

'So you want to do a review?
An introduction to systematic,
rapid and scoping reviews
from a librarian's perspective'

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<http://www.professionalpalliativehub.com/research/>



AIHPC

Early Career Researcher Forum

Who am I?



- Former Nursing & Midwifery Subject Librarian – was in that post in TCD from Oct 2005 to March 2014.
- Currently Physics & Chemistry Subject Librarian and Web Services Librarian.
- Co-author on many articles including several Cochrane Reviews.
- Advised thousands of students and staff on searches and dozens on systematic reviews.
- E-mail: greg.sheaf@tcd.ie.

Today we are looking at:

- Types of searches
- Systematic reviews
- Rapid reviews
- Scoping reviews
- Working with your results:
 - EndNote
 - Covidence
 - Screening and extracting

- Our focus today is the search aspect of undertaking a systematic search or review, rather than deciding on relevancy, or critically evaluating results, or using statistics. I'm sticking to what I know!
- *For a systematic review*, you want to be confident you have found *every* relevant study, to the best of your ability. THIS IS NOT THE CASE FOR "NORMAL" LITERATURE REVIEWS. Your searches are the entire foundation of a systematic review.
- If the searches aren't good enough, the whole thing is flawed.

Don't go cherrypicking

- Cherrypicking is the most common type of searching.
- Searches are based on a few keywords or an author and the researcher mines through the information picking the articles which interest them (like cherries from a tree).
- Some problems:
 - lack of consistency.
 - uncertainty whether you have “got everything”.
 - lack of methodology makes it impossible to replicate across databases or by others.
- But! You have to start somewhere – can be useful to get a feel for a subject, and find themes and terms.

Systematic searches

- Systematic searches can be used across multiple databases and even by multiple people. Results can be replicated by others – and yourself!
- A core of terms is used across multiple databases, with additions and subtractions as necessary. For example, the part of a search looking for RCTs doesn't need to be included in a database composed of RCTs.
- All searches are documented.
- Future researchers can carry on where you left off, for example can conduct a Cochrane Review using your search terms.

Systematic searches versus systematic reviews

- *All* your searches for a study should be done systematically, but don't necessarily need to find every single relevant article or study.
- For example, a search for a “normal” literature review gives a sample of evidence – it doesn't aim to be totally comprehensive, instead it aims to find the most important works.
- A systematic review is done using systematic searching, but most systematic searches are not systematic reviews.
- A type of review that uses *elements* of a systematic review might be called a *systematised review*. *Rapid reviews* are also conducted using elements of the methodology, as are *scoping reviews*.

There are many types of “reviews”!

See [A typology of reviews: an analysis of 14 review types and associated methodologies](#) (2009), Grant & Booth

Table 1 Main review types characterized by methods used

Label	Description	Methods used (SALSA)			
		Search	Appraisal	Synthesis	Analysis
Critical review	Aims to demonstrate writer has extensively researched literature and critically evaluated its quality. Goes beyond mere description to include degree of analysis and conceptual innovation. Typically results in hypothesis or model	Seeks to identify most significant items in the field	No formal quality assessment. Attempts to evaluate according to contribution	Typically narrative, perhaps conceptual or chronological	Significant component: seeks to identify conceptual contribution to embody existing or derive new theory
Literature review	Generic term: published materials that provide examination of recent or current literature. Can cover wide range of subjects at various levels of completeness and comprehensiveness. May include research findings	May or may not include comprehensive searching	May or may not include quality assessment	Typically narrative	Analysis may be chronological, conceptual, thematic, etc.
Mapping review/ systematic map	Map out and categorize existing literature from which to commission further reviews and/or primary research by identifying gaps in research literature	Completeness of searching determined by time/scope constraints	No formal quality assessment	May be graphical and tabular	Characterizes quantity and quality of literature, perhaps by study design and other key features. May identify need for primary or secondary research
Meta-analysis	Technique that statistically combines the results of quantitative studies to provide a more precise effect of the results	Aims for exhaustive, comprehensive searching. May use funnel plot to assess completeness	Quality assessment may determine inclusion/exclusion and/or sensitivity analyses	Graphical and tabular with narrative commentary	Numerical analysis of measures of effect assuming absence of heterogeneity
Mixed studies review/mixed methods review	Refers to any combination of methods where one significant component is a literature review (usually systematic). Within a review context it refers to a combination of review approaches for example combining quantitative with qualitative research or outcome with process studies	Requires either very sensitive search to retrieve all studies or separately conceived quantitative and qualitative strategies	Requires either a generic appraisal instrument or separate appraisal processes with corresponding checklists	Typically both components will be presented as narrative and in tables. May also employ graphical means of integrating quantitative and qualitative studies	Analysis may characterise both literatures and look for correlations between characteristics or use gap analysis to identify aspects absent in one literature but missing in the other
Overview	Generic term: summary of the [medical] literature that attempts to survey the literature and describe its characteristics	May or may not include comprehensive searching (depends whether systematic overview or not)	May or may not include quality assessment (depends whether systematic overview or not)	Synthesis depends on whether systematic or not. Typically narrative but may include tabular features	Analysis may be chronological, conceptual, thematic, etc.
Qualitative systematic review/qualitative evidence synthesis	Method for integrating or comparing the findings from qualitative studies. It looks for 'themes' or 'constructs' that lie in or across individual qualitative studies	May employ selective or purposive sampling	Quality assessment typically used to mediate messages not for inclusion/exclusion	Qualitative, narrative synthesis	Thematic analysis, may include conceptual models

Why a systematic review?

- It's all about finding evidence! Used when seeking the best currently available answer to a narrowly focused question using pre-defined methods and study types to support decision-making, further research or both.
- Systematic reviews are one of the hardest things you can do academically... *but* one of the most rewarding. They can find actual answers to real-world problems – even if that answer is “we don't know the answer yet”.
- Gaining popularity at thesis level - as they are literature-based only, they don't require ethical approval.
- BUT you have to become really, *really* good at searching.
- Not just for the biomedical sciences, or RCTs within them – now used in many disciplines, and using qualitative studies.

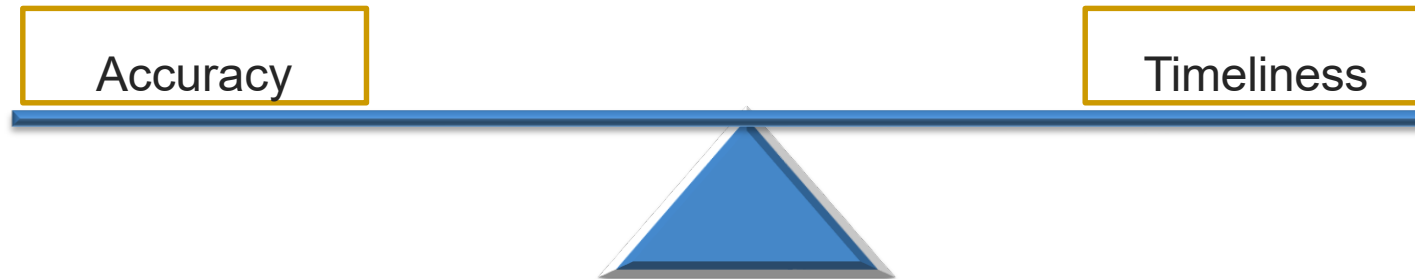
“A systematic review uses systematic and explicit methods to identify, select, critically appraise, and extract and analyze data from relevant research”

(Cochrane Handbook for Systematic Reviews of Interventions, Higgins & Green 2011)

It takes substantial resources to produce a high quality systematic review:

>12 months and \$100,000

(Systematic Reviews in the Social Sciences, Petticrew & Roberts 2006)



The anatomy of a systematic review

- Protocol registered with PROSPERO, and published in an appropriate SR journal.
- Comprehensive and systematic literature search (6 databases).
- Pre-defined inclusion and exclusion criteria (i.e. study eligibility criteria).
- Uses a risk of bias appraisal (for example, Cochrane for trials).
- Pre-defined data abstraction form.
- Synthesis based on the totality of evidence.
- Discussion, providing limitations of included studies and review process.
- Each step conducted by two reviewers, independently.

The anatomy of a systematic review

- Come up with research question, draft the protocol.
- Create search in one database (say, Web of Science).
- Redraft question if needed. Rerun search.
- Translate search into other databases (another 2-5, generally).
- Run draft search, sanity check – does this look achievable?
Has it found known articles?
- Register protocol.

- Rerun searches, all on the same day. Export into EndNote or equivalent.
- Upload discrete studies into Covidence or equivalent.
- “Hand search” top journals, for most up-to-date articles.
- Find grey literature, if appropriate.
- Screen at title/abstract level.
- Find full text of included studies.
- Screen at full text level.
- Extract remaining studies.
- Analyse, synthesise, find answer to research question. Write review, publish!

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Statement

“A systematic review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies. Meta-analysis refers to the use of statistical techniques in a systematic review to integrate the results of included studies.”

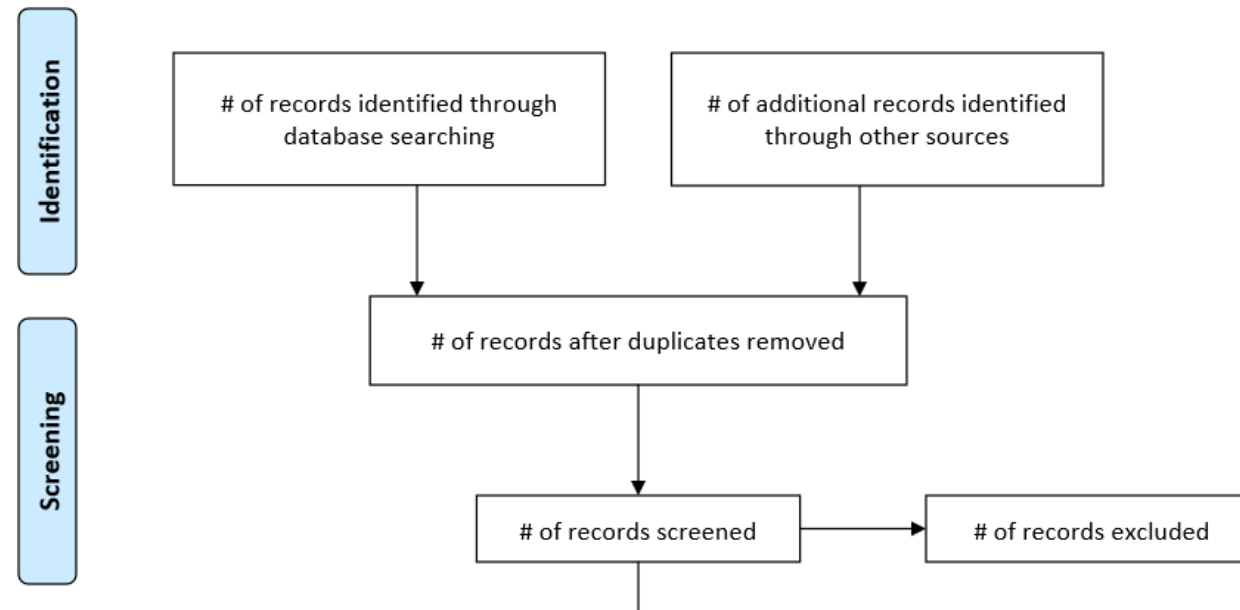
<http://prisma-statement.org/PRISMAStatement/>

PRISMA flow diagram

<http://prisma-statement.org/PRISMAStatement/FlowDiagram>



PRISMA 2009 Flow Diagram



SECTION/TOPIC	ITEM #	CHECKLIST ITEM
INFORMATION SOURCES AND METHODS		
Database name	1	Name each individual database searched, stating the platform for each.
Multi-database searching	2	If databases were searched simultaneously on a single platform, state the name of the platform, listing all of the databases searched.
Study registries	3	List any study registries searched.
Online resources and browsing	4	Describe any online or print source purposefully searched or browsed (e.g., tables of contents, print conference proceedings, web sites), and how this was done.
Citation searching	5	Indicate whether cited references or citing references were examined, and describe any methods used for locating cited/citing references (e.g., browsing reference lists, using a citation index, setting up email alerts for references citing included studies).
Contacts	6	Indicate whether additional studies or data were sought by contacting authors, experts, manufacturers, or others.
Other methods	7	Describe any additional information sources or search methods used.
SEARCH STRATEGIES		
Full search strategies	8	Include the search strategies for each database and information source, copied and pasted exactly as run.
Limits and restrictions	9	Specify that no limits were used, or describe any limits or restrictions applied to a search (e.g., date or time period, language, study design) and provide justification for their use.
Search filters	10	Indicate whether published search filters were used (as originally designed or modified), and if so, cite the filter(s) used.
Prior work	11	Indicate when search strategies from other literature reviews were adapted or reused for a substantive part or all of the search, citing the previous review(s).
Updates	12	Report the methods used to update the search(es) (e.g., rerunning searches, email alerts).
Dates of searches	13	For each search strategy, provide the date when the last search occurred.
PEER REVIEW		
Peer review	14	Describe any search peer review process.
MANAGING RECORDS		
Tool used	15	Describe the tool used to manage records, including the name of the tool, the version, and the date of the last update.

Registering your protocol. Eh, what's a protocol?

- A protocol is a statement of intent on what you plan to do in the systematic review. You won't have your findings yet, but you know what you are (likely) to do. A draft version with some of the details planned out.
- Isn't set in stone – what you do can change when you actually do the systematic review; but this is noted in the SR.
- If you have started “extraction” of results then it's moved beyond the protocol stage.
- Various registers and repositories for protocols and SRs – [PROSPERO](#), [Cochrane Library](#), [JBI](#) and [Campbell Collaboration](#) most well-known.
- Deters others from doing exactly the same review, even if you haven't published yet.

PROSPERO example

What non-consensual practice changes in pregnancy and childbirth have occurred during the COVID-19, SARS and MERS pandemics? A rapid systematic review

Ashamole Clive, Joan Gabrielle Lalor, Magdalena Ohaja, Sylvia Murphy-Tighe, Andrea Mulligan, Greg Sheaf

Citation

Ashamole Clive, Joan Gabrielle Lalor, Magdalena Ohaja, Sylvia Murphy-Tighe, Andrea Mulligan, Greg Sheaf. What non-consensual practice changes in pregnancy and childbirth have occurred during the COVID-19, SARS and MERS pandemics? A rapid systematic review. PROSPERO 2020 CRD42020193907 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020193907

Review question

What non-consensual practice changes in pregnancy and childbirth have occurred during the COVID-19, SARS and MERS pandemics?

Subsets will be:

- 1) The withholding of routinely available obstetric analgesia;
- 2) Non-consensual instrumental delivery or operative vaginal delivery/birth;
- 3) The exclusion of birthing partners during pregnancy and in labour;
- 4) The separation of mothers or partners from their newborn babies;
- 5) The denial of access to neonatal intensive care units to mothers or partners;
- 6) The prohibition of breastfeeding;
- 7) Non-consensual caesarean sections.

Problems with SRs?

A comment on an SR, made on [Rapid-Reviews.info](https://rapid-reviews.info):

“[Authors] appear so certain of their position, so sure that the systematic review is the right way, so sure they are infallible. The hubris is amazing for a supposedly scientific community – where scepticism should be the default.

“A central point to this is that most systematic reviews miss lots of studies and even more data (by focusing on published journal articles). That is an evidence-based statement. So, given that, why do systematic reviews not come with an explicit message about the risk of overlooking key evidence? Is the stuff they miss not important? If so, where’s the evidence?

“There are no ‘explicit messages’ on systematic reviews as that’s bad for business.

“Now, let us show our faith by praying at the altar of the systematic review.”
Eeep!

One view from an MSc student...

“I felt that there was a clear focus on SRs rather than primary research. [...] my supervisor pushed systematic reviews rather than primary research due to ethics etc.

“I think that there should be more supports and encouragement to undertake primary research. I found this discouraging and unsupportive especially when I made it clear I didn't think a SR was a strength of mine.”

Rapid reviews

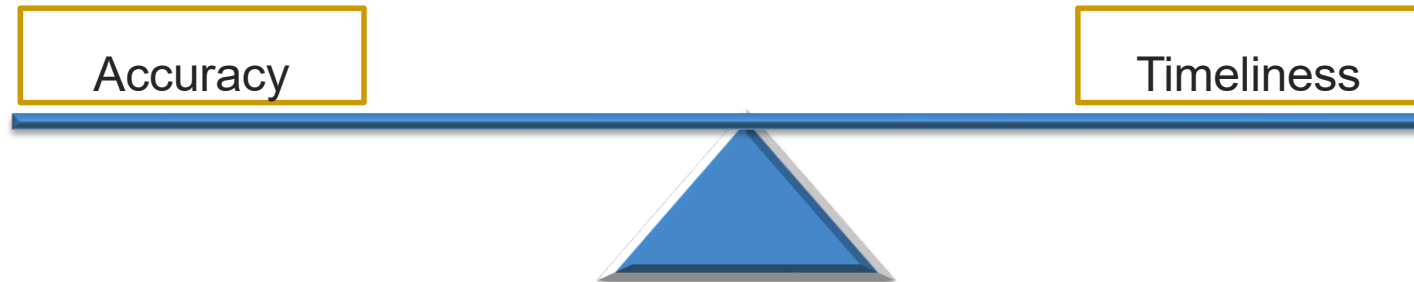
Rapid reviews are a form of knowledge synthesis in which components of the systematic review process are methodologically tailored to produce information in a timely manner for decision-making

(Evidence summaries: The evolution of a rapid review approach, Khangura et al 2012;

Reporting and disseminating rapid review findings IN: Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide, Kelly et al 2017)

Rapid reviews are produced, on average, over 3 months and cost \$25,000

(Evidence synthesis activities of a hospital evidence-based practice center and impact on hospital decision making, Jayakumar et al 2015)



A rapid review might have...

- Protocol registered with PROSPERO ~~and published in an appropriate SR journal.~~
- Comprehensive and systematic literature search (~~6~~ 3 databases).
- Pre-defined inclusion and exclusion criteria (i.e. study eligibility criteria).
- Risk of bias appraisal.
- Pre-defined data abstraction form.
- ~~Synthesis based on the totality of evidence.~~
- Discussion, providing limitations of included studies and review process.
- Each step conducted by ~~2~~ 1 reviewer, independently.

Approaches to RRs

Accelerated Rapid Reviews

- “Throw” more resources/people at the review e.g., instead of using two reviewers use six reviewers. More input, same quality.
- Work “smarter” e.g., use technology to manage the review process e.g. Covidence.

Abbreviated Rapid Reviews - Streamlining

- Design RR with methodological “short cuts” e.g., fewer databases searched, one reviewer doing what two would do, light touch quality assessment etc.

Key Resource: [Rapid Reviews Wiki](#)

Limitations of rapid reviews

- May be susceptible to bias as a consequence of the streamlining of the systematic review process:
 - Sampling bias, choosing studies bias, obtaining accurate data bias.
- Evidence may not be as comprehensive as a “full” review as there is a limit on resources used.
- [AMSTAR](#) scores higher for systematic reviews compared to rapid reviews.

AMSTAR Checklist

3. Did the review authors explain their selection of the study designs for inclusion in the review?

For Yes, the review should satisfy ONE of the following:

- ☐ Explanation for including only RCTs
- ☐ OR Explanation for including only NRSI
- ☐ OR Explanation for including both RCTs and NRSI

- ☐ Yes
- ☐ No

4. Did the review authors use a comprehensive literature search strategy?

For Partial Yes (all the following):

- ☐ searched at least 2 databases (relevant to research question)
- ☐ provided key word and/or search strategy
- ☐ justified publication restrictions (e.g. language)

For Yes, should also have (all the following):

- ☐ searched the reference lists / bibliographies of included studies
- ☐ searched trial/study registries
- ☐ included/consulted content experts in the field
- ☐ where relevant, searched for grey literature
- ☐ conducted search within 24 months of completion of the review

- ☐ Yes
- ☐ Partial Yes
- ☐ No

5. Did the review authors perform study selection in duplicate?

For Yes, either ONE of the following:

- ☐ at least two reviewers independently agreed on selection of eligible studies and achieved consensus on which studies to include
- ☐ OR two reviewers selected a sample of eligible studies and achieved good agreement (at least 80 percent), with the remainder selected by one reviewer.

- ☐ Yes
- ☐ No

6. Did the review authors perform data extraction in duplicate?

For Yes, either ONE of the following:

- ☐ at least two reviewers achieved consensus on which data to extract from included studies
- ☐ OR two reviewers extracted data from a sample of eligible studies and achieved good agreement (at least 80 percent), with the remainder extracted by one reviewer.

- ☐ Yes
- ☐ No

7. Did the review authors provide a list of excluded studies and justify the exclusions?

For Partial Yes:

- ☐ provided a list of all potentially relevant studies that were read in full-text form but excluded from the review

For Yes, must also have:

- ☐ Justified the exclusion from the review of each potentially relevant study

- ☐ Yes
- ☐ Partial Yes
- ☐ No

Scoping reviews

- Same approach to searching and screening, until the Extraction stage.
- Doesn't generally need a risk of bias assessment.
- NOT attempting to find a specific answer in the same way as an SR, but does still need a research question.
- Seeks to document amount of studies in an area and tease out themes/domains.
- You can pivot to a scoping review after starting an SR, but not really the other way around.

Example:

"...a scoping review was conducted in order to systematically map the research done in this area, as well as to identify any existing gaps in knowledge....The following research question was formulated: What is known from the literature about parents' action, challenges, and needs while enabling participation of their children with a physical disability?"

Piškur B, Beurskens AJ, Jongmans MJ, Ketelaar M, Norton M, Frings CA, et al. Parents' actions, challenges, and needs while enabling participation of children with a physical disability: a scoping review. BMC Pediatr. 2012;12:177.

Tips, tricks and things to look out
for...



Get the band together!

FIELDS OF THE
NEPHILIM

Assemble your team

You don't need to do this all yourself. Be guided by the concept of the *multidisciplinary team*, with members having different skills.

You don't need to be at the same institution. Or in the same country, thanks to video calling.

Have you got funding?!? Can you get by without it?

You will need:

- Someone with access to academic electronic resources:
 - To run the searches in several databases.
 - To get access to the full text of papers.
- Someone with access to EndNote and Covidence (or equivalents), and knowledge of their use.
- Preferably two, three or more experts on the general area to be able to go through the results.
- People with good editing skills for the write-up.
- Ideally, someone who has done this before!
- ~~Saxophonist.~~

PICO is your friend when coming up with a research question

- P=Patient or Population
- I=Intervention or Issue
- C=Comparison (often optional)
- O=Outcome/Measurement

- For example:

“In college students (P) are nicotine-replacement interventions (I) effective compared to placebo (C) in increasing smoking cessation (O)?”

Another useful variable is *time*.

Alternates?

- SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type);
- SPICE: Setting, Population/Perspective, Intervention, Comparison, Evaluation.

COVID/MERS/SARS search example

TITLE/ABSTRACT

("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome")

MEDLINE (Ebsco)

TI ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome") OR AB ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome") OR (MH "Coronavirus+") OR (MH "Coronaviridae Infections+") OR (MH "Severe Acute Respiratory Syndrome")

CINAHL (Ebsco)

TI ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome") OR AB ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome") OR (MH "Coronavirus+") OR (MH "Coronavirus Infections+")

PsycInfo (Ebsco)

TI ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome") OR AB ("corona vir*" OR coronavir* OR covid* OR "SARS2" OR "SARS" OR "Severe Acute Respiratory Syndrome" OR "MERS" OR "Middle East Respiratory Syndrome")

Sanity check

- Do you already know of a really good article? Yes, perhaps one you cherrypicked at the start?
- Does the search you've constructed pick it up?

If no...

- Is the journal in the database? Are others from that issue in it?
- If yes:
 - What term(s) are missing from your search that would have triggered it to appear? If looking at it as a PDF or webpage, use CTRL + F (Command + F on a Mac) to search for your terms.

Working with your results

Saving results into EndNote (or similar)

- Create a new Library for every database and have *only* it open; send the results into it.
- Close the Library, move on to the next database.
- You will have many duplicate results – the same article from different databases.

Deduplication of results

- I then used to perform very tedious automatic and manual deduplication using EndNote...
- HOWEVER, I recently did an experiment and just using Covidence to deduplicate results based on title, author, DOI etc. seemed to get over 98% of duplicates compared to a version of the same review where I did it myself.
- ...this is probably good enough, and TBH far better than what a normal practitioner would normally find.

Screening results

- Screening is evaluating the studies against your research question and inclusion/exclusion criteria – initially, this is done quickly just looking at the titles and abstracts (“TI/AB screening”).
- Covidence is designed for screening and extracting studies for SRs and related reviews. In Trinity, we have a site licence for [Covidence](#) which means any reviews with a Trinity member can use it, but *you* may not have a team member with access. [Rayyan](#) is a similar tool that is currently free.
- Ideally, each study is screened by two people, and if they make the same decision (*Yes* or *Maybe* – include; *No* – reject) then the study moves into an Included or Excluded group. If different decisions are made by the screeners - “conflicts” - then a final consensus decision has to be made to move the study into the correct group. Having two screeners at each stage minimises risk of bias, but is not always feasible (especially for students).

← Title and abstract screening

Screen references 1474

Resolve conflicts 0

Awaiting other reviewer 0

Irrelevant references 602

☐ All

Filter

Tags ▾

Show criteria

Add highlights

Hide abstracts

Display: 25 ▾

Relevancy ▾

☐

#1308 - Vasisht 2019

Vasisht, Pranjali; Madakshira, Manoj; Kakkar, Nandita; Singla, Veenu; Jain, Vanita; Madakshira, Manoj G.

Tale of a mermaid

2019;62():611-613

Wolters Kluwer India Pvt Ltd 2019

▼ Hide Abstract & IDs

DOI: 10.4103/IJPM.IJPM_668_18

Sirenomelia is a rare congenital anomaly characterized by the presence of a median single lower appendage. The affected fetus is popularly referred to as a "Mermaid baby," due to the uncanny resemblance to the fictitious fable character. The manifestation is a result of the merger of the lower limbs with variable fusion or complete absence of bones. Sirenomelia is universally fatal due to the associated lethal anomalies involving the internal organs, which are usually part of the VACTER or VACTERL complex. However, this sirenomelia-afflicted fetus is unique in being associated with VACTERL as well as congenital hydrocephalus.

No

Maybe

Yes

View history

Add a note

Inclusion and exclusion criteria

- Often, at least some “edges” will be used to limit the **searches** – peer review, language, methodology, date ranges, age ranges etc. These could form part of your search as either “strands” – like all the words that are to do with qual studies, for example – or as limits that are applied after, like ticking a box for “peer review only”. This needs to be documented!
- Before you start screening as a team, **you must have a shared understanding of what counts as relevant**. Otherwise you will get *constant* conflicts. There will always be *some* conflicts, but normally only a few per cent.

Screening full text

- Once you have screened at TI/AB, you will have almost certainly have excluded the *vast majority* of articles as being irrelevant.
- The ones left? You need to read the whole thing – or at least, until you read an exclusion reason.
- So, you need to find the full texts of these, upload then into Covidence, and then screen at the full text level.
- You come up with reasons why they should be excluded (wrong age group, wrong methodology etc. etc). These may be a bit more detailed than the TI/AB reasons – “cannot disaggregate ages” for example, when you are looking for adolescent studies. These are input into Covidence, so they can be chosen. **Once you hit an exclusion reason, you can stop reading and exclude it.**
- The ones you include move forward to the extraction stage.
- Again, this is best done with two screeners to minimise bias.

 Bulk upload PDFs

☐ All

Filter

 Tags ▾

Show criteria

Hide highlights

Display: 25 ▾

Relevancy ▾



#1485 - Witten 2003

Witten, Tarynn M.

Life Course Analysis-The Courage to Search for Something More: Middle Adulthood Issues in the Transgender and Intersex Community

Journal of Human Behavior in the Social Environment 2003;8(2-3):189-224

Haworth Press 2003

 View Abstract & IDs

 Hide full text

 REFERENCE URL:

Change

 UPLOADED FILES:

Life Course Analysis-The Courage t-2003-Witten.pdf

Primary PDF

Remove



Add another PDF

View history

 Add a note

 Move study to Screen

Extraction

- The ones that have passed the full text level and are still deemed relevant are now “extracted”. There are normally two parts to this **in a systematic review**:
 - Risk of bias (quality of article) section – evaluate the article against certain criteria.
 - Data extraction section – the findings of the study. You extract the data from each study, using standardised headings so they can be compared.
- Do you see how something could be bang on the money regarding relevance but still be a terrible article due to methodological flaws? That what the risk of bias section is for...

And then?

- After you have brought your extracted results together, you then have to answer your research question, using the data you have extracted. Is there an answer?
- It might be that there are no studies *at all* to answer a particular question. I've been involved in an SR (looking specifically for RCTs) where we started with 20,000 results but there had not been a single RCT undertaken looking at our question. In academia, it is important that the systematic review is published, so that this is known and research can be undertaken. A negative result is still a result. HOWEVER, this might not be wise for a student project...

Finally

- Good searches are done when you are methodical – so you should do systematic searches even if you aren't doing a systematic review - but with a dash of art as well as science.
- You start to know how a particular database works - experience imparts intuition as to when a search is working or not!

With thanks to David Mockler, Geraldine Fitzgerald, Jessica Eustace-Cook, Isolde Harpur and many other colleagues for interesting conversations on these topics!

Thank You!



Files will be available on
[ProfessionalPalliativeHub.com
/research/webinar-blog](https://ProfessionalPalliativeHub.com/research/webinar-blog)

Thank you for your time



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Early Career Researcher Forum