

Meta-tool for quality appraisal of public health evidence

PHO MetaQAT 1.0



Quality Appraisal Tool July 2015

1st Revision: September 2024

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, frontline health workers and researchers to the best scientific intelligence and knowledge from around the world.

Public Health Ontario provides expert scientific and technical support to government, local public health units and health care providers relating to the following:

- communicable and infectious diseases
- infection prevention and control
- environmental and occupational health
- emergency preparedness
- health promotion, chronic disease and injury prevention
- public health laboratory services

Public Health Ontario's work also includes surveillance, epidemiology, research, professional development and knowledge services. For more information, visit <u>publichealthontario.ca</u>.

How to cite this document:

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Rosella LC, Pach B, Morgan S, Bowman C. Meta-tool for quality appraisal of public health evidence: PHO MetaQAT. 1st revision. Toronto, ON: King's Printer for Ontario; 2024.

© King's Printer for Ontario, 2024

Authors

Laura C. Rosella, PhD, MHSc Scientist Public Health Sciences Public Health Ontario

Beata Pach, MLS, MA Manager, Library Services Knowledge Services Public Health Ontario

Sarah Morgan, LIT Library Operations Technician Knowledge Services Public Health Ontario

Carolyn Bowman, MSc Senior Research Coordinator Knowledge Services Public Health Ontario

Acknowledgements

Vivek Goel, MD, MSc, Scientist Public Health Sciences Public Health Ontario

Tiffany Fitzpatrick Epidemiologist Public Health Sciences Public Health Ontario

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Revision History

Revised hyperlinks	
1 2024 Sep 12 specific CATs (Table) applicable. recommended CAT Added up to date v applicable.	Гs.

Contents

PHO I	MetaQAT Guide	6				
Cri	Critical appraisal in public health					
PH	O Meta-tool for quality appraisal	6				
Pu	pose of the MetaQAT and its role in the research process	7				
Usi	ng the MetaQAT to critically appraise	8				
PHO I	MetaQAT framework: four steps to critical appraisal1	0				
1.	ASSESSMENT OF RELEVANCY	0				
2.	ASSESSMENT OF RELIABLITY	1				
3.	ASSESSMENT OF VALIDITY1	2				
4.	ASSESSMENT OF APPLICABILITY	4				
Refer	ences1	5				
PHO I	NetaQAT form1	6				
Comp	panion tools: recommended research design-specific CATs2	7				
Addit	ional resources3	0				

PHO MetaQAT Guide

Critical appraisal in public health

Critical appraisal is a necessary part of evidence-based practice and decision-making, allowing us to understand the strengths and weaknesses of evidence, and thus enabling us to make the best use of the evidence that is available. The use of the evidence-based model began in clinical medicine; adaptation is required for its use in public health practice, including changes in the approach to critical appraisal. The scope of appraisal should be expanded beyond the risk of bias, or internal validity, assessments found in clinical medical literature.¹ While the assessment of internal validity still forms the core of the appraisal process, it should be expanded to consider external validity and place both of these considerations within the context of the intended application of the evidence. We must also reduce our reliance on the traditional hierarchy of study design and instead consider what type of evidence is best for addressing the problem under consideration.²⁻⁴

The critical appraisal process involves making judgments about quality, drawing on knowledge of study design, topic area, and the intended use of the evidence. It is important to record these judgements in detail to complete an appraisal that is rigourous and transparent. While critical appraisal is important for all applications, it is particularly useful in public health where the evidence base is highly heterogeneous and may include non-traditional forms of evidence such as grey literature. Thorough documentation ensures accountability and transparency in the use of evidence.

PHO Meta-tool for quality appraisal

Many tools useful for appraising evidence in various health contexts have been identified in the existing body of literature.^{1,5,6} These projects provided an excellent background on the issue and an overview of the tools available, but ultimately did not lead to a recommendation of an appraisal tool that can be consistently applied across multiple public health topics and projects. Following an approach developed by the Ontario Public Health Libraries Association,⁷ the *Public Health Ontario Meta-tool for Quality Appraisal for Public Health Evidence (PHO MetaQAT)* was developed to provide a standard approach to critical appraisal for our organization. It is intended to increase the rigour and transparency of PHO products and processes by facilitating consistent completion and documentation of critical appraisal across the organization. The tool is designed to provide one standard process while also providing the flexibility needed for the variety of projects, topics, and staff experience at PHO.

We arrived at the concept of a meta-tool as means to create a tool that is both generic and specific, therefore providing broad utility while ensuring a high degree of rigour. The heterogeneity of public health evidence requires that a tool be generic and flexible to have utility for a wide range of projects across different topic areas. To ensure a high degree of rigour, it must also facilitate a detailed assessment of study-specific or item-specific (e.g. grey literature) factors. The meta-tool structure

provides one common appraisal process via a four-part framework, and also links to a suite of studyspecific companion tools to provide the level of detail required for a rigorous examination of quality.

The meta-tool structure also allows the expansion of the appraisal process to include external validity and broader application while making use of existing, widely used tools to assess internal validity. The framework of the MetaQAT follows a four-part structure: relevancy; reliability; validity; and applicability. In the validity section, users are directed to the companion tools in order to provide a detailed assessment of internal validity if required. The extension of the appraisal process beyond internal validity led us to use the term "quality appraisal" when describing the meta-tool, rather than "critical appraisal". The generic framework was developed by cross-comparing existing tools and grouping related items to identify core quality appraisal concepts, which ensures a comprehensive assessment of quality. The companion tools were selected from existing critical appraisal tools in common use, with preference given for tools with documented validity and reliability.

Meta-tool: a tool that orients the user to the appropriate use of several appraisal tools and places them within a larger framework to guide their use

The explicit consideration of relevancy, reliability, and applicability alongside validity is meant to make it clear that internal validity is one important consideration amongst others. The application of evidence in public health should draw on all parts of the framework together, and therefore the MetaQAT encourages the use of the hierarchy of study design to contribute to, rather than to dictate, the assessment of the evidence.

The tool is also designed to document all of these important details to provide transparency. Documentation in the MetaQAT takes the form of long-form written answers. This is the best format to capture the details of the strengths and weaknesses of the item and the contextual factors important to understanding how the evidence can best be used. There is no quantification in the MetaQAT; the result will not be a number that can be said to be "good" or "bad." While numeric scoring is common, it is not a valid approach to appraising quality.^{1,8-11} Numerical summary scores mask important details: the same overall score may apply to both a study with one major flaw and to a study with several minor flaws.1

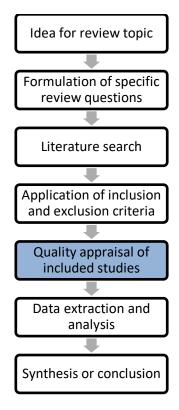
Companion tools which use numeric scales should be used for their content only – assessment should be made using the MetaQAT as a whole. A summary of the written answers will provide the information required to understand the strengths and weaknesses of the evidence, to make the appraisal process transparent, and to best understand the implications for applying the evidence to practice.

Purpose of the MetaQAT and its role in the research

process

The MetaQAT form has been designed to help conduct and record the quality appraisal process, and integrate findings from diverse study designs. While quality appraisal concepts are useful to consider at

every stage of your work, the use of the MetaQAT form will take place roughly in the middle of your research process. An example process below shows where quality appraisal might occur in a research workflow:



Context: While some principles of quality appraisal might inform the development of a research question, and will contribute to the final conclusion of the research, the use of the MetaQAT form cannot be a substitute for the many other steps involved in a research project.

The public health research base is, in principle, more heterogeneous than that of clinical medicine. Public health deals with multi-modal interventions and issues in diverse settings. As such, appraising public health evidence via grading frameworks which favour quantitative designs like randomized controlled trials may unjustly penalize other types of research, such as quasi-experimental designs or qualitative stuides. Additionally, the practical needs of the public health field often require multiple types of study designs to be reviewed within a particular topic area thus requiring a framework that can adapt to multiple study designs. Many quality appraisal resources incorporate evidence grading concepts, but the MetaQAT is not an evidence grading tool.

Using the MetaQAT to critically appraise

The MetaQAT form is structured according to the four step framework: relevancy; reliability; validity; and applicability. An explanation of each of the four steps is provided below. Each step contains one or more main questions with a series of prompting questions that are meant to stimulate thinking around the domains. These supplementary questions are designed to help you consider different aspects of the

main question: do not feel you must answer each one in turn, or that no other items may be considered. You may find some prompting questions apply to your situation while others may not; you may also find it useful to customize the prompting questions for a particular application.

Next to each main question is a space provided to record your answer. As many of the questions are deliberately open-ended, the answer must specify how it applies and the particular strengths and weaknesses that relate to each question. The "yes", "no", "unclear", and "n/a" checkboxes that accompany the answer are optional. It is the written answer that will provide a clear rationale for your appraisal, which results in transparency and can improve rigor.

Keep in mind that the written answers need to provide sufficient detail to draw from when summarizing the strengths and weaknesses of the evidence you have appraised. It is also useful to record anything about which you are unsure and want to investigate further or consult an expert, such as an unfamiliar statistical method you would like to flag for follow up with a statistician. In addition, the written answers are crucial to documenting your appraisal process and ensuring it is transparent. Another person should be able to understand your reasoning by reading the completed MetaQAT form.

While providing written answers is more time-consuming that using a form that relies on checkboxes, the appraisal will be more thorough and more transparent. Quality appraisal decisions are not simple - if evidence is to inform a decision in research, policy, or any other meaningful outcome, the significance of the appraisal process requires the investment of considerable time and effort. In many cases, that investment will pay off when writing up your research, as you'll have your notes and written analysis already prepared, rather than just a checkbox to refer to. In addition, at the end of each section there is a summarizing box to allow for an overall judgment for each domain.

The appraisal form is also available in a spreadsheet format to facilitate appraising multiple items.

The form uses the term "study" to refer to the work being appraised and is meant to include all study types, including research published as grey literature, as syntheses, and any other type of evidence being considered.

PHO MetaQAT framework: four steps to critical appraisal

1. ASSESSMENT OF RELEVANCY

Relevancy: whether you are assessing an individual article or conducting a large review, the first step is to determine if the item being appraised is sufficiently related to your topic or research question. In a structured systematic review, relevancy can also be thought of as the determination of whether the item meets the inclusion and exclusion criteria.

Timing

If you are completing a review, the assessment of relevancy will usually be done when screening your search results and not necessarily when you are conducting the full quality assessment. Note that screening may happen in two phases, with the first screening used to narrow down the search results to articles that need to be read in further detail to ensure they meet the inclusion and exclusion criteria, which would get screened at the second phase. The assessment of relevancy can also serve as a check of your inclusion and exclusion criteria and/or a chance to make refinements. The MetaQAT has been summarized into a screening aid called the quick QAT. However, if you are using the tool to appraise a single study, the relevancy section will be important in the context of your appraisal.

Assess

There are many ways to look at relevancy, depending on your situation. You may consider the study population and setting, and how similar and different they are to your situation. Consider the impact of these similarities and differences. Remember that you are unlikely to find an exact match – instead, focus on what you can learn from the evidence. Also consider the results of the study. Does the study examine outcomes you are interested in? Is the research design appropriate for your purpose? You may want to examine only quantitative or qualitative studies, or have a pre-set list of designs you will include in a review. Consider these issues and any others particular to your situation, and decide whether you will continue with the assessment of the item.

Document

Record the reasons why you consider the item relevant or not relevant in the answer space provided. Include relevant details like population, setting, etc. These contextual factors may be important in interpreting how to apply the evidence.

If you have found this article to be useful and wish to continue evaluating it, move on to part 2.

2. ASSESSMENT OF RELIABLITY

Reliability: complete reporting is necessary in order to conduct a thorough examination of quality, therefore the quality and transparency of reporting must be assessed. This section focuses on aspects which must be reported in sufficient detail for the evidence to be reproduced. In addition, lack of detail regarding the conduct of the study or report may be indicative of lower quality information.

Assess overall reporting

The first question is an initial assessment for completeness of reporting, to see whether there are any important omissions. Think of the first question as a quick scan for completeness of the item.

A research study should present a clear rationale for why the study was done. If you are appraising an item other than a journal article, you should still have some idea of the context, setting, and purpose.

The methods should be clearly and completely reported so that you can understand everything that was done. The results should be clear and complete, with all results included that you would expect to see given the methods described. Compare any data in tables and figures to the results reported and discussed in the text to ensure that they are consistent. The discussion should include a comparison of the study results to other research and discuss similarities and differences. Ensure the authors include some conclusions based on their results. Check to see whether conflict of interest information is provided.

Make notes about what is reported well and what is missing.

Assess detailed reporting of the methods and results

Look for sufficient detail in the description of the following:

- sample and sampling procedures, inclusion and exclusion criteria for participants, studies, or data
- sources of information, e.g., national survey data, hospital discharge abstracts, etc.
- study conduct e.g., interview protocols, survey design and distribution, outcome measurement, etc.
- analysis, whether using statistical or other methods

Overall, the methods and results should be presented clearly and completely so that you can understand exactly what was done and what was found. Consider whether you have sufficient information to replicate the study. Complete your written answer, including anything unclear or missing.

Ethics

Ethical considerations in public health are complex, and are treated in a distinct section to underscore their importance. Concern is placed primarily on the group level, with the need to also consider the interaction with individual level concerns.¹² Assessment should include the reporting of formal review procedures, and also be flexible to consider ethical implications more widely.

Look for a description of review by an ethics board, and of the informed consent process. Note that many older papers did not report this information. Consider whether there were additional concerns that should have been addressed.

Document

Ensure you have recorded all of the details mentioned in this section.

3. ASSESSMENT OF VALIDITY

In this section, you will consider in detail how the conduct of the study influences your confidence in the results. There are several research terms used to discuss the validity of a study:

Internal validity: the likelihood and magnitude of error or bias in a study. Things that contribute to high internal validity are things done to decrease the size and/or likelihood of errors, such as using a measure that has been previously validated.

External validity: the likelihood that the results could be generalized to a wider population, i.e., the results would be the same if studied in another setting. Things that contribute to high external validity ensure that the study setting, population, etc., are similar to the larger group of interest.

Bias: the result of something that decreases internal or external validity. It is a systematic error, and therefore influences the results in a particular way. This can limit the certainty of the conclusion and thus the application of the evidence may be limited. Biases are usually named according to the event that leads to the bias, e.g., social desirability bias – participants answer in a certain way due to social stigma associated with an opinion or behaviour.

To illustrate how these concepts work together, in the validity section of the MetaQAT we will examine the study conduct to determine potential biases and therefore our confidence in the results of the study (internal validity) and our confidence they would also apply elsewhere (external validity). In order to answer the questions, you need to thoroughly understand how the study was conducted. If, in the previous section, you found the reporting to be inadequate then your ability to assess validity may be limited.

Focus on the methods

The aim of the first main question is to consider whether the methods were a good match for the research question. In the previous section, you considered whether you could understand the methods, now you will consider whether those methods are appropriate.

Consider appropriateness of the methodology as a whole, and within each component part. There should be clear congruence between the research aims and the design, the data, the analysis, and any other methodologies that were carried out. Was the design appropriate given the stated aims of the study? For example, ensure that if the authors claim a causal relationship, their design can support those claims. Were the data sources appropriate or were there more appropriate options? Consider whether the measures were the best choice for the concepts the authors were studying. Was the analysis the best choice considering the data and the research aims? Have the authors included all relevant factors in their analysis or are there potential confounding factors unaccounted for?

Record how and why the methods are appropriate or inappropriate.

Identify sources of bias

Consider how the different components of the study increase or decrease the likelihood of biases. In particular, consider the study design, participants included or excluded, measures used, sources of data, and quality assessment and selection of studies in the case of a systematic review. Are the authors' choices likely to influence the results in a particular way? Is the design comprehensive or are important factors missing that would provide a fuller understanding of the true situation?

The companion tools can provide design-specific questions to help in your assessment of bias.

Record potential sources of bias, and explain your concerns.

Compare the results and the conclusions

The results should support the authors' conclusions. Consider whether the conclusions are warranted or if they have been overstated. Would you make the same conclusions based on the results reported? Consider whether the results are meaningful. Do the authors discuss potential reasons for similarities and differences with other research? Are their explanations satisfactory?

Record your observations in your answer.

Assess overall confidence

Now that you have considered the strengths and weakness of the methodology and considered how the authors interpret their results, see how your thoughts compare. Your overall confidence in the results

can vary significantly based on the factors of reliability and validity that you have considered. Consider the main issues with the study that you have identified. Are they significant enough to limit the usefulness of the results? What are the caveats that should be kept in mind when looking at the results?

Document

Ensure you have recorded all of the relevant details for each of your answers, including strengths, weaknesses, and any questions to address.

4. ASSESSMENT OF APPLICABILITY

Applicability: in this section, consider how the evidence might be applied to public health practice. It is likely that most of the evidence will not be directly generalizable to your situation. Instead, consider more broadly what can be learned from the evidence and how you can apply that knowledge to decision making.

Assess

Consider what you can learn from the study that could be applied in your situation. Is there something that could be applied to your program or policy? How can this evidence inform your decision making? Consider how the strengths and weaknesses you have identified in previous steps relate to your context.

Also consider any public health issues related to the evidence. Have the authors discussed the risks and benefits of an intervention? How does it relate to stakeholders concerns? How would it impact health equity in your context?

Document

Record the all important issues, both positive and negative, in your answer.

References

- 1. Heller RF, Verma A, Gemmell I, Harrison R, Hart J, Edwards R. Critical appraisal for public health: a new checklist. Public Health. 2008;122(1):92-8.
- Harder T, Takla A, Rehfuess E, Sanchez-Vivar A, Matysiak-Klose D, Eckmanns T, et al. Evidence-based decision-making in infectious diseases epidemiology, prevention and control: matching research questions to study designs and quality appraisal tools. BMC Med Res Methodol. 2014;14:69,2288-14-69. Available from: <u>http://www.biomedcentral.com/1471-2288/14/69</u>;
- 3. Petticrew M, Roberts H. Evidence, hierarchies, and typologies: horses for courses. J Epidemiol Community Health. 2003;57(7):527-9. Available from: <u>http://jech.bmj.com/content/57/7/527.long</u>
- Victora CG, Habicht JP, Bryce J. Evidence-based public health: moving beyond randomized trials. Am J Public Health. 2004;94(3):400-5. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448265/
- 5. Bai A, Shukla V, Bak G, Wells G. Quality assessment tools project report. Ottawa, ON: Canadian Agency for Drugs and Technologies in Health; 2012. Available from: <u>https://www.cadth.ca/media/pdf/QAT_final.pdf</u>
- 6. European Centre for Disease Prevention and Control. Evidence-based methodologies for public health: how to assess the best available evidence when time is limited and there is a lack of sound evidence. Stockholm: European Centre for Disease Prevention and Control; 2011. Available from: <u>http://ecdc.europa.eu/en/publications/Publications/1109_TER_evidence_based_methods_for_public_based_methof_based_methods_for_public_based_methods_for_pu</u>
- Ontario Public Health Libraries Association (OPHLA). Critical appraisal of research evidence: a guide from the Ontario Public Health Libraries Association [Internet]. Toronto, ON: OPHLA; 2014 [cited 2015 May 5]. Available from:

http://www.ophla.ca/pdf/CriticalAppraisalResearchEvidenceApril2014.pdf

- Part 2: General methods for Cochrane reviews. 8.3.3: Quality scales and Cochrane reviews. In: Higgins JPT, Green S, editors. Cochrane Handbook for Systematic Reviews of Interventions. Version 5.1.0. London, UK: The Cochrane Collaboration; 2011. Available from: <u>http://handbook.cochrane.org/</u>
- 9. Herbison P, Hay-Smith J, Gillespie WJ. Adjustment of meta-analyses on the basis of quality scores should be abandoned. J Clin Epidemiol. 2006;59(12):1249-56.
- 10. Juni P, Witschi A, Bloch R, Egger M. The hazards of scoring the quality of clinical trials for metaanalysis. JAMA. 1999;282(11):1054-60.
- 11. Voss PH, Rehfuess EA. Quality appraisal in systematic reviews of public health interventions: an empirical study on the impact of choice of tool on meta-analysis. J Epidemiol Community Health. 2013;67(1):98-104.
- 12. McCarthy J. Ethics of public health. In: Wilson F, Mabhala A, editors. Key concepts in public health. Thousand Oaks, CA: SAGE Publications; 2009. p. 94-8.

PHO MetaQAT form

QUALITY APPRAISAL FORM FOR ALL RESEARCH DESIGNS

- Read the PHO MetaQAT Guide before beginning using the form
- Record the citation for the article that you will be appraising into the first grey box below
- Record your research question or purpose into the second grey box
- Record your answer to each bolded question only, using the supplementary prompting questions to assist you as applicable, or feel free to develop customized prompting questions specific to your review or question
- To preserve the integrity of the tool, please do not delete or alter the main MetaQAT questions. Modifications may be made to the prompting questions based on project needs and/or by drawing on the companion tool content
- Not all prompting questions need to be considered; it will depend on the item being appraised
- The PHO Meta QAT does not use a numerical scale the result will not be a number that can be said to be "good" or "bad"; however, an overall judgement is required for each domain and overall. This judgement should be transparent based on your domain assessments.
- To assist with the validity assessment in particular study designs, you may refer to the *Companion tools* section; which can provide you with additional prompts that can help you fill out the validity section. Keep this form as a record of your appraisal for future reference
- Other documentation formats are available, including MS Excel format. Contact library@oahpp.ca

Citation:

Research question:

1. ASSESSMENT OF RELEVANCY

Does the study address a topic(s) relevant to the issue under investigation?

This step may be completed in a separate stage.

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Was the justification for the study clearly stated? (For example, does it address a gap in the existing literature?)
- Do the results of the study apply to the issue under consideration?
- How similar or different is the study population or setting to yours? Is a difference likely to matter for the issue at hand?
- Is the research design appropriate for the methodology you are considering? (For example, if you are considering a systematic review, you will be reviewing only certain types of publications.)

Written answer:

Optional:

🖵 yes 🖵 no 🖵 unclear 🖵 n/a

Overall comments on relevancy?

2. ASSESSMENT OF RELIABILITY

Reliability refers to the elements required so that one could reproduce the research. The main elements being assessed are the transparency of the research and the reporting quality.

a) Is the study presented clearly?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Is the rationale for study clearly stated, and does the study focus on a clearly defined issue?
- Is the conduct of the study clearly described and easy to follow?
- Can you identify the research design?
- Are all relevant results included?
- Are the findings presented and discussed within the appropriate context?
- Is there a conflict of interest statement?
- Can the study be reproduced with the information provided?

Written answer:

Optional: yes I no I unclear I n/a

2. ASSESSMENT OF RELIABILITY continued

b) Are the research methodology and results clearly described?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Does the methodology describe the population studied, the intervention given, and the outcomes?
- Are all sources of information clearly identified?
- Are inclusion and exclusion criteria defined?
- Are the statistical and/or analytical methods described?
- If applicable, are the results reported in data tables consistent with those described in the results section?
- Could the methods be reproduced based on the information provided?

Written answer:

Optional: yes I no I unclear I n/a

2. ASSESSMENT OF RELIABILITY continued

c) Are ethics procedures described?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Was appropriate informed consent obtained?
- Was the study approved by an ethics review board?

Written answer:

Optional:

🗅 yes 🗅 no 🗅 unclear 🖵 n/a

Overall comments on reliability?

3. ASSESSMENT OF VALIDITY

This section refers to the likelihood and magnitude of error or bias in the study.

a) Is the study methodology appropriate for the scope of research?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Is the research question congruent with the study design?
- Does the methodology match the theory or the conceptual model?
- Are appropriate controls considered if applicable?
- Are the statistical/analytic methods appropriate for the design and/or the question?
- Are important theoretical factors accounted for in the analysis?

Written answer:

Optional: yes I no I unclear I n/a

3. ASSESSMENT OF VALIDITY continued

If needed, refer to <u>Recommended research design-specific CATS</u> complete this section using input from the other tools.

b) Is the research methodology free from bias?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Were there major sources of bias with respect to:
 - Study design?
 - Study participants inclusion/exclusion?
 - o Measurement of exposure/outcome or important confounders/predictors?
 - o Data sources?
 - o Analysis?
 - Selection of studies?
- Are all comprehensive factors included in the research? I.e. were important factors not measured that are critical to interpretation?
- Are the results consistent within the study?
- Can chance findings be ruled out?
- Were the analyses carried out appropriately?

Written answer:

Optional: yes I no I unclear I n/a

3. ASSESSMENT OF VALIDITY continued

c) Are the authors' conclusions explicit and transparent?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Are the results conclusive?
- Are the authors' conclusions clearly derived from the results (transparent)?
- Are potential discrepancies discussed?

Written answer:

Optional:

🗅 yes 🗅 no 🗅 unclear 🗅 n/a

3. ASSESSMENT OF VALIDITY continued

d) Can I be confident about the findings?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Are there any major methodological flaws that limit the validity of the findings? These may have been identified in a) or b).
- Are the study's results similar to those of the existing body of literature? If not, are the reasons for the difference clearly explained?

Written answer:

Optional: yes no unclear n/a

Overall comments on validity?

4. ASSESSMENT OF APPLICABILITY

How can the results be applied within the scope public health?

Prompting questions: you may consider the following questions to help you answer the bolded question.

- Can the study results be interpreted and analyzed within the context of public health?
- Are there other important public health outcomes to be considered that were not included?
- Can the results be applied to public health practice, based on the validity of the article and its relevance?
- Are harms and benefits discussed?
- Were the relevant stakeholders considered?

Written answer:

Optional:

🖵 yes 🖵 no 🖵 unclear 🖵 n/a

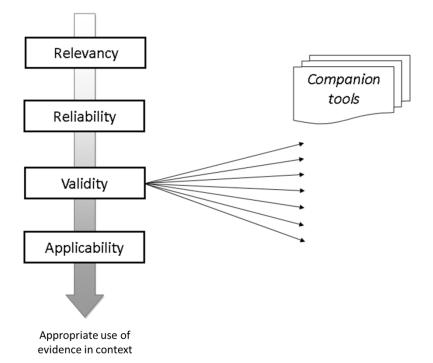
Overall comments on applicability?

Overall comments on study

Companion tools: recommended research design-specific CATs

Due to the generic nature of the MetaQAT form ,you may find that you require more specific guidance for appraising certain study types, specifically when appraising the validity of a study. In those cases, you can refer to one of the resources listed below. Companion tools were selected from commonly-used CATs, with a preference for validated and peer-reviewed tools. Ease of use was also considered, and checklist style tools relying on a numerical score were excluded. Completing the MetaQAT while referring to the preselected companion tools allows for consistency across PHO.

Review the companion tool and use its criteria to inform your completion of the MetaQAT assessment of validity, or, if you prefer, complete the companion tool and attach it to the MetaQAT with the other sections completed. Keep in mind that not all study designs have CATs but the general appraisal framework can still be used to complete a quality assessment.



Appraisal Framework

CATs recommended for various research designs are listed in the table below. These tools were selected for being widely used and recommended by reputable sources.

Note that some resources included on the list are reporting guidelines: to use a reporting guideline as a CAT, first consider the presence of the listed items and then consider their appropriateness.

Research design	Recommended CAT	Summary
Systematic reviews and meta-analyses	AMSTAR 2 Instrument AMSTAR 2 (2017) research article AMSTAR (2007) research article	Assessment of Multiple Systematic Reviews (AMSTAR) is an 11-item assessment tool used to assess the methodological quality of systematic reviews. It was developed by researchers at the VU University Medical Centre in Amsterdam and the University of Ottawa, Institute of Population Health, and CIETcanada in Ottawa. The revised instrument (AMSTAR 2) underwent further development in 2017 to enable the appraisal of systematic reviews of randomised and non-randomised studies of healthcare interventions. For further information on research methods and reporting, consult the research articles published in The BMJ.
Cohort studies	<u>CASP Cohort</u> Study Checklist	CASP Cohort Study Checklist is one of several critical appraisal tools developed at Oxford University's Critical Appraisal Skills Program (CASP). Presented in a checklist format.
Case control studies	<u>CASP Case Control</u> Study Checklist	CASP Case Control Study Checklist is a tool used for the appraisal of case control studies.
Economic evaluation studies	<u>CASP Economic</u> Evaluation Study <u>Checklist</u>	CASP Economic Evaluation Studies Checklist is a tool used for appraising economic evaluation studies.
Non-randomised controlled trials	<u>The TREND</u> <u>Statement</u>	The Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) statement (developed by the TREND group), is a reporting guide for controlled trials without random assignment. The TREND statement contains a 22-item checklist and complements the widely adopted Consolidated Standards of Reporting Trials (CONSORT) statement developed for randomized controlled trials.
Randomised controlled trials	<u>The CONSORT</u> <u>Statement</u> <u>Flow Diagram</u>	The Consolidated Standards of Reporting Trials (CONSORT) Statement is an evidence-based, minimum set of recommendations for reporting randomised trials. It comprises a 25-item checklist and a flow diagram. It was developed by the CONSORT Group.

Table 1: Recommended research design-specific CATs (2024 Update)

Research design	Recommended CAT	Summary
Mixed methods research	Evaluation Tool for Mixed Methods Studies	This tool is designed to assess both the qualitative and quantitative aspects of a mixed method design. It was developed by the Health Care Practice Research & Development Unit (HCPRDU), at the School of Nursing, University of Salford.
Qualitative research	<u>CASP Qualitative</u> <u>Checklist</u>	CASP Qualitative Checklist is a tool for appraising qualitative studies.
Clinical guidelines	AGREE II Instrument (2017 update) AGREE II Instrument (2013 update)	The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument is a tool to appraise the guideline development process and reporting. The instrument consists of 23 items organized within six domains, followed by two global rating items for an overall assessment. It was developed by the AGREE Collaboration. AGREE II is an updated version of AGREE (2003).
Environmental health studies	Navigation Guide framework Navigation Guide instructions (p.33- 42)	The Navigation Guide is an evidence grading process developed for use in environmental health. Evidence grading is a larger process that involves assessing risk of bias for individual studies, across a group of studies, and integrating the strength of the recommendations. The individual risk of bias component is recommended as a companion tool.
Grey literature	<u>PHO Guide to</u> <u>Appraising Grey</u> <u>Literature</u>	Internal guide to appraisal of non-commerically produced or non-standard knowledge products.

*We recommend consulting the most current tools listed for each research design.

*Should you find a tool that is useful for a study design, please send it to <u>library@oahpp.ca</u> so we can update the companion tools.

AGREE Next Steps Consortium. Appraisal of guidelines for research & evaluation (AGREE) II instrument [Internet]. Hamilton, ON: The AGREE Research Trust; c2009 [updated 2013 Sep; cited 2015 May 14]. Available from: <u>http://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf</u>

Bai A, Shukla V, Bak G, Wells G. Quality assessment tools project report. Ottawa, ON: Canadian Agency for Drugs and Technologies in Health; 2012. Available from: https://www.cadth.ca/media/pdf/QAT_final.pdf

Benos DJ, Bashari E, Chaves JM, Gaggar A, Kapoor N, LaFrance M, et al. The ups and downs of peer review. Adv Physiol Educ. 2007;31(2):145-52. Available from: http://advan.physiology.org/content/31/2/145.long

Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. Annu Rev Public Health. 2009;30:175-201.

Burls A. What is critical appraisal? 2nd ed. London, UK: Hayword Medical Communications; 2009. Available from: http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/what_is_critical_appraisal.pdf

Canadian Health Services Research Foundation. Research use week (Northeastern Ontario): tools, strategies and stories of using evidence in rural and remote health services delivery and policy development [Internet]. Ottawa, ON: Canadian Health Services Research Foundation; 2007 [cited 2015 May 14]. Available from: http://files.deslibris.ca/cppc/213/213137.pdf

Ciliska D, Thomas H, Buffett C. A compendium of critical appraisal tools for public health practice [Internet]. Hamilton, ON: National Collaborating Centre for Methods and Tools; 2012 [cited 2015 May 14]. Available from: <u>http://www.nccmt.ca/pubs/CompendiumToolENG.pdf</u>

Cochrane Public Health Group. Review authors [Internet]. Victoria, AU: The Cochrane Collaboration; 2015 [updated 2015 Apr 15; cited 2015 May 14]. Available from: <u>http://ph.cochrane.org/review-authors</u>

Community Guide. Systematic review methods [Internet]. Atlanta, GA: U.S. Department of Health & Human Services, The Community Guide; 2014 [updated 2014 Jun 3; cited 2015 May 14]. Available from: <u>http://www.thecommunityguide.org/about/methods.html</u>

Critical Appraisal Skills Programme (CASP). CASP cohort study checklist [Internet]. Oxford, UK: CASP; 2013 [updated 2013 May 31; cited 2015 May 14]. Available from: <u>http://media.wix.com/ugd/dded87_e37a4ab637fe46a0869f9f977dacf134.pdf</u>

Critical Appraisal Skills Programme (CASP). CASP case control study checklist [Internet]. Oxford, UK: CASP; 2013 [updated 2013 May 31; cited 2015 May 14]. Available from: <u>http://media.wix.com/ugd/dded87_63fb65dd4e0548e2bfd0a982295f839e.pdf</u> Critical Appraisal Skills Programme(CASP). CASP economic evaluation studies checklist [Internet]. Oxford, UK: CASP; 2013 [updated 2013 May 31; cited 2015 May 14]. Available from: http://media.wix.com/ugd/dded87 3b2bd5743feb4b1aaac6ebdd68771d3f.pdf

Crombie IK,. The pocket guide to critical appraisal: a handbook for health care professionals. London, UK: BMJ; 2008.

Crowe M, Sheppard L. A review of critical appraisal tools show they lack rigor: alternative tool structure is proposed. J Clin Epidemiol. 2011;64(1):79-89.

Des Jarlais DC, Lyles C, Crepaz N, TREND Group. Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: the TREND statement. Am J Public Health. 2004;94(3):361-6. Available from: <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448256/</u>

Dicenso A, Bayley L, Haynes RB. Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009;12(4):99-101.

European Centre for Disease Prevention and Control. Evidence-based methodologies for public health: how to assess the best available evidence when time is limited and there is a lack of sound evidence. Stockholm: European Centre for Disease Prevention and Control; 2011. Available from: <u>http://ecdc.europa.eu/en/publications/Publications/1109 TER evidence based methods for pu blic_health.pdf</u>

Gugiu PC, Gugiu MR. A critical appraisal of standard guidelines for grading levels of evidence. Eval Health Prof. 2010;33(3):233-55.

Hannes K, Lockwood C, Pearson A. A comparative analysis of three online appraisal instruments' ability to assess validity in qualitative research. Qual Health Res. 2010;20(12):1736-43.

Health Evidence. Quality assessment tool - review articles [Internet]. Hamilton, ON: Health Evidence; 2013 [cited 2015 May 14]. Available from: <u>http://www.healthevidence.org/documents/our-appraisal-tools/QA_tool&dictionary_18.Mar.2013.pdf</u>

Heller RF, Heller TD, Pattison S. Putting the public back into public health. Part II. How can public health be accountable to the public? Public Health. 2003;117(1):66-71.

Jeanfreau SG, Jack L,Jr. Appraising qualitative research in health education: guidelines for public health educators. Health Promot Pract. 2010;11(5):612-7. Available from: <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012622/</u>

Johnson PI, Sutton P, Atchley DS, Koustas E, Lam J, Sen S, et al. The Navigation Guide - evidence-based medicine meets environmental health: systematic review of human evidence for PFOA effects on fetal growth. Environ Health Perspect. 2014;122(10):1028-39. Available from: http://ehp.niehs.nih.gov/1307893/

Kahan B, Goodstadt M, editors. IDM best practices. [Internet]. Regina, SK: IDM Best Practices; cited 2015 May 14]. Available from: <u>http://www.idmbestpractices.ca/idm.php?content=resources-assessev</u> Katrak P, Bialocerkowski AE, Massy-Westropp N, Kumar S, Grimmer KA. A systematic review of the content of critical appraisal tools. BMC Med Res Methodol. 2004;4:22. Available from: http://www.biomedcentral.com/1471-2288/4/22

Lang S, Kleijnen J. Quality assessment tools for observational studies: lack of consensus. Int J Evid Based Healthc. 2010;8(4):247.

Loney PL, Chambers LW, Bennett KJ, Roberts JG, Stratford PW. Critical appraisal of the health research literature: prevalence or incidence of a health problem. Chronic Dis Can. 1998;19(4):170-6. Available from:<u>http://www.collectionscanada.gc.ca/webarchives/20071212045422/http://www.phac-aspc.gc.ca/publicat/cdic-mcc/19-4/e_e.html</u>

Long A. Evaluation tool for mixed methods studies [Internet]. Manchester, UK: University of Salford; 2005 Available from: <u>http://usir.salford.ac.uk/13070/1/Evaluative_Tool_for_Mixed_Method_Studies.pdf</u>

Ontario Public Health Libraries Association (OPHLA). Critical appraisal of research evidence: a guide from the Ontario Public Health Libraries Association [Internet]. Toronto, ON: OPHLA; 2014 [cited 2015 May 5]. Available from: http://www.ophla.ca/pdf/CriticalAppraisalResearchEvidenceApril2014.pdf

Rychetnik L, Frommer M. A schema for evaluating evidence on public health interventions. Version 4 [Internet]. Melbourne, AU: National Public Health Partnership; 2002 [cited 2015 May 14]. Available from: <u>http://www.nphp.gov.au/publications/phpractice/schemaV4.pdf</u>

Schulz KF, Altman DG, Moher D, CONSORT Group. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. PLoS Med. 2010;7(3):e1000251. Available from: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000251

Shamliyan T, Kane RL, Dickinson S. A systematic review of tools used to assess the quality of observational studies that examine incidence or prevalence and risk factors for diseases. J Clin Epidemiol. 2010;63(10):1061-70. Available from: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000251

Shea BJ, Grimshaw JM, Wells GA, Boers M, Andersson N, Hamel C, et al. Development of AMSTAR: a measurement tool to assess the methodological quality of systematic reviews. BMC Med Res Methodol. 2007;7:10. Available from: <u>http://www.biomedcentral.com/1471-2288/7/10</u>

Sirriyeh R, Lawton R, Gardner P, Armitage G. Reviewing studies with diverse designs: the development and evaluation of a new tool. J Eval Clin Pract. 2012;18(4):746-52.

Sterne J, Higgins J, Reeves B, on behalf of the development group for ACROBAT- NRSI. A Cochrane risk of bias assessment tool: for non-randomized studies of interventions (ACROBAT- NRSI), Version 1.0.0 [Internet]. London, UK: The Cochrane Collaboration; 2014 [cited 2015 Jun 19]. Available from: <u>https://53e94a67-a-62cb3a1a-s-sites.googlegroups.com/site/riskofbiastool/ACROBAT- NRSI%20Version%201_0_0.pdf</u>?

Stetler CB, Damschroder LJ, Helfrich CD, Hagedorn HJ. A guide for applying a revised version of the PARIHS framework for implementation. Implement Sci. 2011;6:99,5908-6-99. Available from: <u>http://www.implementationscience.com/content/6/1/99</u>

SUNY Downstate Medical Center. Guide to research methods: the evidence pyramid. [Internet]. New York: Medical Research Library of Brooklyn; c2014 [updated 2004 Jan 6; cited 2015 May 14]. Available from: <u>http://library.downstate.edu/EBM2/2100.htm</u>

Vlayen J, Aertgeerts B, Hannes K, Sermeus W, Ramaekers D. A systematic review of appraisal tools for clinical practice guidelines: multiple similarities and one common deficit. Int J Qual Health Care. 2005;17(3):235-42. Available from: <u>http://intqhc.oxfordjournals.org/content/17/3/235.long</u>

Woodruff TJ, Sutton P, Navigation Guide Work Group. An evidence-based medicine methodology to bridge the gap between clinical and environmental health sciences. Health Aff (Millwood). 2011;30(5):931-7. Available from: <u>http://content.healthaffairs.org/content/30/5/931.long</u>

Zaza S, Wright-De Aguero LK, Briss PA, Truman BI, Hopkins DP, Hennessy MH, et al. Data collection instrument and procedure for systematic reviews in the Guide to Community Preventive Services. Task Force on Community Preventive Services. Am J Prev Med. 2000;18(1 Suppl):44-74.



Public Health Ontario 661 University Avenue, Suite 1701 Toronto, Ontario M5G 1M1 416.235.6556 communications@oahpp.ca publichealthontario.ca

