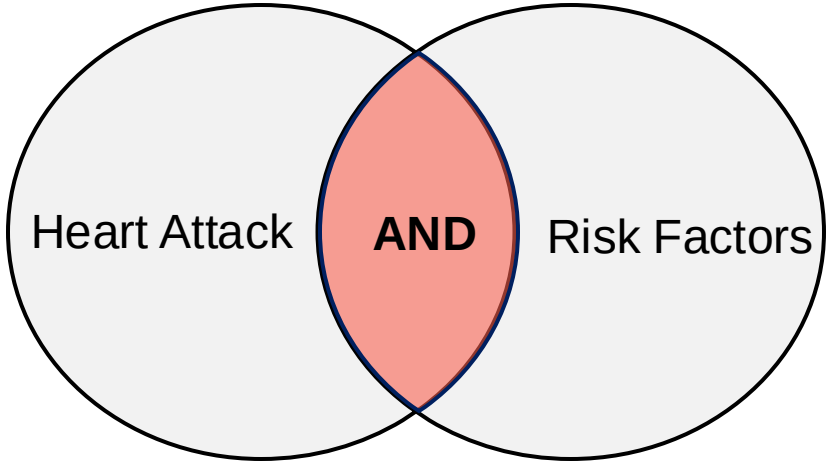
Turning your keywords into a concept map

	Concept 1: Adult	Concept 2: Intermittent Fasting	Concept 3: Heart Attack	Concept 4: Risk
Keywords	Adult	Intermittent Fasting	Heart Attack	Risk
Synonyms				
Subject Headings (e.g. MESH)				

Boolean Operators

AND

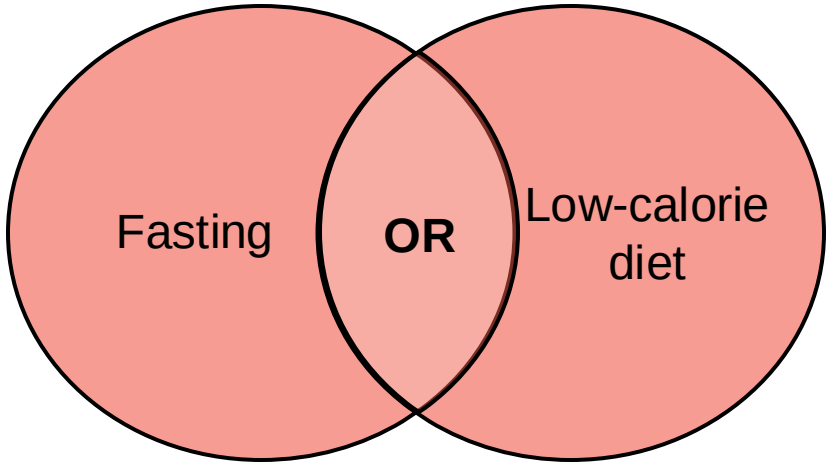
- Includes **both** search terms
- Many databases use AND by default
- **Narrows** your search



E.g. *heart attack* **AND** *risk factors* returns documents containing **both** terms.

OR

- Includes **either** search term
- **Broadens** your search



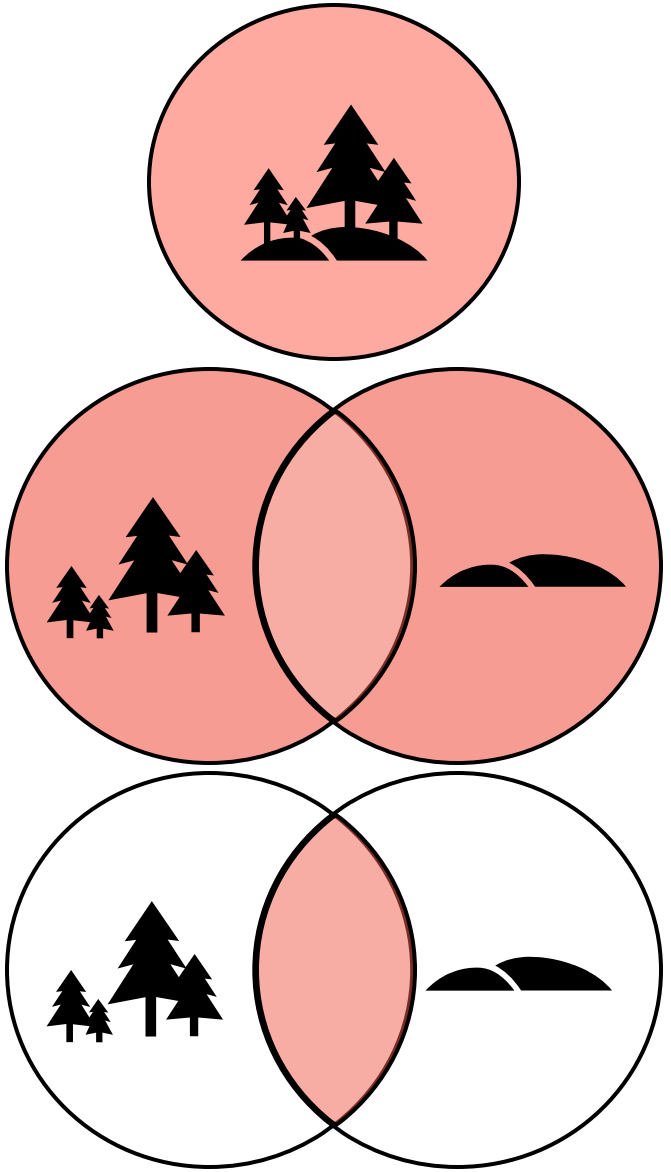
E.g. *fasting* **OR** *low-calorie diet* returns documents containing **either** term.

Combine your concept map with AND/OR

	Concept 1:	Concept 2:	Concept 3:	Concept 4:
	AND	AND	AND	
Synonyms	Adult OR Aged OR Middle-aged	Intermittent Fasting OR Time restricted eating OR Calorie restriction OR Fasting OR Meal Skipping OR Diet OR Nutrition OR Low-calorie diet	Heart Attack OR Myocardial infarction OR Cardiovascular stroke	Risk OR Reduction OR Reduce OR Prevention OR Risk factors
	OR			
Subject Headings (e.g. MESH)	Adult	Intermittent Fasting OR Caloric Restriction	Myocardial Infarction	-

Phrase Searching

"quotation marks"
around a keyword phrase keeps words together in the order specified



"forest soil"
41

forest soil
386

forest AND soil
386

Truncation *

Using a truncation symbol like * expands a keyword to include all possible variations of a word.

- Child* = child, children, childhood

analysis	**12 176**	
analysis*	**11 267**	
analys*	**13 320**	
analyz*	**486**	
analy*	**16 162**	

analysis, analyse, analyze, analyses, analyzes, analyst, analysed, analyzed, analyser, analyzer, analysers, analyzers

ana*	**19 097**	

Wildcards

?

Replace one character to allow for variations within a word.

#

Behavio**?**r

behavior, behaviour

$

Wom**?**n

women, woman

Combine with a truncation (*) to get more variations.

Organi**?**ation*****

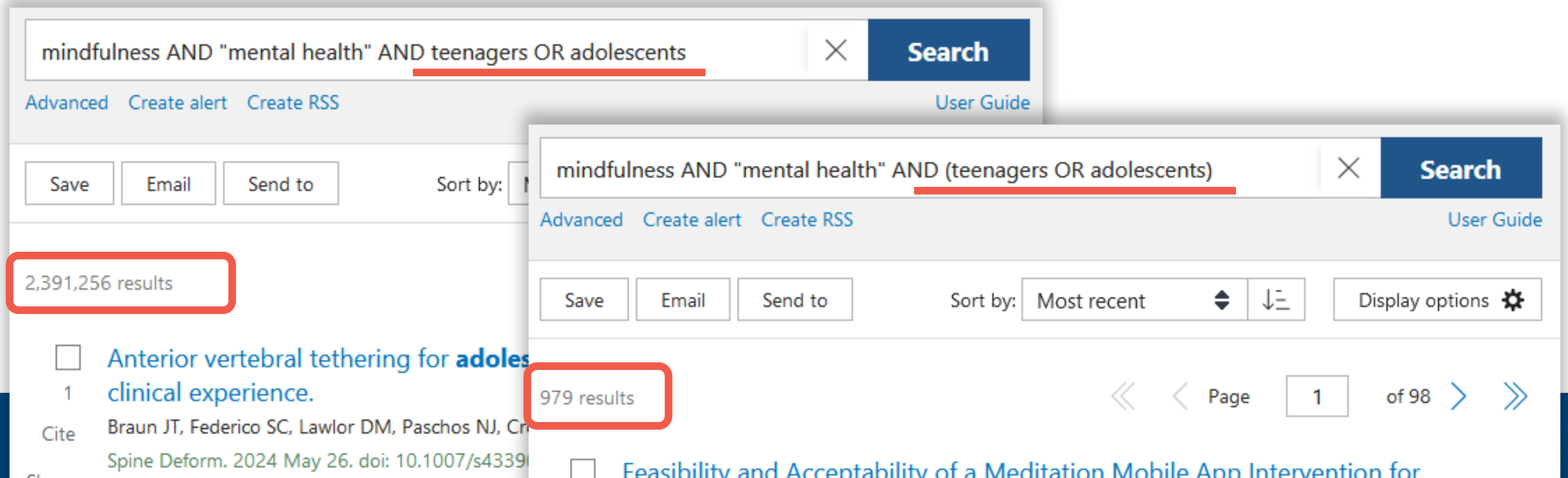
organisation, organization, organisational, organizational

Nesting

( )

Nesting (using brackets) groups keywords together

(paracetamol OR acetaminophen)



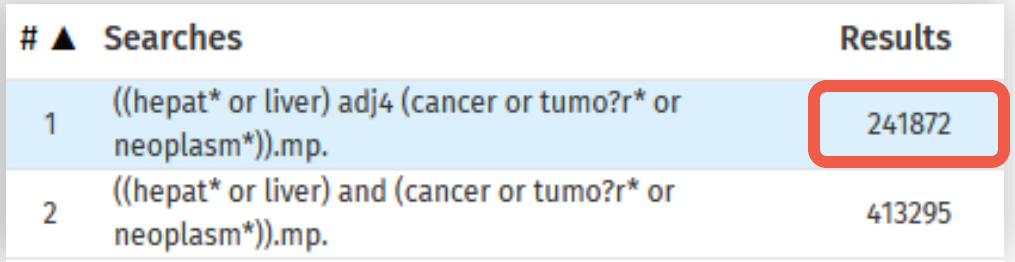
Proximity Searching

ADJ/n **NEAR/n** **W/n**

Operator specify how close together (n) two words appear in texts.

liver adj3 cancer

returns results where *liver* and *cancer* are no more than 3 words apart
(liver cancer, cancer of the liver)



# ▲	Searches	Results
1	((hepat* or liver) adj4 (cancer or tumo?r* or neoplasm*)).mp.	241872
2	((hepat* or liver) and (cancer or tumo?r* or neoplasm*)).mp.	413295

((hepat* OR liver) adj4 (cancer OR tumo?r* OR neoplasm*))

Combine with **nesting** to include synonyms

Database variations for Proximity Searching

Database	Proximity operators	
Embase.com	**NEAR/**n	**NEXT/**n
Embase (Ovid)	**ADJ**n	
Medline (Ovid)	**ADJ**n	
Cochrane Library	**NEAR/**n	**NEXT/**n
Web of Science	**NEAR/**n	
Scopus	**W/**n	**PRE/**n

Update your concept map

	Concept 1:	Concept 2:	Concept 3:	Concept 4:
		AND	AND	AND
Synonyms	Adult* OR Aged OR "Middle?aged"	"Intermittent Fast*" OR "Time restricted eat*" OR "Calori* restrict*" OR Fasting OR "Meal Skip*" OR Diet* OR Nutrition* OR "Low?calorie diet*"	"Heart Attack*" OR "Myocardial infarction*" OR "Cardiovascular stroke*"	Risk* OR Reduc* OR Prevent* OR "Risk factor*"
	OR			
Subject Headings (e.g. MESH)	Adult	Intermittent Fasting OR Caloric Restriction	Myocardial Infarction	-

Turn your concept map into a search string

(adult* OR aged OR "middle?aged")

AND

("intermittent fast*" OR "time restricted eat*" OR "calori* restrict*" OR fasting OR "meal skip*" OR diet* OR nutrition* OR "low?calorie diet*")

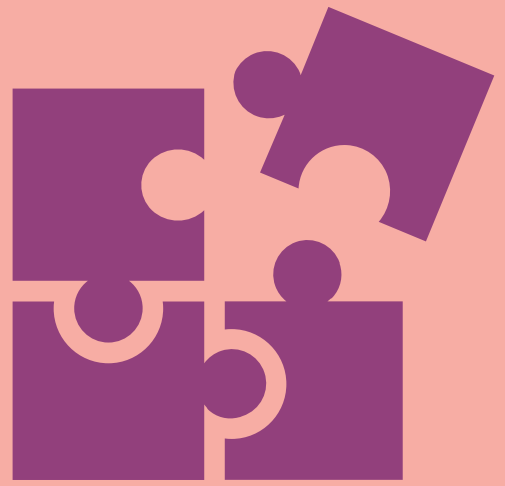
AND

("heart attack*" OR "myocardial infarction*" OR "cardiovascular stroke*")

AND

(risk* OR reduc* OR prevent* OR "risk factor*")

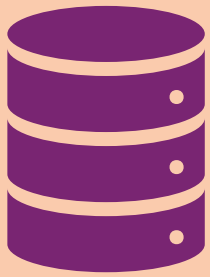
There are also pre-made search strings that you can include in your search that can act as filters. For example, see page 62 of the Cochrane Handbook- Technical Supplement



Activity #3

Start listing some keywords for your concept map.

5 mins stretch break



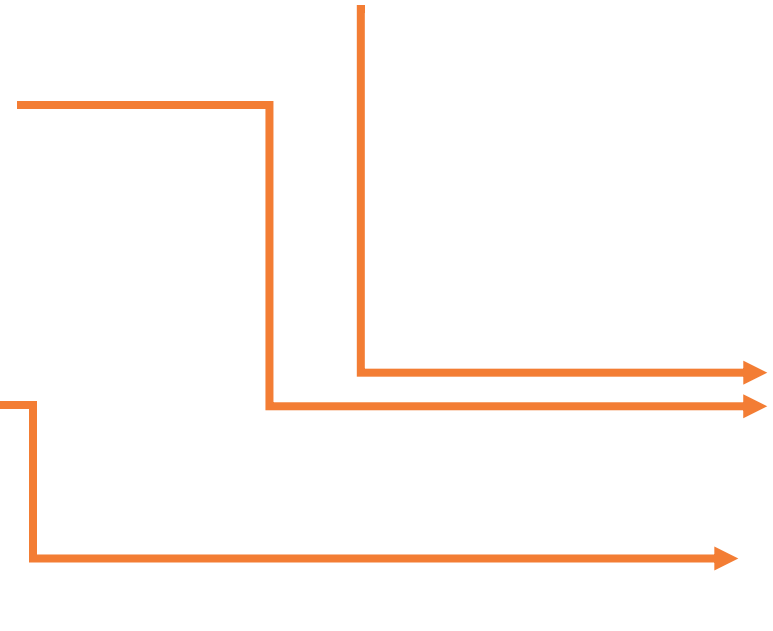
Database Searching

Selecting databases

MedLine
Journal articles in all fields of **medicine**, **biomedicine**, **health sciences** and **allied health**, from 1946 to current; now includes all records which were previously in the OldMedline database.

CINAHL Complete
Nursing and Allied Health journal articles and dissertations.

Scopus
The largest abstract and citation database of peer-reviewed literature; covers **Sciences, Engineering, Medicine, Social Sciences and some Arts**.

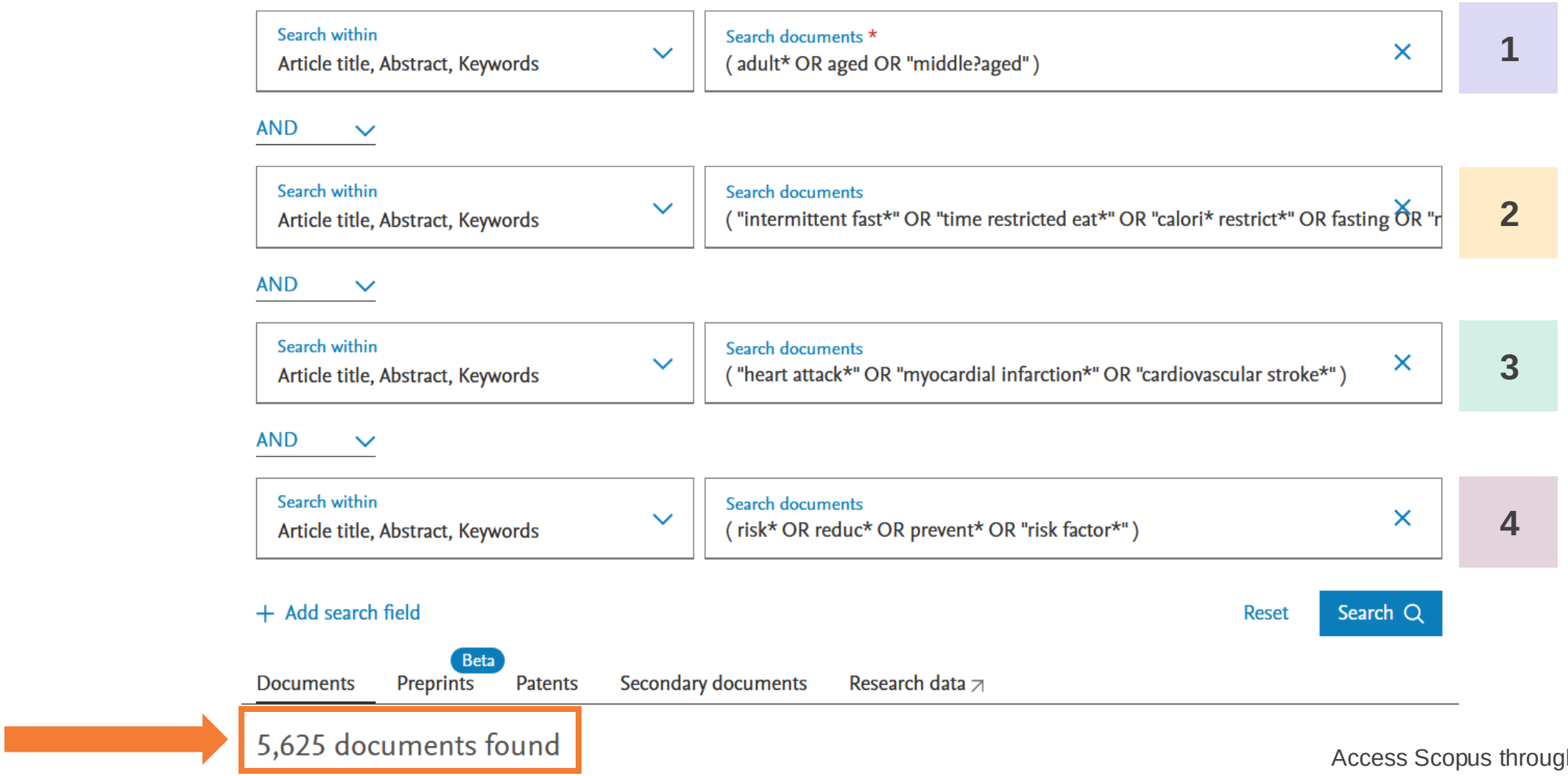


1	Bibliographic databases
2	Full-text databases
3	Primary source databases
4	Subject-specific databases
5	Multidisciplinary database

Input your search string into a database

(adult* OR aged OR "middle?aged")
AND
("intermittent fast*" OR "time restricted eat*" OR "calori* restrict*" OR fasting OR "meal skip*" OR diet* OR nutrition* OR "low?calorie diet*")
AND
("heart attack*" OR "myocardial infarction*" OR "cardiovascular stroke*")
AND
(risk* OR reduc* OR prevent* OR "risk factor*")

Example Scopus search



Access Scopus through the library website:
https://auckland.primo.exlibrisgroup.com/permalink/64UAUCK_INST/1lk16jl/alma99134396714002091

Example CINAHL Complete Search

Access CINAHL through the library website:
https://auckland.primo.exlibrisgroup.com/permalink/64UAUCK_INST/1lk16jl/alma99265493479702091

Example Medline Search

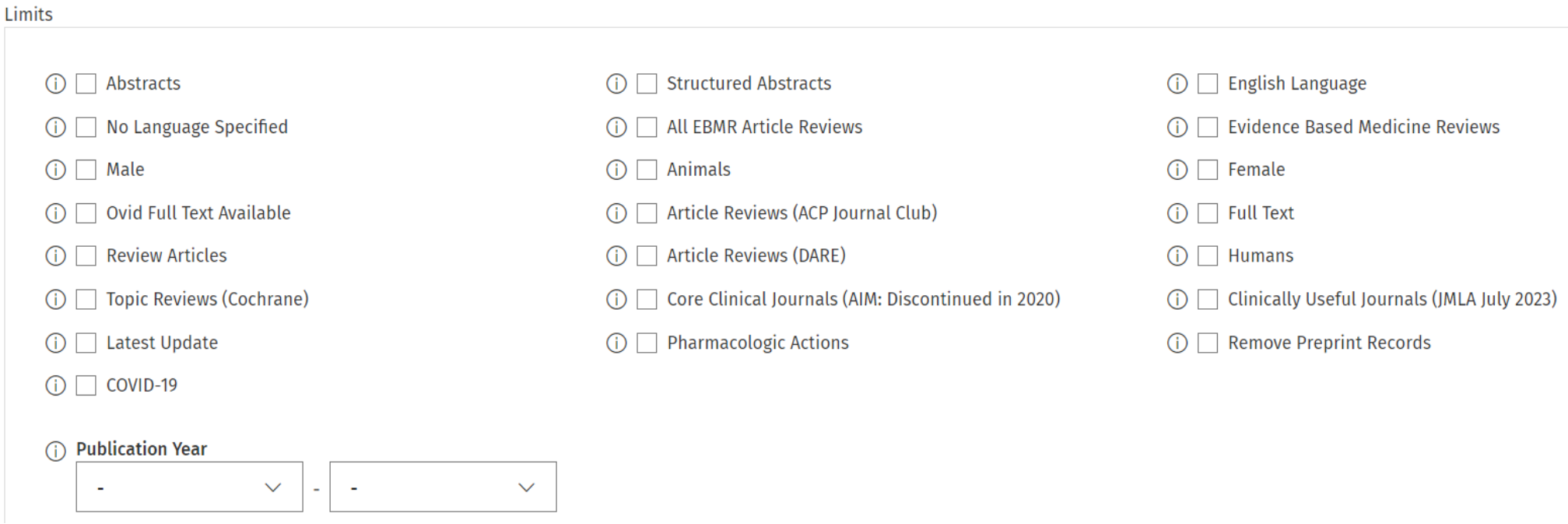
# ▲	Searches		Results
1	Adult/	1	5525820
2	(adult* or aged or "middle?aged").mp.		9153911
3	1 or 2		9153911
4	Intermittent Fasting/ or Caloric Restriction/	2	7561
5	("intermittent fast*" or "time restricted eat*" or "calori* restrict*" or fasting or "meal skip*" or diet* or nutrition* or "low?calorie diet*").mp.		1347836
6	4 or 5		1347836
7	Myocardial Infarction/	3	182578
8	("heart attack*" or "myocardial infarction*" or "cardiovascular stroke*").mp.		290686
9	7 or 8		290686
10	(risk* or reduc* or prevent* or "risk factor*").mp.	4	9066930
11	3 and 6 and 9 and 10		4133

Access Medline through the library website:
https://auckland.primo.exlibrisgroup.com/permalink/64UAUCK_INST/1lk16jl/alma9955080314002091

Additional Filters & Limitations

Many databases have built-in **filters** and **limits**
e.g., publication date, study type, age of participants, human/animal studies, etc.

! Some of these filters can be a little unreliable so it is important to test them out before finalising your search.



Reducing bias

To make sure you are finding all relevant data, ask yourself the following questions:

How will you find relevant papers from **other regions** and in **other languages**?

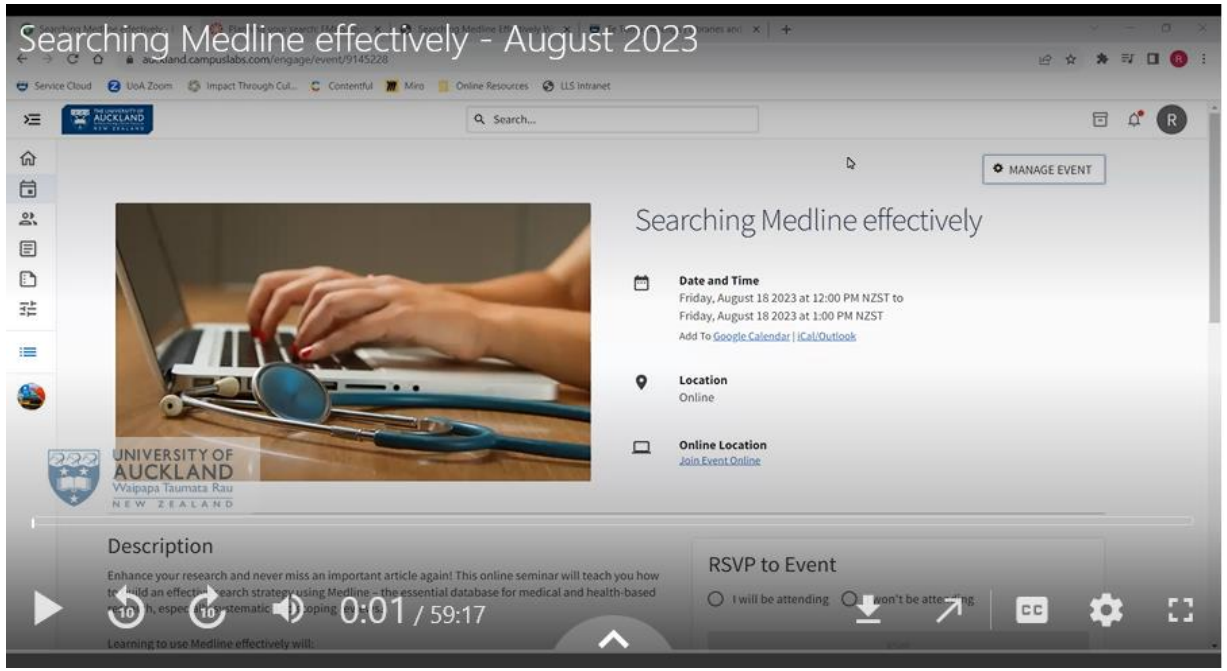
Are you searching in **enough places** or using enough **search terms**?

How will you access any relevant data that may be **unpublished** or not found in the usual databases?

Image made by Freepik from www.storyset.com

Databases Searching Support

FMHS Research & Study Skills Hub video tutorials:
https://canvas.auckland.ac.nz/courses/70858/pages/video-tutorials



Includes:

- planning your search
- searching Medline effectively
- troubleshooting

Managing Search Results

Keep a record of:

- **Number of results** for each database searched.
- **Date** you ran each search.
- **Search strategies** for each database.
- **Databases used.**

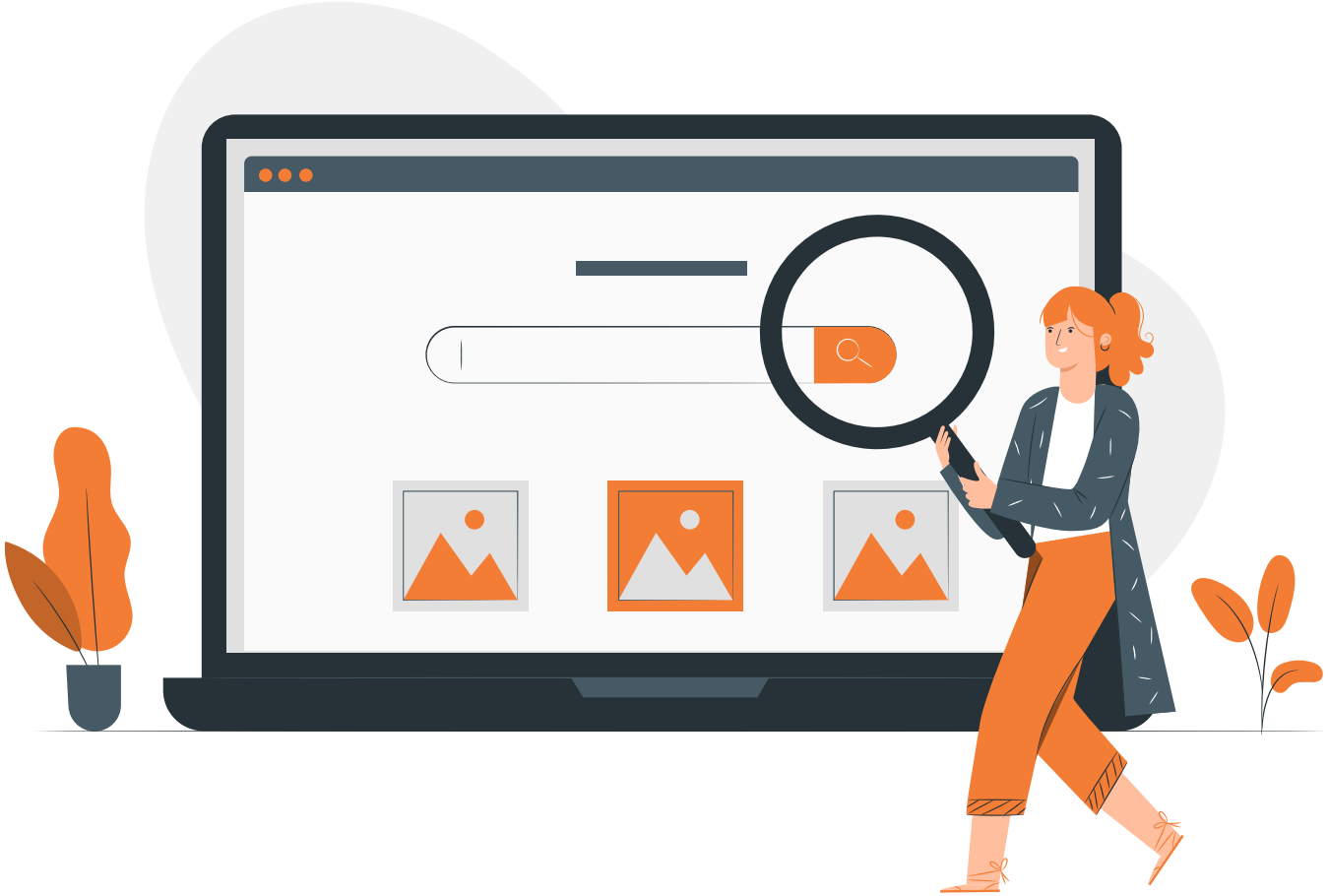


Image made by Freepik from www.storyset.com

Reference Management Systems

Reference management tool	RefWorks	EndNote	Mendeley	Zotero
Who can use?	Staff, students, and alumni.	Staff and postgraduate students.	Staff and students.	Staff and students.
Access	Web-based. Access from anywhere with internet. RefWorks.	Desktop. Can sync with EndNote Web. Additional database filters, connection files and output styles can be downloaded from the EndNote Download page.	Desktop. Can sync with Mendeley web account. When creating your account click 'Continue.' Do not click 'Sign in via your institution, organization or Athens' as you won't be able to use Mendeley Desktop.	Web-based and Desktop versions. Can sync with Zotero web account.
Cost	Free to staff and students.	Home use - $7 (Staff and Postgraduates only).	Free	Free

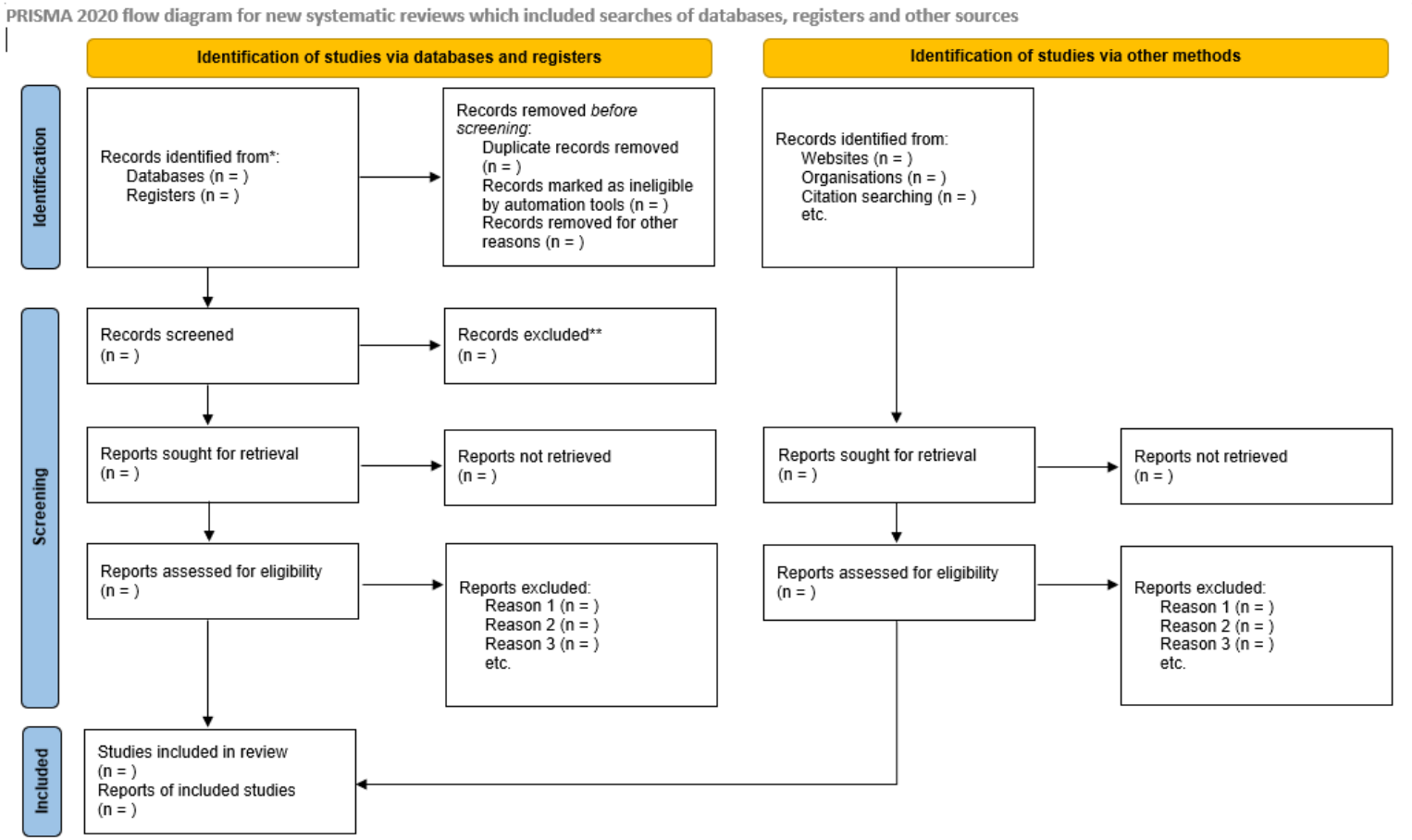
Find out more through our Learning Essentials page: https://learningessentials.auckland.ac.nz/referencing/reference-management-tools/

PRISMA Diagram

PRISMA Statement

- enhance systematic review and meta-analysis reporting quality

- 27-item checklist and a four-phase flow diagram for improved reporting



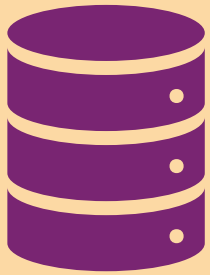
*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Handbooks and guides

- The Cochrane Handbook
- Joanna Briggs Institute (JBI)
- UoA Systematic Review Guide
- Monash University Systematic Review LibGuide (Australia)

Image made by Freepik from www.storyset.com

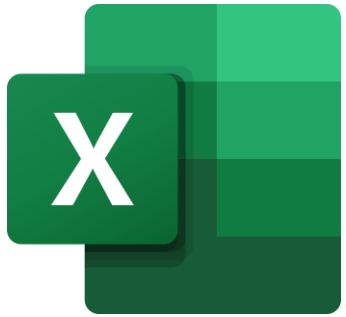


Next steps

Screening Results

Two or more independent reviewers use the **inclusion and exclusion criteria** (established in the **protocol**) to select the relevant studies.
A third reviewer can mediate any disagreements.

There are also tools available to help assist you with the screening process:



What is critical appraisal?

The process of **assessing** and **interpreting** evidence by systematically considering its **validity**, **results** and **relevance** to an individual's own clinical work.

Trustworthiness of results

Has the research been conducted in a way that minimizes bias?

Is it trustworthy, has it been funded by an interested party, etc?

Value and relevance

Are the results applicable to your patient, population, problem? Is it relevant to your research question?

What is the impact and importance of the findings? What real-world value does the research hold.

Abstract Data

Getting Data for Systematic Review

Use a structured form to note study details.

Making the Form

- Design it for your research question
- Test it out for improvements

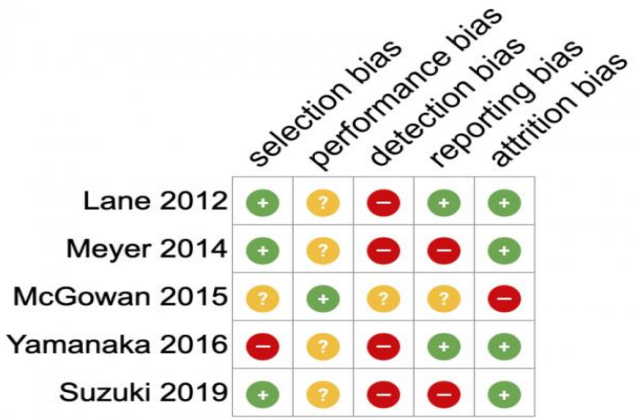
Finding the Right Balance

- Don’t collect too much data; keep it essential

Customize for Your Review

- Adjust the form based on what you're studying

Reference	Design	Population	Intervention	Outcome Measured	Results—Patient-Reported Outcomes
Davis et al (2015)[9]	Two-group nonrandomized design comparing patients receiving the intervention to those not offered or declining the intervention	1352 Home hospice patients with varying serious illnesses in metropolitan Washington, DC, area in the United States	Proactive outbound phone-based care service to hospice patients from specialists and nurses using a standard call script	Intervention evaluated by intervention acceptance rate, intensity of the intervention, escalations of calls from specialists to nurses, utilization of clinical services, and clinical miles traveled	84% of new home hospice patients accepted TeleCaring. TeleCaring participants had lower utilization of clinical services compared with nonparticipants. Patient satisfaction increased and clinical miles decreased after the implementation of the intervention TeleCaring is a viable method to proactively identify home hospice patient or caregiver needs and adjust clinical services accordingly
Dhiliwal and Salins (2015)[10]	Case report	2 Indian patients with advanced cancer referred for symptom control and supportive care	WhatsApp—smart phone application allowing sharing of text messages, pictures, and video	Symptom management, satisfaction, ability to die at home	Both patients reported improved symptom management and were able to die at home Smartphone applications in palliative homecare are a novel cost-effective approach which improves symptom control, helps in continued care at home, prevents unnecessary hospitalization, and improves patient satisfaction
Hebert et al (2006)[11]	Randomized noninferiority trial with 2 groups comparing conventional palliative home care to a combination of conventional and home telehealth	44 Home palliative care patients from 11 rural communities in Alberta, Canada	Combination of conventional care and home telehealth ‘‘video-visits’’ by nurses through the use of videophones at home	Palliative care symptoms: the Edmonton Symptom Assessment Scale (ESAS) and the Palliative Performance Scale (PPS). Quality of Life: the McGill Quality of Life Questionnaire (MQOL). Thematic analysis of interviews and focus groups. Unable to evaluate cost-	There were no significant differences between the groups for palliative care symptoms (ESAS and PPS) and quality of life (MQOL). Clients indicated a higher level of readiness to use the telehealth technology than did the nurses. All patients showed preference to fewe visits but wanted them to be in person Results suggested a similar quality of care could be delivered via videophones and conventional care



Risk of bias form.

Synthesize and Interpret Results

Synthesis

Qualitative	**Potentially quantitative**
Outcomes and effects	Methodological / quality issues
Level of evidence	degree of consistency
Treatment outcomes and basis	

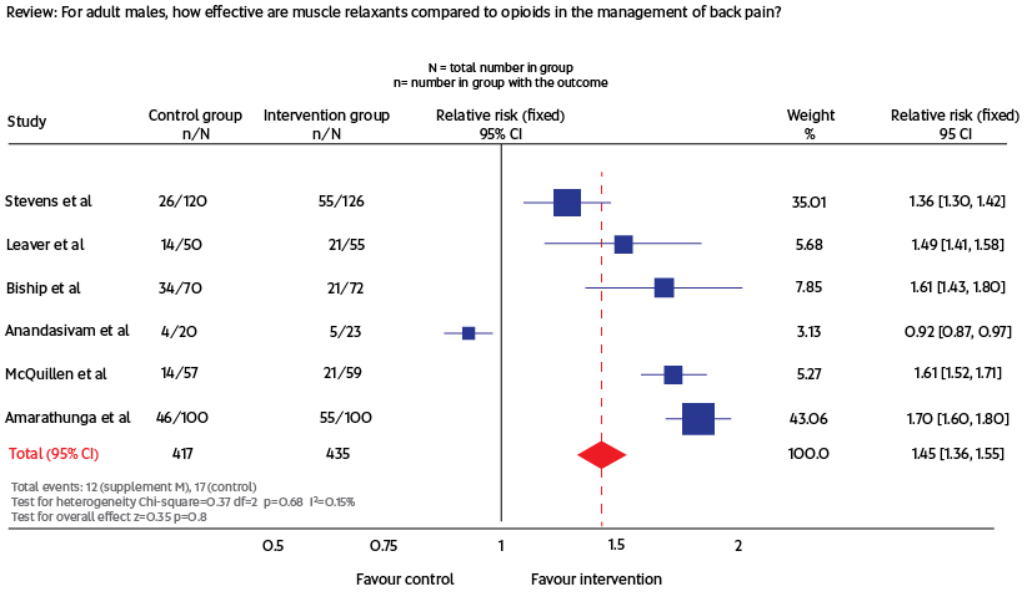
Narrative synthesis

Meta-analysis

Thematic synthesis

Qualitative comparative analysis

Quantitative Data Synthesis



Meta-analysis

Statistical techniques used to combine and analyze the results of multiple studies

Feasibility and sensibility depends on **data available & team skillset**

- Clinical and methodological similarity
- Consistent study quality
- Team has statistical expertise

Qualitative Data Synthesis

- Text descriptions
- Thematic or content analysis

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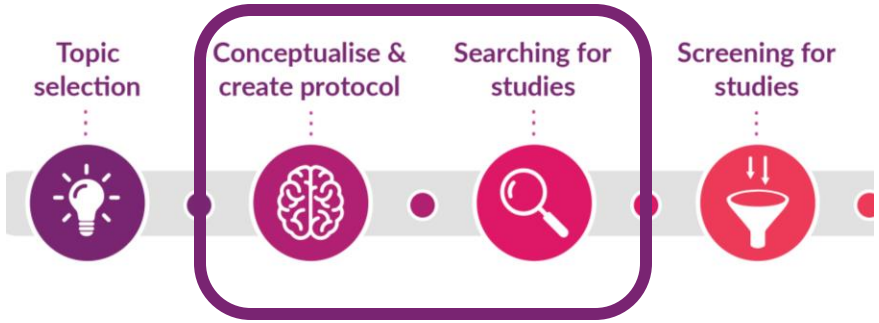
Thematic analysis	Content analysis
Thematic analysis is a method of qualitative data analysis that can be used with varying research designs	Content analysis is a data analysis method that can be used to analyze both quantitative and qualitative data
Analyses qualitative data	Analyses both qualitative and quantitative data
Helps the researcher create a logical structure for the research	Content data analyzed through content analysis can help to identify frequencies of data
Researcher focuses more on the frequency of the occurrence of various categories	Researcher's focus is on identifying themes and developing the analysis in the most cohesive manner possible

Adapted from www.pediaa.com

Need more help?

Systematic Review support service



Library's AskUs form

Online Guides and Resources:
The Cochrane Handbook
Joanna Briggs Institute (JBI)
The PRISMA Checklist
UoA Systematic Review Guide

Upcoming workshops

From novice to navigator: An introduction to searching medical databases
20 August 2024, 12pm (online)

Using Medline effectively workshop
22 August 2024, 12pm (online)

Post graduate workshops

Reflection

What one thing did you learn from this workshop?

Did we answer all your questions from the start?


Thankyou