

NCCMT Registry of Knowledge Translation Methods and Tools for Public Health

INCLUSION TOOL – REVIEWER MANUAL

REVIEWER INSTRUCTIONS:

- This manual outlines expectations for the content of responses and provides key definitions for the items contained in the Inclusion Tool.
- Two reviewers are expected to complete the tool for each resource located through the search strategies. At least one of the reviewers should have a background in public health, knowledge translation, and research methods (e.g., one reviewer may have experience in public health; the other reviewer may have a background in knowledge translation and research methods).
- Reviewers may add their responses directly into the appropriate form within the Access database or they may complete a hard copy of the tool and then transfer their responses into the Access database.
- If MAYBE is checked for any item in Section II, do not proceed to Section III. Discuss with the co-reviewer and/or project supervisor until a definitive YES/NO determination can be made.
- Answers to questions in Section II are used in Section III to decide the next step for the resource being considered.
- If the two reviewers do not reach the same decision in Section III, they must meet to discuss the discrepancies. If the reviewers cannot reach agreement on their responses, a third party (i.e., the project supervisor) will make a decision.
- If the review team decides to pursue the lead (status becomes “active”), one of the reviewers will complete the Measurement and Descriptive Information Tool (MADI) and the other will review the completed MADI for clarity and completeness.
- One of the reviewers is responsible for checking the reference list of the resource and adding appropriate leads to the search strategy log. Appropriate leads should suggest a possible match to the inclusion criteria and should be dated or published no earlier than 1985. When the reference list check has been completed and leads have been entered into the log, check the appropriate box on the Activity Completion Checklist (which is filed in the resource folder).

SECTION I: RESOURCE AND REVIEWER IDENTIFICATION			
Resource Title	Insert the Title or Name of the resource		
Search/Screening Ref ID#	Insert the Search/Screening Reference Manager ID number assigned to this resource	Search Strategy	Insert strategy that located item (electronic database, targeted website, internet, recommendation, reference list, hand search)
Resource Author(s)	Insert the name(s) of the resource author(s)/developer(s)	Author(s)' Organization	Insert the organizational/institutional affiliation(s) of the resource author(s)/developer(s)
Resource Year	Insert the publication date of the resource or the date the resource posted to a website. If the publication/release date is more than 5 years ago, one of the reviewers will search the literature to ensure this is the most recent version available.	Most Recent Version?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed. If NO, <i>answer YES to question 5 in Section II</i> , identify the Reference ID # for the most recent version, and <i>select option 4 in Section III</i> (Decision: Link to Primary Source; Status: "Supplementary Material"). <i>Re-initiate inclusion screening</i> with the most recent version of the resource.
Reviewer #1	Insert the name of the project staff member completing the inclusion tool.	Review Date 1	Insert the date that reviewer #1 completed the inclusion tool for this resource
Reviewer #2	Insert the name of the second project staff member completing the inclusion tool.	Review Date 2	Insert the date that reviewer #2 completed the inclusion tool for this resource

SECTION II: INCLUSION CRITERIA
<p>Q1: Does the resource contain a method and/or a tool?</p> <p>To answer YES to this question, the resource must contain a "method" and/or a "tool" (see definitions below) and should be a/the primary source for this information. (Note: Some authors might use the terms method and tool interchangeably or may not use these specific terms. Examples of other terms that might be used by authors include: <i>approach, process, procedure, strategy, mechanism, product, scale, instrument, checklist, survey, guideline, and manual.</i>) In the clarification section check off the appropriate "details" box to indicate if the resource contains a method, a tool, or both. If the resource contains both, a separate Measurement and Descriptive Information (MADI) tool should be completed for each. Use the comments box to insert any relevant notes.</p> <p>If the reviewer is unsure whether the resource contains a method and/or a tool, indicate a MAYBE for this question and then discuss with the co-reviewer and/or project supervisor until a definitive YES/NO determination can be made.</p> <p>If the answer to this question is NO, check NA (not applicable) as the response for questions 2, 3, and 4. Proceed to question 5.</p> <p>Method: A <u>standardized procedure</u> that facilitates access to and use of information for knowledge translation and decision making. This could be a <u>regular</u> and <u>systematic approach</u> or a set of organized steps or rules for accomplishing knowledge synthesis, knowledge dissemination, knowledge exchange, and/or</p>

knowledge application (see Q2 for definitions of these terms).

Tool: A standardized product that facilitates access to and use of information for knowledge translation and decision making. This could be an instrument, survey, checklist, etc. that is used to inform and/or conduct knowledge synthesis, knowledge dissemination, knowledge exchange, and/or knowledge application (see Q2 for definitions of these terms).

Q2: Is the method/tool used for knowledge translation (i.e., synthesis, dissemination, exchange, and/or application)?

To answer **YES** to this question the resource must provide a method and/or a tool that fits into the overall description of knowledge translation and pertains to knowledge synthesis, knowledge dissemination, knowledge exchange, or knowledge application (see definitions below). The resource may provide a method and/or a tool that assists with planning (getting ready for), doing (conducting or implementing), or evaluating (assessing outcomes, impacts, or processes) knowledge translation activities. Some resources will clearly fit into a single category while other resources might be indistinct or appear to fit into multiple categories. In the clarification section check of the "details" box(es) that best match(es) the knowledge translation focus. Other terms that might be encountered that could signal inclusion in one of the categories include ("knowledge" may or may not precede the word): transfer, uptake, diffusion, utilization, implementation, mobilization, and evidence based/informed. In the comments box insert any relevant notes.

If the reviewer is unsure if the resource is used for knowledge translation, indicate a **MAYBE** for this question and then discuss with the co-reviewer and/or project supervisor until a definitive YES/NO determination can be made.

If the resource indicates, or the reviewers suspect, that it is used for knowledge translation, but it does not fit obviously into synthesis, dissemination, exchange or application, the reviewer should insert an explanation in the comments box and flag this resource in the appropriate Access database field. Resources in this field will be re-examined when the Registry's methods, tools and products are evaluated to inform decisions about the inclusion of new categories of activities and/or new types of resources to include in existing activity categories.

If the answer to this question is **NO**, check **NA** (not applicable) as the response for questions 3, 4, and 5.

Knowledge Translation: "... a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system." <http://www.cihr-irsc.gc.ca/e/29418.html> [emphasis added]

Knowledge Synthesis: A multi-component activity that involves identifying a question or problem of interest, establishing criteria to inform the selection of studies, searching the literature for relevant quantitative and/or qualitative research, critically appraising the studies, statistically or thematically combining the results of the studies, and then summarizing the synthesis findings in light of the main question(s). Syntheses are used to assess current knowledge and provide a more comprehensive perspective on a particular area of interest, they can identify gaps in evidence to help establish future research priorities, and

they can provide information to support policy and program decision making. "... the contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic. A synthesis must be reproducible and transparent in its methods, using quantitative and/or qualitative methods. It could take the form of a systematic review; follow the methods developed by the Cochrane Collaboration; result from a consensus conference or expert panel and may synthesize qualitative or quantitative results. Realist syntheses, narrative syntheses, meta-analyses, meta-syntheses and practice guidelines are all forms of synthesis." <http://www.cihr-irsc.gc.ca/e/29418.html>

Knowledge Dissemination: Activities that transmit or distribute information from one party to another. This transfer or spread of knowledge involves identifying appropriate recipients and adapting both the content of the message and the means of delivery to suit the intended audience(s). "Dissemination involves identifying the appropriate audience, and tailoring the message and medium to the audience. Dissemination activities can include such things as summary/briefings to stakeholders, educational sessions with patients, practitioners and/or policy makers, engaging knowledge users in developing and executing dissemination/implementation plan, tools creation, and media engagement." <http://www.cihr-irsc.gc.ca/e/29418.html>

Knowledge Exchange: Collaborative strategies that involve or facilitate dynamic, multi-directional communication and interaction networks between producers and users (or potential users) of knowledge. These opportunities for active sharing of ideas, information, and needs contribute to increased awareness and mutual learning which in turn can be used to inform policy, program, and research decision making. "Knowledge exchange is collaborative problem-solving between researchers and decision makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making." http://www.chsrf.ca/keys/glossary_e.php

Knowledge Application: Activities that are carried out to put knowledge gained through synthesis, dissemination and/or exchange into action in practice settings or circumstances. Consistent across the varied terms used to identify this type of knowledge translation activity (e.g., adoption, uptake, utilization, mobilization) is the notion of purposefully doing something with the information and an emphasis on figuring out how to use or apply the knowledge most appropriately or effectively within the local context. "...the iterative process by which knowledge is put into practice." <http://www.cihr-irsc.gc.ca/e/29418.html>

Q3: Is the method/tool relevant to public health or could it be adapted for public health?

To answer **YES** to this question either (1) the developers/authors of the resource must state its connection to the work of, or workers involved in, public health or (2) the connection or applicability of the resource to the content of the field and/or its key stakeholder groups seems reasonable in the judgment of the reviewer (see below for definitions and key terms). In the clarification section reviewers should indicate in the details box which of these two conditions prompted the YES rating and insert any relevant notes into the comments box.

If the reviewer is unsure if the resource is relevant to or could be adapted for public health, indicate a **MAYBE** for this question and then discuss with the co-reviewer and/or project supervisor until a definitive YES/NO determination can be made.

If the answer to this question is **NO**, check **NA** (not applicable) as the response for questions 4 and 5.

Public Health: “An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.”

<http://www.phac-aspc.gc.ca/ccph-cesp/glos-i-p-eng.html>

Issues/Areas of Public Health Concern: Public health covers a wide range of issues and activities which include, but are not limited to: addiction/substance use (e.g., alcohol use/abuse, tobacco use, gambling); adult health (e.g., travel health, workplace health); men’s health (e.g., prostate cancer, partner violence); women’s health (e.g., breast cancer, menopause, infertility); infant, child and adolescent health; senior health (e.g., elder abuse, falls); chronic diseases (e.g., coronary artery disease, diabetes, obesity); communicable/infectious diseases (e.g., food borne diseases, sexually transmitted diseases, influenza, SARS); healthy communities (e.g., community development, emergency preparedness, immigrant health); dental health (e.g., fluoride, gum disease); environmental health (e.g., air and water pollution, insecticides, extreme temperatures); food safety and inspection (e.g., e. coli, food premise inspection); injury prevention and safety (e.g., air bags, car seats, drowning); mental health (e.g., stress, bullying, depression); nutrition (e.g., eating disorders, healthy weight, supplements); parenting, infants and children (e.g., child development, family support, sudden infant death syndrome); physical activity (e.g., leisure activities, exercise); reproductive health (e.g., adolescent pregnancy, breastfeeding); sexual health (e.g., birth control, sexual behavior); social determinants of health (e.g., employment, housing, literacy, poverty). [Source: health-evidence.ca Keyword Tool for Review Articles]

Public Health Stakeholders/Groups: “Public Health Practitioner: Syn: public health professional, public health worker. A generic term for any person who works in a public health service or setting. They may be classified according to profession (nurse, physician, dietitian, etc.); according to role and function (direct contact with members of the public or not); whether their role is hands-on active interventions or administrative; or in various other ways.”

<http://www.phac-aspc.gc.ca/ccph-cesp/glos-i-p-eng.html> Public health roles/positions would include, but not be limited to: medical officers of health, public health nurses, public health/environmental health inspectors, health promoters, program managers/supervisors, dentists, dental hygienists, dietitians, epidemiologists, occupational health practitioners, optometrists, maternal and child health workers, evaluators, policy analysts, policy makers, researchers.

Related Sectors: Other sectors where relevant and/or adaptable methods/tools may be found include, but are not limited to: health, environment, education, recreation, agriculture, not-for-profit, private.

Q4: Is the method/tool available in English? [pilot criterion]

For the pilot phase of this project, we will pursue leads only for those resources available in English (i.e., the answer to this question is **YES**). If the resource is not available in English (i.e., the answer to this question is **NO**), the reviewer should record what language(s) it is available in.

Q5: If the response to question 1 is NO, is this resource supplementary material for a method/tool?

To answer **YES** to this question, the resource would not be considered a/the primary source describing or containing the method/tool, but it would contain important information about the method/tool that is likely to aid in the comprehensive completion of the Measurement and Descriptive Information Tool. In the clarification column, link this supplementary material to the primary method/tool source by specifying the Search and Screening Reference Manager Database ID # where indicated.

If the answer to question 1 is **YES**, enter **NA** as the response for this question.

SECTION III: DECISION / NEXT STEP			
Criteria Ratings	Check One	Decision	Status
YES to 1, 2, 3 and 4 NA to 5		Pursue Lead: If this option is selected, the resource is considered appropriate for inclusion in the Registry. Reviewers will initiate completion of the Measurement and Descriptive Information Tool for this resource.	In the Access database the status of this item is changed to "Active."
YES to 1, 2 and 3 NO to 4 NA to 5		On Hold: Language If this option is selected, the resource may be appropriate for inclusion in the Registry, but is not currently available in English. This item should be kept on file. If/When translation resources become available this item should be re-assessed using the Inclusion Tool to make an informed decision regarding whether to pursue the lead or stop.	In the Access database the status of this item is changed to "Review Later."
NO or NA to 1, 2 and/or 3 NO to 5		Stop: If this option is selected, the resource is not considered appropriate for inclusion in the Registry. No further action is required.	The item remains entered in the Access database but its status is changed to "Discard."
		Link to Primary Source: If this option is selected, the	In the Access database the

NO or NA to 1, 2 and/or 3 YES to 5			resource may be used as a supplementary source of information for completing the Measurement and Descriptive Information Tool on the associated method/tool.	status of this item is changed to "Supplementary Material."
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Check when complete:

- Information entered into Access database [If a reviewer completes a hard copy of the Inclusion Tool, place a check mark in the box when the information has been transferred over to the Access database.]