

## About the Registry Methodology

This section provides in-depth information about our Search Strategy, Inclusion Screening and Data Extraction using the Measurement and Descriptive Information (MADI) tool, and a description of the Summary writing template for methods and tools.

### Search Strategy

An initial task was the development of a strategy to locate national and international resources (published and unpublished) likely to contain knowledge translation methods and tools relevant for public health in Canada. In consultation with the Advisory Group, Registry project staff designed a six-part staggered search strategy that follows a two-year cycle (see table below for illustration).

The targeted website search, Internet search, bibliographic database search, and hand search of relevant journals are spaced concurrently throughout this period:

- online searches are done in year one;
- bibliographic database and journal searches occur in year two;
- reference lists are checked on an ongoing basis;
- key informant recommendations are followed up on as they are received throughout the cycle.

Where appropriate, the first search cycle looks as far back as 1985 for relevant resources. Subsequent cycles will look at the previous two years for new additions to the published and unpublished literature.

No language criteria are used that would limit the searches. After every two-year cycle, staff will revisit the strategies and make any necessary modifications to improve both the processes and outcomes of future searches.

### Two-Year Search Strategy Cycle of Activities

Reference List Checking																							
Key Informant Recommendations																							
	Targeted Website Search						Internet Search						Bibliographic Database Search						Hand Search				
April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
Year One											Year Two												

## **Inclusion Screening**

The search strategy is expected to generate a pool of resources likely to contain knowledge translation methods and tools relevant for public health. To determine which of these resources are appropriate for inclusion in the Registry, the project team, in consultation with Advisory Group members, designed a tool, a method and a companion manual to screen for applicable items. Three project staff piloted the inclusion tool with 18 sources, revising as necessary to increase the clarity of the questions and the response options. While no further revisions of the screening package and process are anticipated, any problems or questions about these materials or the associated tasks will be logged in the central database and will inform future revisions.

For a resource to be eligible for inclusion in the Registry and move to “active” status, it must satisfy **three main criteria:**

1. The resource must contain a method and/or a tool.
2. The method/tool must be used for one of the four types of knowledge translation activities.
3. The resource must be relevant, or adaptable for use in, Canadian public health contexts.

If any of these conditions are not met, the resource is discarded. At present, a resource that meets the three above criteria, but is not available in English, is flagged as “on hold” until the project is able to accommodate the data extraction and other processes in French (or other languages). Resources may be designated as “supplementary materials” if they do not contain the actual method/tool, but do provide relevant information for completing the data extraction tool. Inclusion screening is done independently by two NCCMT staff who must reach agreement on their assessments of the resource before moving forward with the process.

## **Data Extraction: Measurement and Descriptive Information**

Once a method/tool is deemed suitable for inclusion in the Registry, salient details about the resource are extracted from available materials. To inform the development of our data extraction tool and process, a range of critical appraisal checklists and descriptive summaries of tools/interventions from other websites were consulted to determine what questions should be asked, how questions should be worded, what amount of detail was appropriate, etc. Project staff drafted a data extraction tool, a companion manual and a procedure, and made necessary revisions as identified by the Advisory Group. To pilot the tool, two project staff independently completed the template on eight resources that met the inclusion criteria. The project lead joined staff for an in-depth comparison of responses for each resource and a general discussion of the data extraction process. A number of changes were suggested to the tool, manual and procedure and the revised package was again sent to Advisory Group members for their review and comments. At this point, three Advisors agreed to independently complete the data extraction tool on one of the resources that had been included in the pilot.

The results of the pilot and peer review processes demonstrated that the different reviewers were able to use the tool consistently and confirmed that the questions did elicit salient and appropriate details about the method/tool. With refined wording and clarified response options the final data extraction package is working satisfactorily. The current version will remain in place and unchanged until it has been used on 50 methods/tools at which time refinements will be made as necessary. The

Measurement and Descriptive Information (MADI) Tool was designed to capture a variety of details that would be relevant when Registry users are deciding whether a method/tool is applicable to their particular group, situation and/or needs. The MADI Tool and companion manual prompt the reviewer to look for and extract specific information about the method or tool:

- evaluation history and measurement (reliability, validity) characteristics
- relevance for public health (specifically designed or adaptable for use in public health)
- development (who, when, where, why)
- content (questions, components, activities)
- access considerations (cost, format, language)
- implementation issues (participants, time, needed skills/resources, steps)
- supplementary resource materials
- current contact person/source

A rating system is applied to those tools with psychometric properties (validity, reliability) (see Section II, Question 4 in the MADI Reviewer Manual). Whereas some registries include contextual features in their assessment ratings (e.g., tools/interventions that can be accessed on-line or at no cost are rated higher than ones that must be accessed through a personal contact source or have a cost attached) it was reasoned that users' contexts and access to resources were too varied to factor into a simple classification structure.

To complete the data extraction process, one project staff completes the MADI on a method/tool and a second staff then reviews the responses for clarity and completeness.

### **Method and Tool Summaries**

Written summaries of the methods/tools constitute the main content of the Registry. Development of the template and process for writing summaries incorporated inspiration from summary materials posted on other websites, suggestions from Advisory Group members, and consideration of the elements in the MADI Tool. A draft template was tested on a sample of resources. Based on the results, the sections, headings, content and layout were revised to enhance the flow, clarity and user-friendliness of the summaries. Completed summaries are accessible to Registry users in two formats: on-screen display and printable PDF files. Project staff will review the details of all posted summaries every two years and update the information as necessary. (Updates can be made sooner if staff becomes aware of changes to important details.)