

# **The HIVSA Training Manual**

**George Ellison, Meg Wiggins, Ruth Stewart and James Thomas**

## **The HIVSA Team consists of:**

**Ruth Stewart** (Project Coordinator and Workshop Facilitator), **George Ellison** (Project Director and Workshop Facilitator), **Meg Wiggins** (Workshop Facilitator), **James Thomas** (Workshop Facilitator), **Sandy Oliver** and **Ginny Brunton** from the Social Science Research Unit (SSRU) at the University of London's Institute of Education; **Yvonne Erasmus** (Workshop Coordinator), **Carina van Rooyen** and **Thea de Wet** from the Department of Anthropology and Development Studies at Rand Afrikaans University (RAU) in Johannesburg; and the HIVSA workshop participants: **Brian Chandiwana**, **Cally Fawcett**, **Paula Gains**, **Ruth Gumbie**, **Felicity Hatendi**, **Bridget Johnson**, **Clement Jumbe**, **George Kanga**, **Mable Katebe**, **Ernest Maigurira**, **Desmond Maphanga**, **Isidor Mazipetele**, **Parkie Mbozi**, **Maria Motebang**, **Wanjiru Mukoma**, **Verna Mzezewa**, **Sibusiso Ntshangase**, **Michelle Pirie**, **Peter Phori**, **Alice Ripanga**, **Leon Roets**, **Geoffrey Setswe**, **Linzi Smith**, **Latasha Treger**, **Paul Wafer** and **Sinokuthemba Xaba**.

Citation: Ellison GTH, Wiggins M, Stewart R, Thomas J. 2001 The HIVSA Training Manual. The HIVSA Project, Social Science Research Unit, University of London.

ISBN: 0-9542036-1-5

## Contents

<b>Acknowledgements</b>	iv
<b>Executive summary</b>	v
<b>Introduction to the HIVSA workshops</b>	1
<b>Workshop 1 – What evidence do we need and how do we find it?</b>	11
1.1 Day 1	11
1.2 Day 2	27
1.3 Day 3	43
1.4 Day 4	61
1.5 Day 5	75
<b>Workshop 2 – What evidence do we have and what can it tell us?</b>	89
1.1 Day 1	101
1.2 Day 2	121
1.3 Day 3	147
1.4 Day 4	163
1.5 Day 5	175
<b>Workshop 3 – What evidence have we appraised and how can we use it?</b>	205
1.1 Day 1	205
1.2 Day 2	259
1.3 Days 3 to 5 – Overview	267
1.4 Day 3	269
1.5 Day 4	271
1.6 Day 5	273

## Acknowledgements

We are very grateful to the many people who helped to make the HIVSA project a success. We are conscious that we cannot thank everyone by name but those who made a particular contribution include:

The project's funders, the Education Department at the UK Department for International Development (DfID) for their substantial financial and logistical support;<sup>1</sup>

The team at DFID's Education Department (particularly Rod Tyrer, Steve Arthur, Dave Clarke and Paul Wafer) for their advice, encouragement and enthusiasm for the project;

The workshop participants (Brian Chandiwana, Cally Fawcett, Paula Gains, Ruth Gumbie, Felicity Hatendi, Bridget Johnson, Clement Jumbe, George Kanga, Mable Katebe, Ernest Maigurira, Desmond Maphanga, Isidor Mazipetele, Parkie Mbozi, Maria Motebang, Wanjiru Mukoma, Verna Mzezewa, Sibusiso Ntshangase, Michelle Pirie, Peter Phori, Alice Ripanga, Leon Roets, Geoffrey Setswe, Linzi Smith, Latasha Treger, Paul Wafer and Sinokuthemba Xaba) for their active contribution to the development and evaluation of the workshops, and as co-authors of the syntheses (which can be found in Chapter 3 of this report) – their wisdom, patience and good humour were an inspiration to the project.

Rand Afrikaans University (RAU) in Johannesburg, particularly staff at the Department of Anthropology and Development Studies, for providing superb facilities for the workshops, for taking the disruption these caused in their stride and extending a warm welcome to facilitators and participants alike during the six weeks we spent in Johannesburg.

The team at RAU's Department of Anthropology and Development Studies (particularly Yvonne Erasmus, Carina van Rooyen and Thea de Wet) for the extraordinary efforts to ensure that the workshops ran smoothly and that the needs of both workshop facilitators and participants were catered for.

The team of administrative and academic support staff at the Social Science Research Unit in London – particularly Mikey Rosato for his help in critically appraising and collating evidence for the participants' syntheses; Liz Moran and Jelena Lentzos for providing excellent financial administration.

Finally, the HIVSA project benefited from the enthusiasm and advice of a large network of researchers, policy-makers and practitioners from throughout southern Africa and beyond, in particular colleagues at SSRU's EPPI-Centre, the South African Cochrane Centre and the Thusano School of Public Health who helped in planning and preparing for the workshops.

---

<sup>1</sup> *The UK Department for International Development (DfID) supports policies, programmes and projects to promote international development. DfID provided funds for this study as part of that objective, but the views and opinions expressed are those of the authors alone.*

# Executive Summary

## Background

These reports summarise the work of the HIVSA project, conducted by the Social Science Research Unit from the University of London's Institute of Education, in partnership with the Department of Anthropology and Development Studies at Rand Afrikaans University in Johannesburg, and funded by the UK Department for International Development (DfID). The HIVSA project had three inter-connected aims: First, to develop and deliver participatory workshops to support evidence-informed decision-making by policy-makers, practitioners and researchers involved in designing, implementing and/or evaluating educational programmes for HIV prevention in southern Africa; Second, to develop with participants at the workshops a web-based register of published and unpublished evidence, drawn from studies of educational interventions planned, conducted and/or evaluated in southern Africa; Third, to use the web-based register of evidence to conduct a systematic review of educational interventions for HIV prevention in southern Africa. The work of the HIVSA project towards each of these aims is outlined in three separate sections:

- **Participatory workshops and workshop materials**

The HIVSA project developed a web- and email-based network to advertise the workshops and solicit applications from policy-makers, practitioners and researchers throughout the Southern African Development Community (SADC). Overall, 106 applications were received, sent from 8 different countries, from which 12 participants (and 9 reserve participants) were selected and purposively allocated to two groups who attended the first and second week of three workshops in May/June, July/August and September 2001. The training materials and learning activities developed for each workshop created a framework around which workshop facilitators organised the training provided in response to the needs of workshop participants. This framework covered the three distinct processes involved in evidence-informed decision-making:

Workshop 1: disentangling the decision-making process; identifying areas of uncertainty (and unsubstantiated certainty); selecting the most appropriate type(s) of evidence for addressing different sources of uncertainty; and designing time-efficient search strategies for accessing written evidence – in which workshop participants generated two questions to guide their review (these focused on: peer education; and integrating education into existing programmes), together with inclusion and exclusion criteria for use when searching for written evidence during the six weeks before workshop 2.

Workshop 2: extracting, summarising and evaluating (i.e. keywording and appraising) the information contained within different types of written evidence; and developing criteria for establishing both relevance and confidence – in which workshop participants developed a keywording and appraisal framework and selected up to 5 pieces of written evidence which they undertook to keyword and appraise during the six weeks before workshop 3.

Workshop 3: searching, analysing and cross-tabulating data generated from keyworded and appraised evidence that had been entered onto HIVSA's interactive database; and producing structured summaries of evidence to inform dedicated syntheses (i.e. systematic reviews) of their findings which might support evidence-informed decision-making for HIV prevention in southern Africa – in which workshop

participants, working in 6 small groups, reached consensus on a common area of uncertainty and analysed information derived from the HIVSA database to produce 6 decision-making syntheses.

- **Systematic reviews of evidence from educational interventions for HIV prevention**

The systematic reviews conducted by HIVSA, were guided by the interests and needs of workshop participants who, in the first workshop, selected two questions (one for each group) to guide their training and decision-making syntheses, and used these to develop criteria for selecting written evidence included (and excluded) from their reviews. Prior to the second workshop, participants and facilitators conducted dedicated searches for appropriate written evidence and brought these with them for inclusion in the HIVSA database. Participants then informed the development of a customized keywording and appraisal framework for extracting information and evaluating the relevance of, and their confidence in, the written evidence examined. This framework was applied to 72 pieces of evidence from the database prior to the third workshop, and produced data that was added to the interactive HIVSA database. These activities underpinned the syntheses of evidence which participants subsequently undertook during workshop 3, working together in 6 small groups to produce 6 different decision-making syntheses, each addressing a pertinent area of uncertainty:

1. How might policy influence peer education programmes for HIV prevention in the workplace?
2. What is the nature and impact of peer education at the workplace involving people living with HIV/AIDS?
3. How do peer education programmes support social behaviour change across different settings?
4. Is peer education a useful strategy for providing HIV care and support programmes in different settings?
5. What are the barriers to integrating HIV/AIDS education and what recommendations address these?
6. How might HIV/AIDS health education programmes alleviate poverty in sustainable development?

- **The HIVSA interactive database of keyworded and appraised evidence**

The HIVSA interactive database was developed using written evidence identified, keyworded and appraised during the workshops, both as part of the process of facilitating the decision-making syntheses developed by workshop participants, and as a sustainable online resource for use by participants and other decision-makers in the future. The information contained on the database is in two parts: The first part, developed in partnership with the Centre for AIDS Development, Research and Evaluation (CADRE) in South Africa, consists of a bibliography of over 230 pieces of evidence collected during the course of the workshops, by participants and facilitators. This is both a searchable database (available through the CADRE website (<http://www.cadre.org.za>), and a link to hard copies of the evidence collected, available from CADRE's offices in southern Africa. The second part, is also searchable online and contains information extracted from over 100 pieces of evidence using the keywording and appraisal framework which had been developed, and subsequently used, by workshop participants. This resource is housed in the UK (<http://hivsa.ioe.ac.uk/hivsa>), but is accessible via the world-wide web, and is also linked to the CADRE website.

## **Executive Summary - Setswana**

*translated by Granny and Geoffrey Setswe*

### **Tshosobanyo ya Khuduthamaga**

#### **Maitshetlego**

Dipegelo tse, ke tshosobanyo ya tiro ya porojeke ya HIVSA, e e tsamaisitsweng ke lephata la Social Science Research go tswa ko Unibesiti ya London mo setheong sa Thuto, ga mmogo le ba lefapha la Anthropology le Development Studies ba Unibesiti ya Randse Afrikaans ko Johannesburg, mme ba etleletswa ka matlole ke ba lefapha la International Development {DfID} kwa United Kingdom.

Porojeke e ya HIVSA e na le maikaelelo a mararo a a golaganeng: La ntlha ke go tshabolola le go fitlhisana mowa wa go tsaya karolo mo workshop ka go tlamela bosupi jwa tshedimosetso ya tshweetso e e tsewang ke batsaya tshweetso, badiri, le babatlisisi ba ba tshwaraganeng le go tlhama le gona go tsenya mo tirisong kgotsa go tlhatlhoba mananeo a thuto mo twantsong ya HIV mo Aferika Borwa. La bobedi: Ke go aga le batsayakarolo ba workshop register ya mafaratlhatlha ya tshedimosetso e e gatisitsweng le e e sa gatisiwang, e e tswang mo thutong tse di rulagantsweng le gona go tsamaisiwa le go tlhatlhabiwa mo Borwa ba Aferika. La boraro ke go dirisa register ya mafaratlhatlha ya bopaki go dira tshekatsheko ee rulaganeng (systematic review) ya “dintervention” tsa thuto ya thibelo ya twantsho ya HIV, mo Borwa ba Aferika. Tiro ya porojeke ya HIVSA e tlhagisitswe sentle mo maphateng a mararo a a farologaneng:

#### **Diworkshops tsa botsayakarolo le didiriso tsa diworkshops**

Porojeke ya HIVSA e tlhamile mafaratlhatlha (web) le makwalo a a itlhametseng a seelektroniki (email-based network) go phasalatsa diworkshop le seka dikopo gotswa go badira-melao, badiri le babatlisisi go ralala Southern African Development Community (SADC). Go nnile le dikopo di le 106 tse di amogetsweng go tswa go dinaga di le robedi tse di farologaneng, mme go tswa mo go bona, batsayakarolo ba le 12 (le ba 9 ba beetsweng thoko), ba ne ba tlhophiwa lebaka e le gore ba dire ditlhopha di le pedi tseo di neng di tsenela beke tsa ntlha le tsa bobedi tsa tse tharo tsa diworkshop tse nnileng ka Motsheganong/Seetebosigo (May)/June) ga mmogo le Phutwe/Phatwe (July/August) le Lwetse (September) 2001. Didiriswa tsa katiso le manane a thuto tse di tlhametsweng workshop nngwe le nngwe di diretswe letlhomiso (framework) leo batsamisi ba workshop go rulaganya katiso go ya ka ditlhokego tsa batsaya-karolo mo workshopong. Letlhomiso le, le akaretsa dintlha tsa tirego tse tharo tse di akaretsang bosupi jo bo tlhagisiwang ba go tsaya maikaelelo a a rileng (evidence-informed decision making).

Workshop ya ntlha: go kgaoganya mokgwa wa go tsaya ditshweetso; go tlaola tsela tse di belaetsang (kgotsa tse di sa tlhamatsegang); le gona go tlaola tse di maleba tse di nang le bosupi jo bo tlosang dipelaelo; le gona go aga mekgwa e e ka kgonang go tlhagisa bosupi jo bo kwadiwang jo bo tla thusang batsenela diworkshop go kgona go bopa dipotso tse pedi tse di ka ba thusang go seka-seka (tse di lebagane le go: rutana ga balekane; le gona go kopanya thuto le mananeo a a leng teng), ga mmogo le go tsenya le go ntsha mekgwa e e dirisetswang go thusa batlisisa bosupi jwa bokwadi mo dibekeng tse 6 pele ga workshop ya bobedi.

Workshop ya bobedi: go upulola, go sosobanya le gona go tlhatlhoba (ke gore go rarabolola le go lekanyetsa) dintlha tse di fitlheletsweng go tswa mo bosuping jo bo

farologaneng jo bokwadilweng le gona go aga mokgwa o maleba le o tsepameng mo batsayakarolo ba workshop ba ba tla nnang le letlhomeso la go rarabolola le go lekanyetsa ka go tlohpha go fitlha e nna dikarolwana di le 5 tsa bosupi jo bo kwadilweng go tswa go workshop jo bo tsareng dibeke di le 6 pele ga workshop ya boraro.

Workshop ya boraro: go batlisisa, go lokolola le go fapaanya thulaganyo ya dintlha tseo di fitlhetsweng mo bosuping jo bo lekotsweng jo bo tsentsweng mo database matsetseleko ya HIVSA; le go tlhagisa tshosobanyo ya bopaki e e rulagantsweng sentle go itsise ba ba kgothaletseng go itse diphitlhelelo tseo di tla tshegetsang bosupi jo bo tlhagisiwang ke batsaya- ditshweetso tsa go lwantsha thibelo ya HIV mo Borwa ba Aferika - mo go tsona batsaya – karolo, ba be neng ba dira ka ditlhotshwana di le 6, ba dumelane ka moonoo o le mongwe wa go ntsha dipelaelo le go tlhatlhoba (analyse) diteng tse di tswang mo lenaanetheo (database) la HIVSA go bopa ditshweetso tse di tlhamagantsweng (synthesis) sentle tse 6.

### **Ditshhekatsheko tse rulaganeng tsa bopaki go tswa mo di interventions tsa thuto ya twantsho ya HIV**

Ditshhekatsheko tse di rulaganeng tse di dirilweng ke HIVSA, di eteletswe ke dikgatlhego le ditlhokwa tsa batsenela workshop, ba ko workshop ya ntlha, ba ile ba tlohpha dipotso di le 2 (e le nngwe go tswa mo setlhopheng sengwe le sengwe) go kaela katiso le go tsaya ditshweetso tse di tlhamatsegang, le ka go dirisa mekgwa eo e thusang go tlohpha bosupi bo bokwadilweng bo bo akaretsang (le bo bo sa akaretseng) go tswa mo ditshhekatshekong. Pele ga workshop ya bobedi, batsenela-workshop ga mmogo le batsamaisi ba workshop ba dirile dipatlisiso tse di tseneletseng tse di maleba tsa bosupi jo bo kwadilweng ba bo ba bo akaretsa mo lenaanetheo la HIVSA. Batsaya-karolo ba ne ba tlhagisa go tlangwa go go tlwaelegileng ga go rarabolola le go lekanyanyeta letlhomeso (framework) le le tla ntshang tshedimosetso ee tla sekasekiwang bonnete jwa yone le boikanyego mo go yona le go sekaseka bopaki jo bo kwadilweng.

Letlhomeso le le dirisitswe mo dikwalonyaneng di le 72 tsa bosupi jo bo tswang mo lenaneeng-theo (data-base) pele ga workshop ya boraro, le le ntshitsheng dintlha tse di akareditsweng mo lenaane-theong la HIVSA. Ditirwana tse, di tlamelwa ke bosupi jo bo tlamagantsweng jo batsenela workshop ya boraro, ba dirisana mmogo ka ditlhotshwana di le 6 go tlhagisa ditshwetso di le 6 tse di farologaneng tseo di tlamagantsweng, nngwe le nngwe e lebelela dikarolo tse di belaetsang kgotsa tse di nang le dipotso tse di latelang:

1. Molaotheo o ka dirisiwa jang go tlotltheletsa mananeo thuto ka balekane (peer education) mo twantshong ya thibelo ya HIV mo mafelong a tiro?
2. Tlhago le thulano ya thuto ka balekane mo mafelong a tiro, e akaretsa ba o ba phelang ka HIV jang?
3. Thuto ka balekane mo mananeong aa tshegetsang maitsholo a batho go fetola maphatha a farologaneng a ka thusa jang?
4. Mananeo-thuto ka HIV/AIDS a ka fokotsa jang botlhoki mo kgolong ee tshegeditsweng?
5. A thuto ka balekane ke mokgwa oo thusang go fa tlhokomelo le tshegetso ya HIV mo mabakeng a a farologaneng?

6. A go nale dikgoreletsi fa o batla go kopanya thuto ya HIV/AIDS, le gore ke dikatlanegiso dife tse di ka rarabolang bothatha jo?

### **Lenanetheo la HIVSA la go rarabolla le go lekanya bosupi**

Lenaanetheo la HIVSA le tllhamilwe ka go tlhagisa bosupi jo bo kwadilweng, le tharabollo le tekanyetso e e tlhagileng ka nako ya diworkshop, tsotlhe jaaka karolo ya tsamaiso ya ditshweetso tse di tserweng ke batsayakarolo mo workshopong, le gona go tlamela ditlhokego tsa “online” go dirisiwa ke batsayakarolo le ba ba tla tsayang ditshwetso mo isagweng.

Dintlha tse di tsentsweng mo lenanatheong di arogantswe go ya dikarolo di le pedi: Karolo ya ntlha, e rulagantswe ke tshwaraganelo magareng ga setheo sa Centre for AIDS Development, Research and Evaluation ko Aferika Borwa, e na le bibliography ya dikwalonyana tse di bokana ka 230 tsa bosupi jo bo kgobokantsweng ke batsayakarolo le batsamaisi ka nako ya diworkshop. Se ke lenanetheo le le batlisisegang ebile le ka fitlhelwa mo website ya CADRE ko (<http://www.cadre.org.za>), e gape e golagantsweng le dikhophi tse di nang le bosupi jo bo kgobokantsweng, di leng teng mo dikantorong tsa CADRE ko Borwa ba Afrika. Karolo ya bobedi, yona e ka batlisisega “online” ebile e nale dintlha tse di tswang mo dikwalonyaneng tse di fetang 100 tsa bosupi ka go dirisa tharabololo le tekanyetso ya letlhomese le le tllhamilweng le gona go dirisiwa ke batsenela workshop. Resource e, e fitlhelwa kwa UK (<http://www.hivsa.ioe.ac.uk/hivsa>), kgotsa e ka fitlhelwa ka mafaratlhatlha a lefatshe ka bophara (world wide web) ka tshwaraganelo le mafaratlhatlha a CADRE.

## **Executive Summary - isiZulu** *translated by Sibusiso Ntshangase*

### **Umbiko Ngokufingqiwe**

#### **Isisekelo**

Lemibiko iyiqoqo lomsebenzi ka-HIVSA owenziwa wuphiko lwe- Social Science Research kwi-Institute of Education enyuvesi yaseLondon, lubambisene nomnyango we Anthropology and Development Studies enyuvesi yaseRand Afrikaans eGoli, futhi luxhaswe ngezimali wumnyango wezentuthuko yamazwe ngamazwe oseUK + UK Department for International Development (DfID). Lomsebenzi weHIVSA unezinjongo ezintathu ezixhumene:

Eyokuqala injongo wukusungula bese ihlela imihlangano yokubonisana lapho abayobe behambele lemihlangano beyofaka isadla bambandakanyeke ekuxhaseni ukuthatha izinqumo kusetshenziswa ubufakazi okumele kwenziwe abakhi-mgomo (policy-makers) abacwaningi, kumbe nabanye-nje abantu abanesandla ekuhloleni, ekusebenziseni nasekuhloleni izinhlelo zokufundisa ngokuvikela ingculazi (HIV) emazansi neAfrika; eyesibili, ukusungula, ngokuhlanganyela nalabo abahambele umhlangano, iqoqo lobufakazi obushicilelwe kanye nobungashicilelwe elizogcinwa kwi-web, futhi obuthathelwe ocwaningweni oseluke lwenziwa ngezifundo zokuvikela ingculazi esenziwe kwelasemazansi neAfrika; eyesithathu, ukusebezisa leliqoqo lobufakazi ekuhlaziyeni uhlobo lwezinhlelo zokuvikela ingculazi ezisethenziswa kwelasemazansi neAfrika.

Umsebenzi ka-HIVSA owabe uyimizamo yokuphumelelisa lezinjongo ezibalwe ngenhla wethulwa walandela lezizigaba ezintathu ezilandelayo.

Imihlangano yokubonisana, kanye nokwabekusetshenziswa kulemihlangano.

IHIVSA yasebenzisa iweb ne-email ukumemam izicelo zokukhethelwa ukuhambela lemihlangano. Yamema izicelo kubantu abasebenza njengabakhi-mgomo, abacwaningi, nabantu abenza umsebenzi ophathelene nokuvikelwa kwengculaza abavela kulolonke elasemazansi neAfrika (SADC). Ziyikhulu nesithupha izicelo ezafika zivela emazweni angu 8 asemazansi neAfrika. Kulezizicelo kwakhethwa abantu abawu 12 (kanye nabawu 9 ababezocuphela ukuvala izikhala ezazingavulwa wukungafiki kwalabo ababekhethiwe) ababe sebhulkaniswa amaqoqo amabili. Lilinye iqoqo labe selihambela imihlangano yokubonisana, elilodwa lafika ngesonto lokuqala, elinye lafika ngesonto lesibili. Lemihlangano yabanjwa izikhathi zaze zaba ntathu. Uhlelo lomhlangano ngamunye, kwemithathu eyabanjwa, lwabe lwenziwe abethuli bomhlangano ukuze lunikeze isisekelo. Kwakulindleleke ukuthi abethamele umhlangano balwenze luhambisane nezidingo zabo.

Uhlelo lwalemihlangano lwalugxile ezigabeni ezintathu ezibalulekile ekuthatheni izinqumo kusetshenziswa ubufakazi.

Umhlangano wokuqala: ukucutshungulwa kwezindlela zokuthatha izinqumo; ukukhomba lezozonto ezidala ukungabaza (kumbe isiqiniseko esingenabufakazi) uma kuthathwa izinqumo; ukukhetha izinhlobo okuyizona zona zeziqiniseko ezingalandelwa uma kubhekenwe nezimo ezingenasiqiniseko; kanye nokwakha izindlela ezisheshayo zokuqoqa ubufakazi obushicilelwe - kulomhlangano ababewethamele baqhamuka nemibuzo emibili okuyiyona eyayizonikeza uhlaka olwaluzolandelwa ekucubunguleni ubufakazi (lemibuzo yabe imayelana nokufundisana kontanga (peer education); kanye nokuxuba izifundo ngokuvikelwa kwengculazi kanye nalezozifundo esezivele

zikhona.), lokhu-ke kwabe futhi kuhlanguaniswe nezindlela zokwemukela kumbe ukuchitha ubufakazi obucshicilelwe okwakuzokwenziwa emasontweni ayisithupha ayezolandela ngaphambi kokuba kube nomhlangano wesibili.

Umhlangano wesibili: ukutonyulwa ukufingqwa kanye nokucutshungulwa (kubhekwa amagama asemqoka) kwalokho okuqukethwe yizinhlobonhlobo zobufakazi obubhaliwe; kanye nokwakha kumbe ukuqopha izindlela zokuhlola ukubaluleka nezizathu zokubethemba ubufakazi - kulomhlangano ababewethamele basungula uhlaka lwamagama asemqoka kanye nesisekelo lapho kwakhethwa izinhlobo ezinhlanu zobufakazi obuhleliwe okuyibona ababezobucubungula emasontweni ayisithupha ayezolandela ngaphambi kokuba kufike umhlangano wesithathu.

Umhlangano wesithathu: ukwehlwaya, ukuhlaziya kanye nokuqhathanisa imininingwane evela kumagama asemqoka kanye nobufakazi lobo okwakukade buhlolwa emasontweni ayisithupha edlule base bufakwa enqolobaneni (database) ka-HIVSA; kanye nokuqhamuka namaqoqo ahlekile obufakazi okuyibo obabuzokhombisa konke okwabe sekwenziwe kuhlolwa ubufakazi futhi imiphumela yakho ekwakucatshangwa ukuthi hleze yelekelele ukuthathwa kwezinqumo okunobufakazi ekuvikeleni ingculazi kwelasemzansi neAfrika. Kulomhlangano ababewethamele basebenza bengamaqoqo ayisithupha, bagcina bevumelene ngokukodwa ngezizathu ezingadala ukungabaza ubufakazi, lokhu bekwenza ngokucubungula ulwazi olwabe selugcinwe enqolobaneni ka-HIVSA. Ekugcineni bakhapha izindlela zokucubungula ubufakazi eziyisithupha.

### **Ukuhlaziya kobufakazi obusethsenziswe ezinhlelweni zokufundisa ngokuvikelwa ingculazi**

Ukuhlaziya okwenziwa wuHIVSA kwabe kubhekele kakhulu izidingo kanye nalokho okuthandwa yilabo ababethamele imihlangano yokucobelelana. Ngomhlangano wokuqala ababethamele baqoka imibuzo emibili (lelo nalelo qoqo kwamabili linombuzo walo). Lemibuzo iyona eyabe isiba wumhlahlandlela ekuqeqeshweni kwabo futhi yasetshenziswa ukusungula imigomo yokukhetha ubufakazi obubhaliwe ababemukela kanye nalobo abangabemukelanga. Ngaphambi komhlangano wesibili abethameli kanye nabaqhubi bomhlangano benza ucwaningo lapho bathola ubufakazi obubhaliwe obabuhambisana nemibuzo yabo babuqoqa ukuze bugcinwe enqolobaneni ka-HIVSA. Abethameli babe-ke sebesungula uhlaka lwamagama asemqoka kanye nezindlela zokuhlaziya ubufakazi ezingenza ukuthi babe nokubethemba ubufakazi ababhekene nabo. Loluhlaka lwemigomo lwabe selusetshenziswa ekucubunguleni ubufakazi obubhaliwe obungamashumi ayisikhombisa nambili obabe bugcinwe enqolobaneni ngaphambi komhlangano wesithathu. Lokhu kwabe sekwenziwa ngakho umqulu wolwazi owabe usugcinwa khona enqolobaneni ka-HIVSA. Konke lokhu kwabe sekusetshenziswa njengesisekelo sokucutshungulwa kobufakazi obenziwa emhlanganweni wesithathu lapho abethameli bawo basebeza ngokubambisana bengamaqoqo ayisithupha baphuma nezindlela eziyisithupha zokuthatha izinqumo kusetshenziswa ubufakazi, iyinye yalezizindlela ibhekele isimo esibucayi esingadalwa wukungabi nesiqiniseko sobufakazi njengalokhu kubekiwe ngezansi;

1. Umgomo (policy) ungaluthinta kanjani uhlelo lokufundisana kontanga ngokuvikela ingculazi emsebenzini?
2. Luhlobo luni lwezindlela/lwezinhlelo zokufundisana kontanga emsebenzini ezibandakanya abantu abaphila negciwane lengculaza futhi lezizinhlelo zinaqhaza lini ezilibambayo?
3. Izinhlelo zokufundisana kontanga zikweseka kanjani ukuguqula indlela yokuphila nokuziphatha ezimweni ezehlukene?

4. Izinhlelo zokufundisa ngezempilo nengculazi zingasizakanjani ukulwa nobuphofu ukuze kugcineke intuthuko?
5. Ngabe uhlelo lokufundisana kontanga lunalo yini usizo ekunakekeleni nasezinhlelweni zokusizana ezimweni ezehlukahlukene?
6. Ngabe yiziphi izingqinamba ezikhona ekuhleleni izinhlelo zokufundisa ngengculaza futhi yiziphi izincomo ezingenziwa ukulungisa lesisimo?

### **Inqolobane evulelekile ka-HIVSA owenziwe ngamagama amqoka kanye nobufakazi obuhluziwe**

Inqolobane ka-HIVSA yasungulwa kusetshenziswa ubufakazi obubhaliwe. Lobufakazi batholwa, kubona kwahluzwa amagama asemqoka, baphinda futhi bacutshungulwa kulemihlangano emithathu. Lokhu kwakwenziwa njengengxenywe yokucubungula izindlela zokuthatha izinqumo ezasungulwa ababethamele lemihlangano. Lenqolobane yasungulwa ukuze ibe wusizo lwanininini kunoma wubani odinga ukuyisebenzisa. Kukabili okuqukethwe yilenqolobane: Ingxenywe yokuqala eyakhiwa ngokubambisana neCentre for AIDS Development, Research and Evaluation (CADRE) eNingizimu Afrika iqukethe imibhalo eshicilelwe enobufakazi ebalelwa ngaphezu kwamakhulu amabili namashumi amathathu eyaqoqwa abaphathi bomhlangano kanye nababewethamele. Kulenqolobane ungaziseshela uzibhekele lokho okufunayo ( utholakala kwa CADRE kulelikheli: (<http://www.cadre.org.za>). Kulelikheli ungabuye futhi uxhumane nezinye izindawo ezinamakhophi obufakazi obutholakala emahhovisi kaCADRE emazanzi neAfrika. Ingxenywe yesibili nayo futhi iyatholakala kwikompyutha iqukethe ulwazi oluthathwe ebufakazini obungaphezu kwekhulu kusetshenziswa ithuluzi lamagama asemqoka kanye nohlaka lokucubungula elakhiwa futhi lase liyasetshenziswa abethameli bemihlangano emithathu. Lona-ke litholakala eUK ekhelini elithi <http://hivsa.ioe.ac.uk/hivsa> . Liyatholakala noma ngabe ukuphi emhlabeni futhi lixhumene nekheli leCADRE



## **Evidence-informed educational interventions for HIV prevention** *An introduction to the critical appraisal skills Workshops*

The following notes provide a brief introduction to:

1. Evidence-informed decision-making; and 2. the aims and content of the HIVSA Workshops.

### **1. Evidence-informed decision-making**

#### *Decision-making experience and decision-making expertise*

We all make decisions in our everyday lives, and each requires us to weigh up the pros and cons of what we've learnt: from past experience; from what others have told us; from what we've read, heard or seen; and from what we feel or believe to be 'right'. Some decisions are easier to make than others, because there are (what appear to be) clear-cut differences between alternative courses of doing one thing rather than another (or, for that matter, doing nothing at all!). Other decisions are more difficult. We experience mulling them over in our minds, and may want to consult with friends, family, colleagues and may even seek professional advice before settling on what we judge to be the best thing to do (or, indeed, whether to do anything at all). Such everyday events make all of us experienced decision-makers and give us an insight into the many different questions we have to address when deciding what best to do. The various strategies we use to answer these questions, whether it involves relying on our own experience and knowledge, or drawing on the experiences and knowledge of others, provide us with the evidence on which to reach a decision. In this sense, the principal of 'evidence-informed' decision-making is one we are all intimately familiar with – it involves assembling information, either consciously or subconsciously, on which to make a choice. Of course, just because we're familiar with the process doesn't mean we are necessarily comfortable with it, or are happy with the choices we make... and in reflecting on the uncertainty we often face when making decisions, particularly when we have little experience or knowledge of the choices and their consequences, it is clear that we often have to make decisions with less certainty than we'd like.

What can we learn from our experience of making decisions in everyday life to help us make better decisions – and in this context, what would constitute 'better' decisions? Are these decisions that are easier to make or decisions which have the best chance of achieving our aims? Perhaps improving decision-making requires both – we want to make choosing the best alternative easier. In the context of deciding which products or services best suit the needs and desires of the people using them, 'evidence-informed decision-making' is a discipline which investigates how to support decisions which result in the provision of the most useful and acceptable products and services. It is a discipline with a long history in medical care, where there have often been intense disagreements amongst doctors and other health care professionals as to what treatments are required, which treatments work best and which of these are the most acceptable or efficient (i.e. that cost the least amount for the most good). It is also a discipline that has been applied in a variety of other fields, most notably: public health, health education, and education itself – not to mention marketing and management.

Yet evidence-informed decision-making faces a number of challenges: pertinent evidence about the product(s) or service(s) concerned may not be available; the information may be difficult to get hold of or difficult to interpret; there may be too much information or differences of opinion

that are difficult to reconcile; decision-makers may question the value of information when set against their experiences, values or beliefs. The last of these is important to address at the outset – because many decision-makers may be worried that evidence-informed decision-making is an approach which seeks to over-ride expertise and experience, providing a 'cook book' of guidelines which everyone everywhere is obliged to follow. Yet evidence-informed decision-making recognises that in many (if not most) circumstances it might not be possible to prescribe what to do, and that the expertise and experience of decision-makers is invaluable in interpreting how best to apply the information available. In this sense, evidence-informed decision-making acts in partnership with expertise, not in competition with it.

But what of those circumstances where pertinent evidence is lacking, difficult to interpret or contradictory – how can evidence-informed decision-making help? This is where the discipline comes into its own, by providing a framework for gathering whatever information is available (from what is known about similar products or services, and what is known about their use and effects in similar contexts) – evaluating different sorts of information and synthesising contradictory and complementary views to establish the pros and cons of different alternatives. Very few decisions can be made with absolute certainty, and we have much to learn about what works best in which settings and for whom. Collating evidence can help to resolve some areas of uncertainty, reducing the risk of making wasteful or harmful decisions, while identifying unanswered questions and thereby prioritising the search for, or production of, additional evidence (through dedicated research).

### *What does evidence-informed decision-making require?*

Making it easier to make good decisions is an attractive prospect, but what sort of framework might we use to make it **easier** to make the **best** choice, when there are so many different types of evidence and these are so difficult to access, interpret and compare? Approaches to evidence-informed decision-making adopt a variety of pragmatic solutions to these questions, to facilitate access to, and comparison of, evidence. The most comprehensive framework applies a number of principles to ensure that the body of evidence is comprehensive (i.e. includes all available evidence), that this is evaluated rigorously and equitably (i.e. that all is subjected to critical appraisal), and that the selection, evaluation and synthesis of evidence is conducted transparently (i.e. with explicit decisions regarding where evidence is sought, how this is appraised, and which evidence is judged to be of most importance in addressing the question(s) posed).

Such a comprehensive framework establishes a benchmark that is exhaustive and subject to ongoing review, as new evidence appears and as methodologies for identifying, appraising and synthesising evidence improve. Furthermore, it does not set out to place particular types of evidence above others, but rather to assess the contribution each might make to answering the questions implicit within the decision-making process. Different questions demand different sorts of evidence, and for this reason the frameworks developed for 'evidence-informed decision-making' aim to facilitate the selection, evaluation and application of those types of evidence best suited to answer the questions involved.

This is all very well in theory, but how useful might such an approach be in practice? For some decisions there is such a wealth of evidence, from such a variety of different sources, that it might be an impossible task to collect it all, let alone evaluate and synthesise it coherently. For

other decisions, there is very little evidence available and evidence-informed decision-making would involve waiting until such evidence was produced. In most circumstances, neither of these options is feasible – decisions are needed quickly and there aren't the resources available to generate appropriate evidence or collate the evidence available. For this reason, it is tempting to conclude that however desirable evidence-informed decision-making might be *in theory*, it is hopelessly optimistic in practice. This would be true if evidence-informed decision-making required every decision-maker to go through a fresh cycle of finding, evaluating and synthesising all available evidence every time they approached such a decision. While such exhaustive reviews of evidence have been undertaken to inform specific decisions, most evidence-informed decision-making involves a more pragmatic approach to facilitate the inclusion of evidence as part of the decision-making process. By far the most important aspect of this, more pragmatic, approach is limiting the scope of the evidence considered. This is achieved by reducing the general uncertainty surrounding a decision to specific and clearly defined questions. In this way, evidence-informed decision-making focuses on the most pertinent uncertainties and deliberately limits the search for evidence (and its subsequent evaluation and synthesis) to exclude irrelevant information. Moreover, since different types of questions (relating to different uncertainties in the decision-making process) often require different types of evidence, focussing on the most pertinent questions also limits the types of evidence considered, thereby excluding those types of evidence which are least appropriate for addressing the question(s) concerned.

By clearly defining specific (and pertinent) uncertainties in any decision-making process, it is therefore possible to apply evidence-informed decision-making in a more manageable way, and without compromising the inherent principles of the framework itself (i.e. without compromising on a comprehensive, rigorous and transparent assessment of the evidence). Furthermore, by including constraints inherent to the decision-making process (such as a lack of time, or limited access to different sources of evidence) within a more pragmatic framework, it is possible to optimise the inclusion and provision of evidence in decision-making. This is precisely how evidence-informed guidelines of best practice are compiled for busy practitioners, service providers and policymakers – all of whom often have far too little time to collect, evaluate and synthesise evidence in their day-to-day work. But providing such guidelines is not a one-way process. Even when guidelines are available, busy decision-makers need to know which guidelines to look for, where to look for them, how best to interpret them and in what ways to adapt the evidence provided for use in their specific, and often unique, circumstances. Understanding the constraints on the use and application of such guidelines is therefore integral to the whole process of evidence-informed decision-making – just as understanding the constraints on the collection, evaluation and synthesis of evidence into the guidelines themselves is integral to their appropriate application (and/or modification) by decision-makers.

**Evidence-informed decision-making is therefore a cross-sectoral and multidisciplinary undertaking – one in which the views and experience of both providers and users of evidence are essential, to better understand the pertinent questions behind uncertainties and the constraints evidence-informed decision-makers face.**

## 2. Critical appraisal skills and educational interventions for HIV prevention

### *The aims of the critical appraisal skills Workshops*

The critical appraisal skills Workshops undertaken by the DfID-funded HIVSA project aim to draw on the experiences and expertise of various constituencies in appraising evidence on educational interventions for HIV prevention in southern Africa. The choice of constituencies encouraged to participate in the Workshops was therefore deliberately broad, and while the different skills, expertise and experiences of participants working in different sectors and different disciplines will undoubtedly benefit the selection, evaluation and synthesis of the evidence reviewed, there are palpable benefits to Workshop participants in working with colleagues from differing backgrounds in developing additional evidence-informed decision-making skills.

Understanding the needs and perspectives of others facilitates the communication, presentation and subsequent use of evidence, and helps to engender a broader recognition of the various roles each sector, and each discipline, might play in generating and applying evidence in decision-making. Thus, while the Workshops will work towards the collection, evaluation and synthesis of evidence surrounding (un)successful and (in)appropriate educational interventions for HIV prevention in southern Africa (and *will* provide an opportunity for participants to learn, adapt and apply the critical appraisal skills involved), the Workshops are as much about **developing** a greater understanding of the processes by which evidence-informed decision-making can be supported across different sectors and different disciplines – an understanding that is critical to improving the ability of all involved to make the best decisions possible.

The Workshops will employ each of the steps traditionally taken in synthesising evidence to support evidence-informed decision-making, while providing the flexibility for participants to modify and adapt the framework applied. As such, Workshop participants will be encouraged to participate fully in the development, dissemination and modification of the skills outlined below, and to participate in posing the questions most relevant to prevailing uncertainties in deciding how best to employ educational interventions for HIV prevention in southern Africa. In this way the Workshops aim to provide an opportunity for participants to:

- develop critical appraisal skills;
- apply these skills in developing the scope for a systematic review of educational interventions for HIV prevention in southern Africa;
- produce an appraisal of evidence pertinent to their needs; and
- assist in the development of methodologies for involving and integrating the views of different constituencies in the dissemination and application of evidence-informed decision-making.

### *An outline of the framework for the Workshops*

*Sifting the evidence* is the first stage of providing effective education and health education services. It involves selecting and weighing up research findings before making decisions about

commissioning, providing or practicing health education. Why is sifting the evidence important? Some education and health education programmes lead to improved health, some don't and some are even harmful. Many people work hard trying to promote good health, but how do they know whether their efforts are worthwhile? Commissioners, providers and practitioners of education and health education services want to know that their resources are spent wisely. They ask how effective are particular programmes? How well do they work? What problems are associated with them?

To find out, commissioners, providers and practitioners of education and health education services can look for individual studies, or for reviews, which summarise the results of many individual studies. But it can be difficult to know whether or not a report is trustworthy as evidence. Our Workshops will support participants with an interest in education and health education develop appropriate skills for sifting the evidence they need. We hope that participants from a variety of different (disciplinary and sectoral) backgrounds will be able to use what they learn from the Workshops to design, implement and evaluate education and health education services. The Workshops offer problem-centred learning in multidisciplinary groups and provide a forum for the exchange of knowledge and ideas, engaging participants in the development of this approach to fit the contexts in which they work.

### *Decision-making in education, health education and health promotion*

Deciding which health education activities to resource requires juggling many issues:

- Is it a local priority?
- Is it repeatable?
- Is it needed?
- Is it acceptable and appropriate for the target group?
- Does it fit local strategy?
- Does it need co-operation from other agencies?
- Does it address a major education or health burden?
- What resources does it need?
- Can it be maintained?
- Why has it arisen?
- Has it worthwhile aims?
- How many people will it reach?
- Will the purchasers support it?
- Are there any alternatives?
- Has there been a pilot study/process evaluation?
- Is it ethically and principally sound?
- Has it been/can it be evaluated?
- How much does it cost?
- Does it work?
- Is it cost-effective?

Asking questions about effectiveness (such as: Does a programme work? Does it achieve its objectives? Does it do more good than harm?) – is only one part, albeit an important part, of the many questions decision-makers face when planning education and/or health education activities. The Workshops will also introduce methods for discovering *how well* educational and health education services work (or don't work!), and *why*. In this sense, we will also be concerned to identify what types of educational interventions for HIV prevention are *acceptable* and *appropriate* to the recipients and consumers, and in the settings in which they are applied.

### *The role of critical appraisal*

Many of us read reports, such as those we have been given by colleagues, those we have found by searching bibliographic databases and libraries, those that catch our eye when looking through professional magazines and journals, or those that have been circulated to our institutions from Government Departments or international organisations. Reports may hold our interest because:

- they address issues that are a local priority;
- they describe methods which might fit the local strategy;
- they address a major educational or health educational issue;
- they discuss innovative ideas for assessing needs;
- they discuss innovative ideas for providing education and/or health education services;
- they describe services that look promising; and/or
- they describe services that have been shown to be particularly effective.

We might reject reports if they do none of these things. Familiarity with local circumstances and services guide most decisions about whether to follow up the conclusions of a report but we need critical appraisal skills to judge whether a report offers reliable conclusions about the effectiveness of an intervention *as well as* information about the acceptability and appropriateness of the processes involved in delivering the intervention(s) described.

We look forward to sharing these ideas in more depth, learning about your work and engaging with you in the development of a relevant and useful evidence-informed approach to developing, implementing and evaluating educational interventions for HIV prevention in southern Africa.

## **Background reading**

In preparing materials for the first Workshop, we have drawn on a variety of sources of information, most notably the expertise and experience of colleagues at the Social Science Research Unit's EPPI-Centre (in particular: Sandy Oliver, Ginny Brunton, James Thomas, Angela Harden and Amanda Nicholas) and the Critical Appraisal Skills Programme (CASP) for Evidence-based Health Care developed through the UK's NHS Executive.

Until comparatively recently, training in critical appraisal skills has focussed on the needs of healthcare practitioners, providers, decision-makers and researchers. As such, a substantial amount of the written reports available concerns medical decision-making and 'evidence-based medicine' (EBM). More recently, substantial methodological advances have been made in training other constituencies (such as consumers of healthcare) and in extending the principles involved to non-experimental and qualitative studies, in a variety of other disciplines (such as health promotion and education). Nonetheless, for Workshop participants unfamiliar with the origins of evidence-informed practice and the development of critical appraisal to evaluate the evidence involved therein, the articles listed below provide a place to start. Since all of the articles focus on medicine and/or healthcare, and do not cover the use of critical appraisal skills in other disciplines, they might best be read with a view to the application of the principles and approaches they describe to the more specific issue (of evaluating educational interventions for HIV prevention) addressed in these Workshops.

- Blettner, M., Heuer, C. and Razum, O., 2001, Critical reading of epidemiological papers. A guide. *European Journal of Public Health*, 11: 97-101
- Booth, A., 1997, Finding and evaluating sources of evidence: Nicotine replacement therapy as a case study. *Journal of Clinical Effectiveness*, 2(4): 113-116
- McColl, A., Smith, H., White, P. and Field, J., 1998, General practitioners' perceptions of the route to evidence based medicine: A questionnaire survey. *British Medical Journal*, 316:361-365\*
- Popay, J. and Williams, G., 1998, Qualitative research and evidence-based healthcare. *Journal of the Royal Society of Medicine*, 91(Suppl. 35):32-37
- Sackett, D.L. and Cook, R.J., 1994, Understanding clinical trails. *British Medical Journal*, 309:755-756\*
- Sackett, D.L., Rosenberg, W.M.C., Muir Gray, J.A., Haynes, R.B. and Richardson, W.S., 1996, Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312:71-72\*
- Sackett, D.L. and Wennberg, J.E., 1997, Choosing the best research design for each question. It's time to stop squabbling over the "best" methods. *British Medical Journal*, 315:1636\*
- Strauss, S.E. and Sackett, D.L., 1998, Getting research findings into practice: Using research findings in clinical practice. *British Medical Journal*, 317:339-342\*
- Vines, G., 1995, Is there a database in the house? *New Scientist*, 21 January: 14-15

\*These articles are available in full text format from: [www.bmj.com](http://www.bmj.com)

**Copies of the following Social Science Research Unit publications are available from the Unit in London. Please visit the centre's website at: <http://www.ioe.ac.uk/ssru/>**

- EPI Centre, 1996, *Promoting health after sifting the evidence. Phase one: Looking at the process evaluation of an anti-smoking project.* (Workshop Pack, January). London: EPI Centre
- EPI Centre, 1996, *Promoting health after sifting the evidence. Phase two: Looking at the outcome of a sex education programme.* (Workshop Pack, January). London: EPI Centre
- EPI Centre, 1996, *Promoting health after sifting the evidence. Phase four: Looking for the best evidence of effectiveness.* (Workshop Pack, February). London: EPI Centre
- EPI Centre, 1996, *Promoting health after sifting the evidence. Phase five: Learning from implementing a new intervention.* (Workshop Pack, March). London: EPI Centre
- EPI Centre, 1996, *Review of effectiveness of health promotion interventions for men who have sex with men.* London: EPI Centre
- EPI Centre, 1997, *Review of effectiveness of sexual health promotion interventions for young people.* London: EPI Centre
- EPI Centre, 1997, *Examples of lay involvement in research and development.* London: EPI Centre
- EPI Centre, 1999, *Effectiveness reviews in health promotion.* London: EPI Centre
- EPI Centre, 1999, *A review of the effectiveness and appropriateness of peer-delivered health promotion interventions for young people.* London: EPI Centre
- Oakley, A. and Fullerton, D., 1994, *Risk, knowledge and behaviour: HIV/AIDS education programmes and young people* (Report for North Thames Regional Health Authority). London: SSRU
- SSRU, 1994, *Review of effectiveness of workplace health promotion interventions* (A summary document Health Education Authority). London: SSRU
-

## Learning activities

Throughout this training manual, learning activities have been classified under four distinct headings: *Overview*, *Activity (individual, paired or small group)* and *Review* sessions and one-to-one *Surgeries*.

**Overview sessions** comprise presentations of theoretical and methodological issues by Workshop facilitators, which provide a background to, or framework for, contributions from participants. These sessions are intended to be clear, concise and succinct. If they're not... **participants should feel free to ask for clarification and to raise any questions they may have throughout the presentations!**

**Activity sessions** provide opportunities for participants and facilitators to reflect on their own experience and expertise, and to place the theoretical and methodological issues presented in *Overview* sessions within the context of their own day-to-day working environment(s). Some *Activity* sessions involve participants working on their own, either thinking through imaginary decision-making scenarios, reflecting on recent decisions they made at work ('*Individual activity*'), or practising dedicated skills (such as searching online electronic databases of research evidence). Others involve two participants or a participant and a facilitator working together to probe one another's experiences and views of the different stages involved in evidence-informed decision-making ('*Paired activity*').

Most *Individual* and *Paired activity* sessions will involve a combination of these activities with '*Small group activities*', in which four participants and one facilitator discuss specific aspects of evidence-informed decision-making and provide a summary of these discussions to share with other groups in the *Feedback* sessions that follow (see below). Within the participatory approach adopted by these Workshops, each member of the *Small group* should take it in turn to chair *Small group* discussions and, in a different session, to act as spokesperson for their group (taking notes and summarising these to present on behalf of their *Small group*). *Small group* sessions work best when everyone agrees a few basic ground rules, such as who should chair the group, who should take notes and act as spokesperson, and how best to ensure that everyone has a chance to contribute.

**Feedback sessions** provide an important mechanism for drawing together issues raised by participants, either from their *Individual* and *Paired activities* or from *Small group* sessions. *Feedback* sessions will be chaired by a Workshop facilitator, who will collate, summarise and respond to contributions from individual participants and/or presentations from *Small group* spokespersons who will, in turn, provide summaries of those points raised in their *group's* discussion. At the end of each day, a dedicated *Feedback* session will be provided for participants to comment on the content and format of the day's learning activities, and to offer suggestions for improving subsequent learning activities.

**One-on-one surgeries** will be available at the end of each day for any participants who would like to discuss any particular issue or learning activity in greater depth with Workshop facilitators. Sufficient time has been allocated to ensure that every participant will have access to at least one 15 minute surgery every day or one 30 minute surgery every other day, while on those days when fewer participants request advice it should be possible to provide dedicated surgeries with individual participants lasting up to an hour.



## **FIRST HIVSA WORKSHOP**

## **DAY 1 – Schedule**

---

- 8.30am **Welcome**
- 8.40am **Session 1**  
*An overview of the critical appraisal skills Workshops*
- 9.00am **Session 2**  
*Introductions*
- 10.00am **Break for tea and coffee**
- 10.30am **Session 3**  
*Where do we look for information when making decisions?*
- 12.00noon **Break for lunch**
- 1.00pm **Session 3 (cont.)**  
*Where do we look for information when making decisions?*
- 2.00pm **Break for tea and coffee**
- 2.30pm **Session 4**  
*Information as evidence – types of written information*
- 3.30pm **Feedback on the first day of the Workshop**
- 4.00pm **One-to-one surgeries and private study**
- 7.00pm **Dinner**
-

**Workshop 1: What evidence do we need and how do we find it?**

8.30am **Welcome to the Department of Anthropology and Development Studies**

## **DAY 1 – Session 1**

8.40am **An overview of the critical appraisal skills Workshops**

- 1.1 Aims:**
- (i) To locate the Workshops in the context of critical appraisal skills training
  - (ii) To summarise the learning activities planned for the Workshops
  - (iii) To encourage and facilitate contributions from participants

**1.2 Overview:**

- ‘Critical appraisal skills training’ grew out of the need to strengthen the ability of practitioners, providers, policy-makers, users and researchers to identify, evaluate and summarise information for ‘evidence-informed decision-making’ – that is, **decisions based on the most appropriate and most accurate information available.**
- The Workshops provide a framework within which critical appraisal skills will be **adapted, applied and disseminated** to improve decision-making in the **design, application and evaluation** of educational interventions for HIV prevention in southern Africa.
- The first Workshop will focus on deconstructing the decision-making process, **identifying areas of uncertainty**, selecting the most appropriate type(s) of evidence required to address different sources of uncertainty, and **designing efficient strategies for accessing appropriate information.**
- The second Workshop will introduce techniques for extracting and summarising (ie **‘keywording’**) and evaluating (i.e. **‘appraising’**) the information provided by different sources of evidence.
- The third Workshop will involve integrating summaries of appraised evidence into a variety of formats (i.e. **‘syntheses’**) for use in evidence-informed decision-making by practitioners, providers, policy-makers, users and/or researchers.
- All three Workshops will make use of **facilitator-led and participant-centred** learning activities (such as succinct overviews, small group discussions, practical sessions and periods of private study, both within and between the Workshops themselves).
- Through these activities **participants will contribute to the design, content and dissemination, of a web-based archive and dedicated review** of evidence.
- Involving Workshop **participants as partners**, in adapting and applying critical appraisal skills training, **explicitly recognises the important contribution that their expertise and experience can make** to the format and content of both the training itself, and the substantive review undertaken as part of the training programme.

## **Workshop 1: What evidence do we need and how do we find it?**

- Wherever possible, the training team aim to **accommodate** the needs and aspirations of different participants, by adapting the format and content of the learning activities provided. To this end, the Workshops will provide regular opportunities for participants to **raise questions** and **offer suggestions** concerning Workshop topics and activities.
- Successful Workshops of this nature require participants and facilitators alike to adhere to three fundamental principles: **respecting** the rights of others to hold and contribute **different points of view**; respecting the **confidentiality** of views and experiences offered by others; and approaching differences of opinion in a **constructive** manner, as challenges to consensus rather than barriers to participation.

## **DAY 1 – Session 2**

### **9.00am Introductions**

- 2.1 Aims:**
- (i) To introduce participants and facilitators to one another
  - (ii) To establish the range of experience and expertise
  - (iii) To identify differing expectations of the Workshop(s)

**2.2 Individual activity:** [corresponds with worksheet 1a below]

2.2.1 To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, use the form provided to make a note of:

- (i) what you hope to gain from attending the first Workshop; and
- (ii) any misgivings you might have about its content or learning activities.

If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not.

2.2.2 Place your form in the envelope provided, seal it and sign across the seal. The envelope will stay sealed until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshops managed to address these.

2.2.3 You do not have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. If not, there will be other opportunities every day of the Workshop to suggest topics you would like to discuss or changes to the way learning activities are presented which will help us to meet your needs.

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 1a [corresponds with section 2.2]

**WHAT DO YOU HOPE TO GAIN FROM THE FIRST WORKSHOP?**

To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, make a note of: (i) what you hope to gain from attending the first Workshop; and (ii) any misgivings you might have about the information or learning activities this will contain. If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not. These forms will be placed in a **sealed envelope** until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshops managed to address these. You do **not** have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. If not, there will be other opportunities every day of the Workshop to suggest **topics** you would like to discuss or **changes** to the way learning activities are presented which will help us to meet your needs.

**What do you hope to gain from attending the first Workshop?**

**What misgivings or concerns do you have about the first Workshop?**

## **Workshop 1: What evidence do we need and how do we find it?**

### **2.3 Paired activity:** [corresponds with worksheet 1b below]

- 2.3.1 Participants and facilitators pair up with one other participant or facilitator (ideally someone they had not met before coming to the Workshop) and prepare themselves to introduce their partner to the rest of the group.
- 2.3.2 Spend 10-15 minutes asking one another about your **background** and **current work** activities – focussing on your interests in and activities related to education, health and/or HIV/AIDS.
- 2.3.3 Finally, ask each other whether they would be prepared to share **one hope** and **one concern** about the Workshop with other participants.
- 2.3.4 Practice **listening** to your partner, and take brief notes on the form provided so that you can accurately and faithfully represent them when introducing them to the rest of the group.

### **2.4 Feedback:**

- 2.4.1 Participants and facilitators take it in turn to introduce their partner to the rest of the group.
- 2.4.2 A brief overview of the experience and expertise of Workshop participants and facilitators, and the hopes and concerns they would like to share.
- 2.4.3 What challenges might different expertise and different expectations pose, and what opportunities might these differences provide?

10.00am      **Break for tea and coffee**

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 1b [corresponds with section 2.3]

**INTRODUCTIONS**

**Who are you introducing?** \_\_\_\_\_

**Background (focus on education, health and/or HIV/AIDS):**

**Current activities (focus on education, health and/or HIV/AIDS):**

**One hope for the workshop:**

**One concern about the workshop:**

## DAY 1 – Session 3

### 10.30am Where do we look for information when making decisions?

- 3.1 Aims:**
- (i) To map the range of different sources of information available
  - (ii) To examine preferences for different sources of information
  - (iii) To consider the limitations of different sources of information

### 3.2 Overview:

- Information comes in all shapes and sizes, and there are many different **sources** of information we can consult to help us make a decision. Yet these different sources of information essentially come in one of four different **forms**:
  - (i) Accounts of **others' observations, experiences or beliefs**, in the form of:
    - (a) **Verbal** recollections;
    - (b) **Written** material (increasingly available in **electronic** formats); and
    - (c) **Audio-visual** (radio, television and film) presentations; and
  - (ii) **Knowledge** based on our own personal observations, experiences and beliefs (including those based on the verbal, written or audio-visual accounts of others);
- Some decisions are easier to make than others, particularly when we **believe** we already have sufficient **knowledge** to make a decision (...even if we don't!).
- Other decisions are more difficult because we are not **confident** we have sufficient **knowledge** (...even if we do!).
- When faced with difficult decisions we may feel the need to consult with friends, family or colleagues, and may even seek professional advice (in one form or another), *either* to improve our **confidence** *or* to improve the information on which our **knowledge** is based.
- **Confidence** is therefore critical to the decision-making process, because it determines the information we are prepared to accept as sufficient to make a decision – whether that information comes in the **form** of own existing **knowledge** or in one or other of the different **forms** of information provided by others.
- To improve our ability to make decisions, it is worth **reflecting** on the various sources of information we consult, and examining **why we place more confidence in some sources, and some forms, of evidence than in others**.

### 3.3 Individual activity: [corresponds with worksheet 1c below]

#### 3.3.1 Consider the following scenario:

“The Education Department in each of your country’s local provinces has been invited to submit a proposal for additional funding (up to \$1500 per secondary school teacher) to provide up-to-date training in HIV/AIDS education. The proposals

**Workshop 1: What evidence do we need and how do we find it?**

are to be compiled by each school's head teacher, in consultation with their staff, local healthcare practitioners and representatives of community organisations.

**The proposals must contain a detailed justification for the funds requested as well as an explanation of why the proposed training was chosen.**

Officials at the Provincial Education Department have been instructed to select the best proposal they receive and to forward this, together with the reasons for their recommendation, to the Ministry of Education who must, in turn, select the best proposal as a pilot project, funded jointly by the Finance Ministry and an international charitable trust. The trust has invited proposals from locally-based research organisations to evaluate the feasibility and potential success of the pilot project prior to funding."

- 3.3.2 **Drawing on your own experience and expertise**, adopt the role of one of the various constituencies involved in drawing up, selecting **or** evaluating these proposals. For example, you might adopt the role of educational practitioner or healthcare professional contributing suggestions to your local school's proposal. Alternatively, you might adopt the role of a Provincial Education Department official or research consultant involved in selecting or evaluating the proposals submitted.
- 3.3.3 Using the form provided (Day 1, Worksheet 1c), write down the role you have adopted and spend ten to fifteen minutes reflecting on and writing down **all the different sources of information you might hope to consult** to inform what to include in your proposal **or** how to select or evaluate a proposal for funding as a pilot project.
- 3.3.4 Which of the various sources of information would you find **most difficult or time consuming** to access in reaching a decision quickly?
- 3.3.5 Which source of information would you probably find the **most helpful** and which would you probably find the **least helpful**?
- 3.3.6 Briefly make a note of **why** you made the choices in 3.3.4 and 3.3.5 above.

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 1c [corresponds with sections 3.3]

**WHAT DO WE EXPERIENCE AS 'EVIDENCE'?**

Role adopted: \_\_\_\_\_

List all the different sources of information **you could possibly consult** to inform what to include in the proposal or which types of proposal to select or evaluate for funding as a pilot project:

---

---

---

---

---

---

Which of the various sources of information would you find **most difficult or time consuming** to access in reaching a decision quickly?

Which would you probably find the **least useful**?

Which source of information would you find **most useful**?

Briefly explain **why** you would find this helpful:

---

---

## **Workshop 1: What evidence do we need and how do we find it?**

### **3.4 Small group activity:**

Break up into three small groups (of 4 participants and one facilitator each) and agree the ground rules for facilitating discussion and participation. Select one participant to chair your group's discussions and another to act as spokesperson (taking notes of the points raised and summarising these for presentation during the Feedback session).

#### **3.4.1 Sources of information:**

- (i) Introduce yourself to your small group in the role you have adopted and describe all of the different sources of information you thought you might draw on when deciding what to include in your proposal, **or** how to select or evaluate a proposal for funding as a pilot project.
- (ii) Once everyone has described the different sources of information, ask the small group spokesperson to run through the list they have made to make sure they have recorded everyone's sources.
- (iii) Briefly discuss whether there might be additional sources of information you might not have considered. Ask the spokesperson to record any additional suggestions.

#### **3.4.2 Preferred sources of information:**

- (iv) Take it in turns to present to your small group which of the different sources of information you felt would be the most difficult to access in reaching a decision quickly, which you would probably find the least useful, and which you might find the most helpful. In each instance, briefly explain why you made these choices.
- (v) Make sure everyone has had a chance to present their choices before discussing the following questions:
  - (a) What are the barriers to **accessing** different sources of information?
  - (b) What are the differences between helpful and unhelpful sources of information?
- (vi) If there is time, reflect on how the role each participant adopted may have influenced the barriers they identified and their (least and most) preferred sources of information?
- (vii) Before breaking for lunch, ask the spokesperson to make a list of any issues you or other participants in your small group would have liked more time to discuss.

12.00noon **Break for lunch**

Workshop 1: What evidence do we need and how do we find it?

1.00pm **Session 3 (continued)**

**3.5 Feedback:**

3.5.1 Spokespersons present a summary of:

- (i) the **sources** of information chosen by members of their small group;
- (ii) the **barriers** to accessing particular sources of information; and
- (iii) the **differences** between **helpful** and **unhelpful** sources of information.

3.5.2 What are the characteristics of those sources of information which all participants (regardless of the roles they adopted) were more **confident** to use when deciding what to include in their proposals **or** how to select or evaluate a proposal for funding as a pilot project?

3.5.3 Was there greater confidence in particular **forms** of information than in others?

3.5.4 Did participants adopting different roles identify similar sources of information they felt would be difficult, unhelpful or particularly useful?

3.5.5 Spokespersons present a summary of issues that participants would have liked more time to discuss.

2.00pm **Break for tea and coffee**

**DAY 1 – Session 4**

2.30pm **Information as evidence - different types of written evidence**

- 4.1 Aims:**
- (i) To review the barriers to accessing **useful** and **useable** information.
  - (ii) To develop a framework for different **types** of written information.
  - (iii) To assess the **(dis)advantages** of different types of written information

**4.2 Overview:**

*Barriers to useful and useable information:*

- The barriers to information within any given context are determined by the three S's: **the Subject, the Staff, and the Setting**:
  - (i) The **Subject** determines which (and how much) information might be **directly or indirectly relevant**.
  - (ii) The training and experience of **Staff** determines their **existing knowledge**, their **confidence** and their **ability to access additional information**.
  - (iii) The resources available within the **Setting (staff expertise and information materials)** determine its capacity to provide access to additional information.
- For some subjects there is **very little** information (of *direct relevance* available), while for other subjects there is a **bewildering** array of different **sources, forms and types**.

### **Workshop 1: What evidence do we need and how do we find it?**

- Even **recently-trained** (or **experienced** staff) may not have extensive knowledge of **rare** or **unusual** subjects (or up-to-date knowledge of **new** or **recent** subjects).
- In the absence of recently-trained and/or experienced staff, the use of information to inform decision-making on any particular subject, depends upon the **resources available** (to provide access to additional information) in the **Setting** where they work.
- Staff working in **busy** or **under-resourced** settings (and those working on subjects requiring **urgent** attention) are **less** likely to have the **time** or the **facilities** required to access a variety of sources of additional information.
- But **even** for staff working in more **sedate** and **well-resourced** settings (and those working on **less urgent** subjects) there are **finite limits** on the amount of time available to access different sources of additional information.
- These barriers mean that even when the information required exists, and even when it is available within the settings concerned, it may not be available in the source which staff prefer to access – an up-to-date local ‘expert’ who can integrate the information they have with their experience of local circumstances and can explain things clearly.

#### *Different types of written information*

- Just as different **sources** of information come in a variety of different **forms**, so different forms of information come in a variety of different **types**.
- Different **types** of information serve different **purposes**.
- **Some types** are specifically designed to address many of the barriers staff face when accessing useful and useable information – providing **concise, up-to-date summaries** of **pertinent** and **reliable** information, with **clear guidelines** (or at least suggestions) for **adapting** this information for use in different **contexts**.
- The **confidence** we can have in such summaries will depend on three characteristics:
  - (i) The **types** of written (and other forms of) information **consulted** to compile such summaries.
  - (ii) The **approach** used to **identify, evaluate** and **summarise** the information consulted.
  - (iii) The **extent** to which **all available** written (and/or other forms of) evidence were considered.
  - (iv) The **date** the summary was produced.
- It is easier to assess the value of summaries that describe these three characteristics.
- Without this additional information (on what forms of information were consulted and how these were summarised) our confidence will depend on our **confidence** in the **source** of the **summary** itself.

#### **4.3 Small group activity:** [corresponds with worksheet 1d below]

Break up into three small groups (of 4 participants and one facilitator each) and agree the ground rules for facilitating discussion and participation. Select one participant to chair your group’s discussions and another to act as spokesperson

**Workshop 1: What evidence do we need and how do we find it?**

(on this occasion they will only be taking notes of the points raised so that these can be distributed to participants at the end of the small group activity – there won't be a feedback session after this small group activity).

- 4.3.1 Each small group will be provided with a variety of different types of written information – distribute these around the participants so that each has **one** piece of written information.
- 4.3.2 Using the form provided (Day 1, worksheet 1d), briefly examine the following characteristics of your piece of written information:
- (i) How long is it?
  - (ii) Does it appear to contain information from one or more than one account (of observations, attitudes or beliefs)?
  - (iii) If it appears to contain information from more than one account, does it appear to contain any information on how these accounts were:
    - (a) identified; (b) evaluated; or (c) summarised?
  - (iv) If it appears to contain information from just one account, does this account appear to describe:
    - (a) observations; (b) attitudes; and/or (c) beliefs?

**Note: This a difficult task to do without reading each piece of written information all the way through, but see what you can find out within the time available**

- 4.3.3 Make a note of any advantages or disadvantages of the type of written information you have examined, and **one** additional characteristic you would like to know about the way it was compiled to be **more** confident that it was useful and/or useable.
- 4.3.4 Once every participant has finished examining their piece of written information, take it in turns to describe each of the characteristics you have found.
- 4.3.5 Ask the Workshop facilitator to let you know how your piece of written information might be described.
- 4.3.6 If there is time, discuss the advantages and disadvantages of different types of written information, and the additional characteristic each participant would like to know to improve their confidence that these were useful and/or useable.
- 4.3.7 Before breaking for tea and coffee, ask the spokesperson to make a list of any issues you or other participants in your small group would have liked more time to discuss.

3.30pm **Break for feedback on the first day of the Workshop**

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 1d [corresponds with sections 4.3]

**WHAT DO WE EXPERIENCE AS 'EVIDENCE'?**

How long is it (how many pages)?

Does it appear to contain information from more than one account (of observations, attitudes or beliefs): YES or NO?

**If no, move to the next box. If yes,** does it appear to contain any information on how these accounts were:

- (a) Identified: YES or NO?
- (b) Evaluated: YES or NO?
- (c) Summarised: YES or NO?

If it appears to contain information from just one account, does this account appear to describe:

- (a) Observations: YES or NO?
- (b) Attitudes: YES or NO?
- (c) Beliefs: YES or NO?

Think of **two** advantages of this piece of written information:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Think of **two** disadvantages of this piece of written information:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Think of **one** additional characteristic you would like to know about the way the account was compiled to be **more** confident that it was useful and/or useable:

**Workshop 1: What evidence do we need and how do we find it?**

**FEEDBACK SESSION**

To provide an opportunity for participants to assess whether the first day of the first Workshop has helped to address their hopes and concerns, please answer the following questions, and place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop).

You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

## **DAY 2 – Schedule**

---

- 8.30am **Session 1**  
*Defining your question*
- 10.00am **Break for tea and coffee**
- 10.30am **Session 2**  
*Understanding descriptive and experimental ‘methodologies’,  
and data collection ‘techniques’*
- 12.00noon **Break for lunch**
- 1.00pm **Session 3**  
*Matching questions with appropriate methodologies and data  
collection techniques*
- 2.00pm **Break for tea and coffee**
- 2.30pm **Session 4**  
*Synthesis of:*  
(i) *Defining questions and*  
(ii) *Understanding ‘methodologies’ and ‘techniques’*
- 3.30pm **Feedback on the second day of the Workshop**
- 4.00pm **One-to-one surgeries and private study**
- 7.00pm **Dinner**
-

## **DAY 2 – Session 1**

### 8.30 am **Defining your question**

- 1.1 Aims:**
- (i) To identify the range of participants' decision-making roles
  - (ii) To illustrate the purpose of identifying questions
  - (iii) To practice turning decision-making scenarios into questions

### **1.2 Overview:**

- Yesterday we discussed different **sources** and **forms** of information, and how information became '**evidence**' when it was pertinent and appropriate to the decisions we were trying to make.
- Differing professional roles necessitate different types of decision-making around issues relating to education, health care and evaluation in the field of HIV/AIDS.
- Decision-making or problem-solving scenarios where additional information is required could be the result of:
  - (i) **knowledge gaps**;
  - (ii) a **sense of unease** or **uncertainty** about best practice; or
  - (iii) **unsubstantiated certainty** – where a practice is done (and may always have been done) in a certain way, but there is no evidence to support this.
- There is a **continuum**, that ranges from '**unsubstantiated certainty**' to '**evidence-based certainty**', along which the confidence in making a decision or carrying out an action can be marked.
- The shift to evidence-based decision-making involves moving from the position of an '**expert**' (who is '**presumed to know, and claims to do so, regardless of their uncertainty**') to a '**reflective decision-maker**' (who is '**prepared to learn with and from consumers, and from evidence provided by others in their field**').
- Most decision-making situations require **answers quickly**. Rather than conducting **primary studies** (generating **first-hand accounts**) of the evidence we require, most of us will want to base, at least a proportion of, our decisions on evidence (often **written** evidence) that has been developed by **other** people. This form of evidence is often available more quickly and cheaply (than other forms of evidence), **but it is still important that we have confidence in this evidence**.
- To access the evidence needed to inform our decisions, we need to be clear about the **nature of the decision** we want to make and the **sorts of question(s)** we need or want to answer.
- **Wording the question(s) carefully** should give us the **terms** to help us **search** in the most **appropriate sources** for the most relevant **types** of evidence.
- **Wording a question** requires carefully considering the decision at hand:
  - (i) **who is involved** (the 'population');
  - (ii) **what processes** or **events** might be considered (the 'intervention'); and
  - (iii) **what results** are you interested in achieving (the 'outcomes')?

## **Workshop 1: What evidence do we need and how do we find it?**

### **1.3 Individual Activity:** [corresponds with worksheet 2a below]

- Spend 15 minutes thinking of **(up to) three scenarios** that have occurred in your working life where a decision (or problem) **required additional information** (evidence) before a decision could be reached (or a solution identified).
- Ideally these should be related to your previous experience in the education, health and/or HIV/AIDS.
- If you cannot think of examples that have occurred in the past, you can create a scenario which you imagine might occur in your place of work in the future.
  - (i) Write down **at least one** (and up to three) **scenarios**
  - (ii) Where were these scenarios located on the **certainty continuum**?
  - (iii) What do you think were the **questions** that needed to be answered to help a decision to be reached?
  - (iv) **Choose** which of your scenarios you would like to share with your small group – it may be the **one that troubled you most**, is **most important** to you or was **most representative** of the kinds of decisions you are faced with in your job.

### **1.4 Small group Activity:** [corresponds with worksheet 2b below]

- 1.4.1 Break up into 3 small groups. Select a chairperson and spokesperson as before.
- 1.4.2 Each member of the group should share **one** of their decision-making scenarios with the others.
- 1.4.3 After listening to all of the scenarios, **consider as a group the possible questions that arise from each of the scenarios** in turn.
- 1.4.4 Having discussed all of the possible questions identified by the group, each participant should identify **one or two key questions**: these are questions which would have been **most helpful** in leading them to the **evidence** required to inform their decision.
- 1.4.5 Were there any similarities in the decision-making scenarios chosen by the group?
- 1.4.6 What challenges were encountered in turning the scenarios into questions?

### **1.5 Feedback:**

- 1.5.1 The spokesperson from each small group will present a short summary of the range of issues that were brought to the group as scenarios.
- 1.5.2 A list of the key questions identified by the participants from the group should be handed in to the facilitators, as they will be used in Session 3.

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 2a [corresponds with section 1.3]

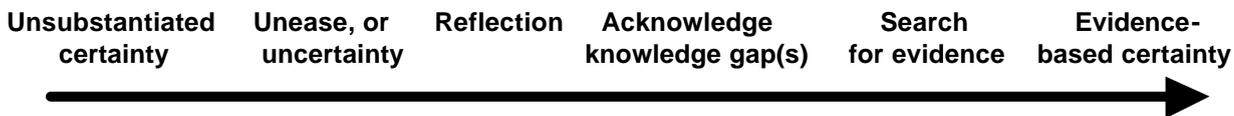
**DEFINING YOUR QUESTION (PART 1)**

**Individual Activity**

Think of (up to) three scenarios that have occurred at work where a decision (or problem) **required evidence**. Ideally these should be related to your previous experience in health, education or HIV/AIDS. If you cannot think of examples that have occurred in the past, create a scenario that you imagine might occur at work in the future.

1. Write down at least one (and up to three) scenarios

2. Where were these scenarios placed on the certainty continuum?



3. What do you think were the Key questions that needed to be answered to help a decision to be reached?

4. Choose which of your scenarios you would like to share with the small group. It may be the one that troubled you most, is most important to you or was most representative of the kinds of decisions you are faced with in your job.

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 2b [corresponds with section 1.4]

**DESIGNING YOUR QUESTION (PART 2)**

**Small group activity**

Having discussed all of the possible questions identified by the group, each participant should identify one or two **key questions** which would have been most helpful in leading them to the evidence that could have informed their decision in the scenario.

**Please list the main questions from your group:**

**Workshop 1: What evidence do we need and how do we find it?**

10.00am **Break for Tea and Coffee**

## **DAY 2 - Session 2**

10.30am **Understanding descriptive and experimental methodologies, qualitative and quantitative data collection techniques**

### **2.2.1 Overview: – Source, form, type, content, subject and method**

- We have already discussed in some detail the many different **sources** of information, the different **forms** that these can take, and (for written materials) the various **types** (or formats) these can be presented in.
- **Source, form, and type** influence the accessibility, and to some extent the amount, of information contained – its **usability**.
- The **content** may also influence whether the information is **useable** (particularly if the reader is unfamiliar with the terminology used), but more importantly, the **content** determines whether the information is **relevant, pertinent and accurate** – its **usefulness**.
- Like any other form of information, the **content** of written material comprises an **account** of **observations, experiences and/or beliefs**.
- The **content** of written material is therefore determined by :
  - (i) The **subject** matter or topic addressed.
  - (ii) The **methods** used to compile the **account(s)**.
- The **relevance** and **pertinence** of the **subject** matter is obviously critical to the **usefulness** of any account (written or otherwise) to each decision-making process (although the relevance of what appear to be unrelated **subjects** may become apparent once a decision-making process has been framed **as a number of different questions**).
- In contrast, it is less clear how the **methods** used to compile these **accounts** (i.e. to collect, assess and interpret **observations, experiences and/or beliefs**) influences their usefulness.
- Yet the **methods** used determine whether the **content of the account(s)** provide accurate and appropriate answers to different types of question we might ask. Put simply, **different questions require different methods**.

## Workshop 1: What evidence do we need and how do we find it?

### 2.2.2 Overview: – descriptive vs experimental, qualitative vs quantitative

- In the social *and* biomedical sciences, methods can be divided into two distinct categories:
  - (i) **Descriptive** – e.g. what do people know, believe and/or do?
  - (ii) **Experimental** – e.g. what happens if we change something?
- **Descriptive** methods provide information on people, contexts and processes or events **without attempting to change these** (although we need to be aware that conducting observations to collect such information may influence what we observe!).
- **Experimental** methods provide information on how changing one or more characteristic of: **people's** knowledge, beliefs, behaviour or biology; or a **context, process** or **event** alters these (and/or other) characteristics.
- In addressing some sorts of questions, a combination of **descriptive** and **experimental** methods may be helpful – for example: (a) to **describe** what sorts of **experimental** changes might be possible, acceptable or useful; or (b) to **describe** the process(es) involved in any **experimental** change.
- In **descriptive, experimental** (and a **combination** of these) methods, there are two different sorts of **techniques** that can be used to collect information on the various characteristics of the people, contexts, processes or events observed:
  - (i) **Qualitative** – *themes* and *patterns* that cannot be statistically analysed
  - (ii) **Quantitative** – *numbers* that can be statistically analysed
- **Qualitative** techniques include: semi-structured in-depth interviews, focus group discussions and observations.
- **Quantitative** techniques include: classifying and counting the *frequency* of characteristics, phenomena or events; or using a variety of different tools to *measure* the nature or extent of particular characteristics.
- While **descriptive** methods can involve either of these techniques, *most experimental* methods *only* use **quantitative** techniques.

### 2.2.3 Overview: – appropriate designs using descriptive methods

- There are two key issues that need to be addressed by accounts that draw on descriptive methods:
  - (i) Does the account include an appropriate **sample** of the people, contexts, processes or events it seeks to describe?
  - (ii) Does the account use the most appropriate (qualitative or quantitative) **techniques** to observe or describe those characteristics of the people, contexts, processes or events it seeks to describe?

## **Workshop 1: What evidence do we need and how do we find it?**

### *Sample*

- The design of the sample (or ‘sampling frame’ used to obtain the sample) should reflect the range and diversity of the people, contexts, processes or events it seeks to describe. There are many different types of sample design:
  - (i) A sample of **one** (such as a ‘case study’) might be appropriate for an in-depth description of a particular person, context, process or event.
  - (ii) A **small sample of ‘cases’** which are known to differ along pre-defined characteristics (such as the ‘purposive samples’ used by qualitative techniques) might be appropriate to explore the range of characteristics within particular sorts of people, contexts, processes and events.
  - (iii) A **proportion of all** such people, contexts, processes or events (particularly when the sampling technique used ensures a ‘**representative sample**’, such as ‘random sampling’ which aims to ensure an **equal** or random **chance** of being included in the sample) might be appropriate to assess the distribution of particular characteristics while avoiding the time and costs involved in including all of them.
  - (iv) A **complete sample** of all such people, contexts, processes or events (such as a ‘**census**’ or an ‘**audit**’) might be appropriate when it is difficult to achieve a ‘representative’ sample or when it is important to be certain of the distribution of particular characteristics.

### *Data collection techniques*

- The techniques used to examine a particular characteristic for people, contexts, processes or events, must be capable of faithfully describing the characteristic involved.
- Qualitative techniques are generally considered the most appropriate approach for exploring characteristics that are difficult to count or measure, or for probing behind numbers.
- Quantitative techniques are generally preferred for those characteristics that can be counted or measured, because they *appear* easier to apply, and *appear* easier to interpret using statistical techniques.

*In practice, many descriptive accounts use a combination of different **sampling strategies** and **data collection techniques**.*

#### **2.2.4 Overview: – appropriate designs using experimental methods**

- There are two key issues that need to be addressed by accounts that draw on experimental methods, i.e. those that set out to examine **what** happens **if** you change one (or more) characteristic(s) of: **people**’s knowledge, beliefs, behaviour or biology; or a **context, process** or **event**:

**Workshop 1: What evidence do we need and how do we find it?**

- (i) Does the account include an additional sample of people, contexts, processes or events to which no **deliberate** (that is, '**experimental**') changes are/were applied? – the '**control**'
  - (ii) Does the account contain sufficient information on the selection or characteristics of these two samples to ensure that they provide a basis for comparison? – the '**matched control**'
- Establishing whether changing one (or more) characteristic(s) influences these (and/or other) characteristics, requires comparing one sample (of people, contexts, processes or events) in which a change is **deliberately** (that is '**experimentally**' applied) with another sample in which no such change is *deliberately* applied.
  - But any subsequent differences between these two samples will only be attributable to the change that was **deliberately** (that is '**experimentally**') applied **IF** the two samples comprised people, contexts, processes or events that were similar in other relevant respects, **before and during** the period in which the change was applied.
  - There are various strategies for ensuring comparability:
    - (i) Collecting information that is capable of establishing that both samples had a similar distribution of pertinent characteristics **before the change was applied**.
    - (ii) Collecting information to allow the deliberate allocation of the (**experimental**) change to two (or more) samples of people, contexts, processes or events that have a similar distribution of pertinent characteristics (as in '**stratified allocation**').
    - (iii) Allocating the change applied in such a way that people, contexts, processes or events have **an equal chance** of receiving the change (as in '**random allocation**').
  - Two additional safeguards are often employed so that the **act of applying a change and studying or experiencing this (as opposed to the change itself)** is responsible for any subsequent differences between the two samples:
    - (i) Comparing the allocation of a '**real**' change with the allocation of a '**fake**' change – a '**placebo**'
    - (ii) Ensuring that neither the people, contexts, processes or events, or those observing them, know who received a real or a fake change until the end of the **experiment** – '**masking**' or '**blinding**'
  - Finally, additional statistical techniques are required to ensure that the **numbers included in each of the samples** are sufficient to reduce the possibility that any subsequent differences between the two are **unlikely** to have occurred by chance.

## **Workshop 1: What evidence do we need and how do we find it?**

### **2.2.5 Overview: – integrating descriptive and experimental methods**

- **Well-designed** experimental approaches are capable of **reducing the possibility** that any subsequent differences between the sample receiving a real change and the sample receiving a fake change, **were due to pre-existing differences** between the two samples (**or prior expectations** of the people, contexts, processes or events involved, or those observing them).
- Under these circumstances, **the absence of any subsequent differences** between the two samples is often taken to mean that the changes applied (at least to the particular samples of people, contexts, processes or events concerned) had **no 'effect'**.
- Unfortunately, there are **three** additional circumstances that can still **reduce our confidence** in such a conclusion:
  - (i) There **were pre-existing differences** in other (unknown, unmeasured or unmeasurable) characteristics between the two samples, which meant that they were not strictly comparable.
  - (ii) The sample allocated to receive the **real change did not receive it**.
  - (iii) The sample allocated to receive the **fake change did not receive it**.

**Accounts of observations that use a combination of methods can help us to understand why the intervention had 'no effect'**

12.00noon

### **Break for Lunch**

## **DAY 2 – Session 3**

1.00pm

### **Matching questions with appropriate methodologies**

#### **3.1 Aims:**

- (i) To recap on developing questions and recognising methodologies
- (ii) To further develop the skills required to recognise appropriate methodologies to evaluate specific questions.

#### **3.2 Paired Activity:** [corresponds with worksheet 2c below]

Examine the list of questions. As a pair, decide which kind(s) of methodologies and data collection techniques might be used to answer the questions most effectively. Using the form provided, write down the kind(s) of methodology you consider to be most appropriate.

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 2c [corresponds with section 3.2 and 3.3]

**MATCHING QUESTIONS WITH APPROPRIATE METHODOLOGIES**

Examine the following list of questions. As a pair, decide which kind(s) of methodologies (**descriptive** and/or **experimental**) and data collection techniques (**quantitative** and/or **qualitative**) might be useful to answer the questions **most appropriately**. Below each question, write down the kind(s) of methodologies and techniques **you** consider might be most appropriate.

1. What is the experience of being a long term survivor of AIDS?
2. Are schools an effective environment for providing sex education?
3. Is age at first sexual experience associated with the likelihood of developing HIV in later life?
4. Is parental HIV status associated with the sexual behaviour of their teenage children?
5. What do patients think about the opening hours of their local STD clinic?
6. What educational interventions have been effective in increasing condom use amongst migrant workers in southern Africa?

**Workshop 1: What evidence do we need and how do we find it?**

7. What is the impact of using different forms of contraception on the prevalence of STDs?
8. What are the ways in which the organisational culture of an STD clinic influences staff attitudes to, and treatment of, men presenting with symptoms of syphilis.
9. Is peer led sex education more effective than teacher led sex education in preventing pregnancy in secondary schools?
10. Understanding the barriers to implementing a new set of clinical guidelines.
11. If you introduce sex education in year one rather than year five does it improve the safe sexual behaviour of the students?
12. What are the barriers to condom use amongst teenage boys?
13. If condoms are distributed free of charge, what effect does this have on reported condom usage?
14. What factors influence the pregnancy rate amongst teenage girls?

## **Workshop 1: What evidence do we need and how do we find it?**

### **3.3 Feedback:**

- 3.3.1 Feedback will be solicited on the appropriate methodologies suggested for each question. Participants should raise any issues that require clarification.
- 3.3.2 What challenges do participants see in matching appropriate methodologies and data collection techniques with each of the questions?
- 3.3.2 What benefits might it provide to be able to carry out this exercise?

2.00pm **Break for Tea and Coffee**

## **DAY 2 – Session 4**

2.30 pm **Synthesis between *defining questions* and selecting the most appropriate *methodologies***

### **4.1 Aims:**

- (i) To practice and refine the process of **identifying key questions** and **selecting appropriate methodologies** for answering these questions.
- (ii) To explore a combination of methodologies (**descriptive** and/or **experimental**) and techniques (**quantitative** and/or **qualitative**) to provide the most appropriate answers to particular questions.
- (iii) To identify pertinent areas of decision-making uncertainty for possible inclusion in the Review.

### **4.2 Small group activity:** [corresponds with worksheet 2d below]

4.2.1 Break up into three small groups and consider the following scenario:

“In your role as a District Health manager, it has fallen to you to choose which HIV prevention/education programme should be implemented in the district’s primary health care clinics. A peer education programme has been running for 2 years in schools in the district and you are considering using a similar model in the clinics. “

“This would involve **training a number of lay educators** from the community who would **work alongside clinic nurses**, leading health education initiatives in the clinic waiting rooms. The **lay educators** would also be available to **discuss other health issues with patients**.”

“You must make a decision **within a month** about whether to implement this (or another) HIV prevention/education programme.”

## **Workshop 1: What evidence do we need and how do we find it?**

4.2.2 Your task is to identify **which questions you would want to have answers for** to enable you to **implement and evaluate** a programme. What would you need to know **first**? List **all the key questions** in order and the **methodologies** and **data collection techniques** you might use to answer each of these key questions.

4.2.3 To help you in this exercise, bear in mind that your boss, the Regional Manager, requires you to submit two reports:

- (i) In **one month**, a report to **justify your choice** of clinic-based HIV prevention/ education programme;
- (ii) In **one year**, a report which includes information on:
  - (a) the **impact** of the programme on the sexual health of clinic patients and the community as a whole;
  - (b) the **acceptability** of the programme to **clinic workers, lay workers and patients**;
  - (c) a **recommendation** as to whether in the following year you should **continue** the clinic based programme as it stands, whether (and how) to **modify** it, **or** whether to **scrap** it altogether.

4.2.4 If you have time you might also want to consider the following:

- (i) Is it **realistic** for the District Manager to carry out such an evaluation strategy?
- (ii) What are some of the **problems** that are likely to be encountered?

### **4.3 Feedback:**

4.3.1 A spokesperson from each small group will put up a flipchart plan and present their **evaluation strategy**, and the **methods** and **techniques** that they think will most appropriately provide the information required by the Regional Manager.

4.3.2 Spokespersons present a summary of issues that participants would have liked more time to discuss.

3.30 pm **Break for feedback on the second day of the Workshop**

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 2d [corresponds with sections 4.2 and 4.3]

**Scenario – Clinic-based Peer-led health education**

**Determine which key questions you need to implement and evaluate the peer-led programme.** List all the key questions and the information required to answer these – suggest which methodologies (*descriptive* and/or *experimental*) and observation technique(s) (*qualitative* and/or *quantitative*) you might use to answer each of these key questions in turn. **The Regional Manager requires you to submit two reports:**

- (i) At 1 month: to justify your choice of clinic-based HIV education programme.
- (ii) At 1 year to outline:
  - (a) the **impact** of the programme on the sexual health of the clinic users and the community;
  - (b) the **acceptability** of the programme to clinic workers, lay workers and patients;
  - (c) a **recommendation** as to whether in the following year you should continue the clinic based programme as it stands, whether to modify it, or whether to scrap it altogether.

Research Question to be asked:	Information needed for each question, and the appropriate methodologies(s) and technique(s) required:
1.	
2.	
3.	
4.	
5.	
Continue on a second sheet as necessary	

**Workshop 1: What evidence do we need and how do we find it?**

**FEEDBACK SESSION**

To provide an opportunity for you to assess whether the second day of the first Workshop has helped to address your hopes and concerns, please answer the following questions, and place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop).

You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today, that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

## **DAY 3 – Timetable**

---

8.30am **Session 1**

*Feedback on decision-making scenarios*

10.00am **Break for tea and coffee**

10.30am **Session 2 (part 1)**

*From Learning Scenario to Substantive Review*

10.40am **Session 2 (part 2)**

*Searching for information – finding evidence*

12.00noon **Break for lunch**

1.00pm **Session 3**

*Online databases of research evidence*

1.45pm **Break for tea and coffee**

2.15pm **Session 4 (part 1)**

*Online searching – getting started with PubMed*

3.30pm **Feedback on the first day of the Workshop**

4.00pm **Session 4 (part 2)**

*Online searching – advanced features of PubMed*

7.00pm **Dinner**

---

**Workshop 1: What evidence do we need and how do we find it?**

**DAY 3 – Session 1**

8.30am **Feedback on *decision-making* scenarios**

- 1.1 Aims:**
- (i) To share decision-making scenarios presented in Day 2 Session 1
  - (ii) To identify common areas of (un)certainty across participants' accounts
  - (iii) To discuss which types of evidence might help address these

**1.2 Feedback:**

1.2.1 Spokespersons from the three small groups (from Day 2, Session 1) which discussed the sorts of decision-making scenarios experienced by participants **in their own day-to-day decision-making activities**, feedback a summary of:

- (i) The specific **decisions** chosen by each participant in their group.
- (ii) The **key questions** identified by participants (which address their decisions).

1.2.2 Group discussion, **drawing on the experience and expertise of participants**, to identify:

- (i) Common (and unusual) areas of (un)certainty.
- (ii) The sources and types of evidence which might help address uncertainty.
- (iii) The **methodologies** (descriptive and/or experimental) and observation techniques (quantitative and/or qualitative) which **preferred** sources of evidence might be expected to contain.

1.2.3 Group discussion of themes common to the decision-making experiences of Workshop participants with differing priorities and differing needs, across different contexts and different sectors, within southern Africa.

1.2.4 Workshop facilitators will seek to consolidate question-framing skills and how these help to identify those types of written information whose content, methodological approaches (descriptive vs experimental) and data-collection techniques (quantitative vs qualitative) are most appropriate for addressing different sorts of questions.

10.00am **Break for tea and coffee**

## **DAY 3 – Session 2 (part 1)**

10.30am **From ‘learning scenario’ to ‘substantive review’**

- 2.1 Aims:**
- (i) To **briefly** review progress and look ahead to future workshop activities
  - (ii) To establish the range of questions pertinent to Workshop participants
  - (iii) To provide a basis on which to build the scope of the review

**2.2 Overview: – How far have we come and where do we go from here?**

### **Workshop objectives**

- The Workshops provide a framework in which practitioners, providers, policy-makers and researchers involved in the design, application and/or evaluation of educational interventions for HIV prevention in southern Africa can:
  - (i) develop and strengthen their critical appraisal skills for use in **evidence-informed decision-making**;
  - (ii) contribute to the design and content of **a web-based archive** for key-worded and critically-appraised evidence, and
  - (iii) participate in the design, content and dissemination of a substantive review of evidence to support evidence-informed decision-making.
- The first two days of the first workshop have considered:
  - (i) The various **sources** and **forms** of information available to support evidence-informed decision-making in the design, application and evaluation of educational interventions for HIV prevention in southern Africa; and
  - (ii) The **framing of questions within the decision-making process**, to identify what **types** of written evidence, and what sorts of (research) **methodologies** and **data collection techniques**, might best provide the appropriate information (as 'evidence') to answer these questions.
- The next three days of the workshop will comprise:
  - (i) Consolidating skills in identifying **key questions** and the most **appropriate types** of written information to inform **evidence-informed decision-making**;
  - (ii) Focussing on **one (or more) pertinent question(s)** around which to develop the scope for a substantive review of evidence;
  - (iii) Exploring the range of techniques required to **systematically search** for appropriate information for inclusion in the review, and in a searchable web-based archive of evidence relevant to HIV prevention in southern Africa.

## **Workshop 1: What evidence do we need and how do we find it?**

### *Looking ahead*

- The **substantive review** and **web-based archive** of relevant evidence will **draw on** the **experience** and **expertise** of Workshop participants to **identify local sources of information** and to locate this within the context of educational interventions for HIV prevention in southern Africa.
- The **second Workshop** will apply training in **critical appraisal skills** in the evaluation of information from southern Africa and its inclusion in both a web-based archive of appraised evidence and the substantive review.
- The **third Workshop** will apply training in **synthesising** critically appraised information, to develop one or more formats for the review that are both accessible and appropriate to the needs of practitioners, providers, consumers and evaluators of educational interventions for HIV prevention in southern Africa.

## **DAY 3 – Session 2 (part 2)**

### 10.40am **Searching for information – finding evidence**

- 2.3 Aims:**
- (i) To outline the meaning of “systematic” searching
  - (ii) To present the pros and cons of searching online databases
  - (iii) To explore strategies for addressing the limitations of online databases

### **2.4 Overview:**

- What does it mean to search **systematically**?
- The aim of searching systematically is to find:
  - (i) the **best possible evidence**, by examining
  - (ii) as **many** sources as **possible**.
- A systematic search is one which (**at least in theory...**) uses a **predetermined** search strategy applied **equally** to **ALL** types of evidence.
- Systematic searching is **thoughtfully** planned, **carefully** executed and **accurately** recorded.
- An additional component of the searching methodologies developed to support systematic reviews, is that they are **transparent** and **explicit**, allowing a third party (someone other than the person doing the reviewing) to:
  - (i) clearly understand the possible limitations of the search; and
  - (ii) take such limitations into account when considering how confident they can be about the **inclusivity** of the sources consulted and/or included.
- A **transparent** and **explicit** approach also allows others to repeat or extend the review should they wish to. Yet, in reality, systematic search methods have only been developed for a small number of sources of evidence – those which are (or appear to be):

**Workshop 1: What evidence do we need and how do we find it?**

- (i) most easily **searched**; and
- (ii) most readily **accessed**.
- **Under ideal circumstances**, irrespective of our specific needs (for particular types of evidence on any particular topic) and irrespective of our circumstances, evidence-informed decision-making aims to include **every possible piece of evidence**, to ensure that our decision is as **well informed** (and as **balanced**) as possible.
- It is **usually** the case, however, that **limitations on time and resources** require us to **focus our search** for evidence within those sources that are available in an easily accessed format that reduces the time required.
- This is the principal reason why systematic reviews of “evidence” predominantly involve systematic reviews of **written** evidence, and insofar as this excludes non-written forms of evidence, such an approach is perhaps unfairly called “systematic”.
- Notwithstanding the inherent bias(es) associated with including **only** written evidence (and thereby **excluding** all other forms of evidence, however pertinent these might be), the consequences of this approach is that the only methodologies for “systematically” searching for “evidence”, are those that involve (certain) written forms.
- The most widespread approach involves searching electronic databases of **published** written material (either on mainframe computers, CD-ROM disks or, increasingly, through online databases).
- Such databases have several inherent limitations, such as:
  - (i) the selective inclusion of some, but not all, **available** sources of published material;
  - (ii) the exclusion of less “prestigious”, less well disseminated yet, often, more locally-relevant published material;
  - (iii) the exclusion of most types of unpublished and/or 'non-scientific' or 'non-academic' material;
  - (iv) the exclusion of material produced more than 30 to 40 years ago (which is often not included on contemporary electronic databases of written material);
  - (v) errors that occur in **copying** and **classifying** the **content** of material from different **media**, different **sources** (with non-compatible classificatory schemes) and across different **disciplines** (where 'search terms' may mean very different things).

## Workshop 1: What evidence do we need and how do we find it?

- Three strategies might help to address these, and other, limitations:
  - (i) hand-searching **key journals** to include material from excluded sources, to reduce the risk of omissions and errors in online database records, and/or to focus on sources in which there is most confidence (regardless of its presence in online databases...);
  - (ii) hand-searching **unpublished** and/or “**unpublishable**” material (which, in any case, rarely finds its way onto electronic databases of written material);
  - (iii) asking **experts** in the field (particularly researchers with experience of the literature, but also practitioners, providers, policy-makers, and consumers) for guidance on otherwise hidden material.
- The last of these strategies has also been applied to introduce the opinions, experiences and beliefs of experts into the reviewing process – a tentative start, perhaps, in introducing this source of evidence into review methodologies which, to-date, focus almost exclusively on written material.

### 2.5 Individual Activity: [corresponds to worksheet 3a below; and section 2.3 on Day 4]

- 2.5.1 Consider the key question: “**Who might be best placed to deliver educational messages for HIV prevention to adults?**”
- 2.5.2 Look through the contents pages of the issues of the influential journal, *Social Science and Medicine* and mark those articles you think might be **relevant sources of evidence**.
- 2.5.3 As you only have titles, make sure you carefully consider what the articles might **contain**. **As a tip**, you might want to be over-inclusive rather than overly-stringent, since you might be in a position to refine your selection at a later stage (for example, by consulting the abstracts of the articles you have chosen).
- 2.5.4 Having made your initial selection, **reflect on what criteria you applied in selecting some articles, and excluding others**. Can you think of the most **realistic** and **repeatable** strategy to apply to such a task, to ensure that others could follow the same approach and select **exactly** the same articles?
- 2.5.5 Finally, **reflect on the wording** of the titles of the articles you have selected and come up with **two** ideally worded articles (i.e. articles which you would **definitely** have included in those you selected to read in greater detail).

### 2.6 Small group activity:

- 2.6.1 Join with 4 other participants in a small group to compare the articles you chose to read in greater detail with those selected by other members of your small group. Are there substantial disagreements? What might be the **benefits** and **disadvantages** of being **over-inclusive** at this stage of your searching process? How might you agree a common strategy for selecting articles which you could:
  - (i) describe to someone reading your review?
  - (ii) be sure would result in the same articles being selected?

**Workshop 1: What evidence do we need and how do we find it?**

**2.6.2 Devote as much time as you can to discussing the final issue:** the wording of the title of an article which you (and others in your group) might be confident to include in any search on this topic you might conduct.

**2.7 Feedback:**

2.7.1 Small group spokespersons present a summary focussing on the 'perfect' or 'ideal' titles which participants proposed (which they would always include in any hand search of the journal concerned).

2.7.2 Workshop facilitators will facilitate a group discussion on the development of "search terms" when selecting written materials for further examination prior to their inclusion (as evidence) in a systematic review.

2.7.3 As a group, participants and facilitators to suggest specific words, terms or phrases and discuss their relevance to peer-led sex education.

12.00noon **Break for lunch**

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 3a [corresponds with sections 2.5 and 2.6 as well as section 2.3 on Day 4]

**HAND-SEARCHING FOR PERTINENT MATERIAL**

**“Who might be best placed to deliver educational messages for HIV prevention to adults?”** Look through the contents pages of *Social Science and Medicine* below and mark those articles you think might be **relevant sources of evidence**. Distinguish between those: (a) you would **definitely** include; (b) **definitely NOT** include; and (c) you are not sure whether to or not. **Reflect on the criteria you applied in selecting articles** and compose **two** imaginary titles of articles you would **definitely** have included.

(a) Which of the articles would you **definitely** want to examine in greater detail to answer the question posed? (List their numbers below):

\_\_\_\_\_

(b) Which of the articles would you **definitely NOT** want to examine in greater detail to answer the question posed? (List their numbers below):

\_\_\_\_\_

(c) Which of the articles are you **not sure whether or not you might** want to examine in greater detail to answer the question posed? (List their numbers below):

Reflect on your choices (in (a), (b) and (c) above). What criteria did you use to select which articles to include and/or exclude?

\_\_\_\_\_

(continue overleaf if necessary)

Make up the titles of **two** perfectly-titled articles you would always choose to include:

1: \_\_\_\_\_

\_\_\_\_\_

2: \_\_\_\_\_

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 3a (continued)

**Social Science and Medicine titles (1997) Vol 45: issues 1-2.**

**Number 1**

1. Conventions, ethics and laws in journal publishing
2. Morbidity and Irish Catholic descent in Britain: an ethnic and religious minority 150 years on
3. HIV infected women: barriers to AZT use
4. Negotiating spaces in home environments: older women living with arthritis
5. Young doctors' health - I. How do working conditions affect attitudes, health and performance?
6. Young doctors' health -II. Health and health behaviour
7. The status of genetic material and genetic information in The Netherlands
8. Ownership of genetic material and information
9. World War 1 origins of the syphilis epidemic among 20th century black Americans: a bio-historical analysis
10. Boreholes and the vanishing of guinea worm disease in Ghana's Upper Region
11. Lay injection practices among migrant farm workers in the age of AIDS: evolution of a biomedical folk practice
12. Life stories and shared experience

**Number 2**

13. Is non-metropolitan residence a risk factor for poor birth outcome in the US?
14. Medication, chronic illness and identity: the perspective of people with asthma
15. Health care and consumer choice: medical and alternative therapies
16. Socio-economic inequity in health care: a study of services in Curacao
17. Quality of life: a dynamic construct
18. Sex differences in physical symptoms: the contribution of symptom perception theory
19. Population growth, poverty and health
20. Appropriateness in health care. Application to prescribing
21. Migrancy, masculine identities and AIDS: the psychosocial context of HIV transmission on the South African gold mines
22. Cleaning the womb: constructions of cervical screening and womb cancer among rural Black women in South Africa
23. Head injury rehabilitation in the UK: an economic perspective

***Social Science and Medicine* titles (1997) Vol 45: issues 3-4.**

**Number 3**

24. Staying single in the 1990s: single-handed practitioners in the new National Health Service
25. Health sector reform: lessons from China
26. From lineage to conjugality: the social context of fertility decisions among the Pare of Northern Tanzania
27. Consumerism, reflexivity and the medical encounter
28. Age specific education and income gradients in morbidity and mortality in a Canadian province
29. Socio-economic inequality and psychopathology: are socio-economic status and social class interchangeable
30. Prediction of psychological adjustment to multiple sclerosis
31. Anxiety and patient participation in clinical decision-making: the case of patients with ureteral calculi
32. Back pain claim rates and the business cycle
33. The modern mental health system in Nepal: organisational persistence in the absence of legitimating myths
34. An unruly melange? Co-ordinating external resources to the health sector: a review

**Number 4**

35. Managed care pharmacy, socio-economic assessments and drug adoption decisions
36. Hospital pharmacy decisions, cost containment, and the use of cost-effectiveness analysis
37. Pharmacy benefit management, cost-effectiveness analysis and drug formulary decisions
38. The Oregon experiment: the role of cost-benefit analysis in the allocation of Medicaid funds
39. Making economic evaluations respectable
40. Australian economic evaluation and government decisions on pharmaceuticals, compared to assessment of other health technologies
41. Economic evaluation under managed competition: evidence from the UK
42. Economic evaluation of medical technologies in Sweden
43. Economic evaluation in support of national health policy: the case of The Netherlands

## DAY 3 – Session 3

### 1:00pm      **Searching online databases**

#### 3.1 Aims:

- (i) To introduce the PubMed online database
- (ii) To identify keywords for searching using electronic databases
- (iii) To develop searching skills using database MeSH search terms
- (iv) To introduce pearl growing as a means to identify further information

#### 3.2 An introduction to PubMed:

3.2.1 PubMed is a free on-line database of research literature, provided by the American National Library of Medicine. It incorporates the medical research literature database, Medline, and includes references from over 4000 journals, with over 11 million citations. It can be found at:

**<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>**

3.2.2 The website includes a comprehensive 'HELP' manual as well as an online Tutorial. We will not specifically be using either of these options in the course of this training, but can recommend them if you are interested in knowing more about how the database works.

3.2.3 For a quick way of finding the site go to [www.bmj.com](http://www.bmj.com) and follow the link to PubMed.

3.2.4 Note that the database uses American spellings for categories, but these may differ from the (British) spelling of words in titles of articles and reports indexed in the database.

#### 3.3 AND, OR and NOT: Boolean Logic

3.3.1 When entering terms into the search box, you can define the relationship between them: For example, you want articles on sex education or HIV prevention but not in schools. Similarly you may want to combine the results of previous searches. The database uses the Boolean logic terms AND, OR and NOT to allow you to define these. The above example could be entered as: ("*Sex education OR HIV prevention*) *NOT* schools". Boolean logic symbolically represents relationships between entities.

3.3.2 **AND** – Use the AND operator to retrieve a set in which each citation contains all the search terms. This operator places no condition on where the terms are found in relation to one another; the terms simply have to appear somewhere in the same citation.

3.3.3 **OR** – Use the OR operator to retrieve documents that contain at least one of the specified search terms. Use OR when you want to pull together articles on similar subjects.

## **Workshop 1: What evidence do we need and how do we find it?**

3.3.4 **NOT** – Use the NOT operator to exclude the retrieval of terms from your search. Be careful when using this operator as you may eliminate relevant articles.

3.3.5 **PubMed processes Boolean logic using the following search rules and syntax:**

- (i) Boolean operators: AND, OR, and NOT, must be entered in **UPPERCASE**.
- (ii) PubMed processes Boolean connectors in a **left-to-right** sequence.
- (iii) You can change the order in which PubMed processes a search statement by enclosing, that is 'nesting', an individual concept in parentheses. The terms inside the parentheses will be processed as a unit and then incorporated into the overall strategy. For example, "hiv **AND** (*education OR prevention*)" will firstly search for articles either on education or prevention, and then select those which are also about HIV.

### **3.4 Stopwords, truncation, authors and phrases**

3.4.1 **Stopwords** – PubMed also refers to a list of commonly found words that are referred to as "stopwords." Stopwords are words that, if indexed, could potentially return every document in the database if the word was used in a search statement. Consequently, commonly found words are not indexed and PubMed will ignore them.

3.4.2 **Truncation** – Truncation can be used when you want PubMed to find all terms that begin with a given text string. Truncation is represented by the asterisk (\*), sometimes referred to as a 'wildcard'. For example, let's say you are trying to search all terms that have the root, 'teach'. If you search "**teach\***" PubMed will retrieve words such as teach, teacher, teaching, etc.

3.4.1 **Author Searching** – The format for author searching is **last name plus initials**. For example, PubMed will automatically truncate the author's name to account for varying initials. eg if you search for **Wood K**, it will also pick up Wood KB, Wood KS etc. To turn off automatic truncation of an author's name, surround the name with double quotes and use the [au] tag. In particular, if you are searching with last name only, be sure to use the [au] tag, ie "**Wood [au]**"

3.4.2 **Searching for Phrases** – If you want to search for a particular phrase you must type it within quotation marks. This ensures that the database only searches for references containing this complete phrase and not each word individually, for example "**sexually transmitted diseases**".

### **3.5 Identifying keywords using 'ideal titles'**

3.5.1 Suppose you want to find literature to help you answer the following question: "**Who is best placed to deliver educational messages for HIV prevention to adults?**" As a group we will think of around 5 'ideal titles' and from them identify keywords with which we will search the database. Add the search terms we have chosen in the grid below. Later in the afternoon you will be able to record how many references we found for each of the keywords. Please bring this sheet to the computer lab with you.

**Workshop 1: What evidence do we need and how do we find it?**

3.5.2 Try each keyword in PubMed and record the number of articles you find for each. Finally, combine all of the keywords using the AND option. Record how many hits you find. Skim through the titles and decide how many of these really do appear to be useful.

	search terms	number of hits
keyword 1		
keyword 2		
keyword 3		
keyword 4		
keyword 5		
keyword 6		
keyword 7		
keyword 8		
keyword 9		
keyword 10		
combined keywords		hits: useful?: /20

**3.6 Searching using MeSH search terms**

3.6.1 PubMed allows us to search using Medical Subject headings or 'MeSH terms'. Try working through the following example to practice using these terms.

3.6.2 Using a search for evidence on the effectiveness of health education interventions to promote sexual health on PUBMED as an example.

**(<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>)**

3.6.3 Many on-line databases use subject headings to catalogue each article or report. Each article will be catalogued under one (or more) main subject heading(s) and often, also allocated to subheadings within these.

3.6.4 On PubMed these are known as **Medical Subject Headings or MeSH terms**.

**Workshop 1: What evidence do we need and how do we find it?**

- 3.6.5 Before you begin the task, click on **history** on the main search bar, and click on **clear history**.
- 3.6.6 On the main PubMed search bar click on the **clear** button to clear previous search terms.
- 3.6.7 Select the MeSH browser from the menu on the left of the screen - this will allow you to search using their headings (firstly their main headings, known as MeSH terms, and then under their subheadings.)
- 3.6.8 Enter **aids** and click on **go** (the screen will give a definition of the term, as it is used in the database).
- 3.6.9 You can add this term as a whole to the main PubMed search using the **add** button (the Boolean terms allow you to include this term as part of a larger PubMed search).
- 3.6.10 Select **detailed display** (this will show you the subheadings available to narrow your search), by clicking on any of the boxes you can modify the MeSH term which you can then add to the main PubMed Search by using the **add** button as above.
- 3.6.11 Tick the prevention and control box.
- 3.6.12 Click the **add** button.
- 3.6.13 The PubMed search box which now appears should contain exactly the words: "Acquired Immunodeficiency Syndrome/prevention and control"[MESH].
- 3.6.14 click on the **PubMed Search** button.
- 3.6.15 This search will now run a PubMed search.

**You have now run the first of the 9 searches outlined overleaf. Return to the MeSH Browser and run the searches on the following page. Using the same steps outlined in 1-7 above. (NB do NOT clear your search History). When all references included in a main subject heading are of interest to you, do not select any of the subheadings. Merely add the main MeSH term to the PubMed search by clicking on the **add** button.**

**Systematic Search using MeSH terms**

#1	acquired immunodeficiency syndrome	prevention and control
#2	hiv infections	prevention and control
#3	condoms	all references
#4	pregnancy in adolescence	all references
#5	health education	all references
#6	knowledge attitudes practice	all references
#7*	#1 OR #2 OR #3 OR #4 OR #5 OR #6	

## Workshop 1: What evidence do we need and how do we find it?

- (i) \*For search #7 first click on the **history** box of the main PUBMED search bar.
- (ii) Type in the instructions #1 OR #2 OR #3 OR #4 OR 5# OR #6
- (iii) Click **Go**
- (iv) Click on **History** again

**Note:** You should (?) have 97701 hits. If you click on this number it will list the references you have found.

### 3.7 Pearl growing: Finding further evidence using a report you have already identified.

3.7.1 You want to address the following question: **What approaches are successful in promoting young peoples sexual health?** You already have the following research article and you would like to find more like it.

Oakley A, Fullerton D, Holland J, Arnold S, France-Dawson M, Kelley P, McGrellis S. Sexual health education interventions for young people: a methodological review. BMJ. 1995

3.7.2 **Pearl growing** is the idea that if you already know where in the library, or on a database, this report is stored, you should be able to find others like it.

3.7.3 When searching online databases you can look to see what labels are applied to the report you already have (**which terms are allocated to describe it**), and then, using these terms, run a search to see what else is categorised in the same way.

3.7.4 As an illustration of this try working through the following example.

- (i) Identify the above article on PubMed
- (ii) From the **display** option, select **citation**, and click on **display**. If you scroll down to the bottom of the page you will see the MeSH terms used to catalogue this article.

3.7.5 Make a note of the MeSH terms used.

3.7.6 Try searching using each of these terms and record the number of citations you find for each MeSH term.

3.7.7 Try using the **history** function as before, to combine your searches with these terms.

3.7.8 Consider the advantages and disadvantages of this approach.

3.50pm **Break for feedback on the third day of the Workshop**

4.00pm **Optional additional computer time**

**Workshop 1: What evidence do we need and how do we find it?**

**DAY 3 – Feedback Session**

To provide an opportunity for participants to assess whether the third day of the first Workshop has helped to address their hopes and concerns, please answer the following questions, and place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop).

You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today, that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

**Workshop 1: What evidence do we need and how do we find it?**

**Additional background reading: Finding Research - Systematic Searching**

**Publications relevant to finding research for systematic reviews**

Cooper H, Ribble RG. Influences on the outcome of literature searches for integrative research reviews. *Knowledge* 1989; **10**: 179-201.

Dickersin K, Scherer R, Lefebvre C. Identifying relevant studies for systematic reviews. In: *Systematic Reviews* | Chalmers, D Altman (Eds). London: BMJ, 1995.

Dickersin K, Chan S, Chalmers TC, Sacks HS, Smith H, Jr. Publication bias and clinical trials. *Controlled Clinical Trials* 1987; **8**: 343-353.

Harden A, Peersman G, Oliver S, Oakley A Identifying primary research on electronic databases to inform decision-making in health promotion: the case of sexual health promotion. *Health Education Journal*, 58: 290-301, 1999.

Harden A Finding research evidence: systematic searching. In Oliver S, Peersman G (Eds) *Using Research for Effective Health Promotion*. Buckingham: Open University Press. In Press. (enclosed in searching pack)

Joswick, KE. Getting the most from PsycLIT: Recommendations for searching PsycLIT. *Teaching of Psychology* 1994; **21**: 49-53.

Oliver S, Peersman G, Harden A, Oakley A. Discrepancies in findings from effectiveness reviews: the case of health promotion for older people. *Health Education Journal* 1999; **58**: 77-88.

Peersman G, Harden A, Oliver S, Oakey A. *Effectiveness Reviews in Health Promotion*. London: EPPICentre, Social Science Research Unit, 1999.

Peersman G, Harden A, Oliver S, Oakley A. Effectiveness reviews in health promotion: different methods, different recommendations. *Health Education Journal* 1999 58:192-202

Reed J, Baxter P. Using reference databases. In: Cooper H, Hedges L. (eds.) *The Handbook of Research Synthesis*. New York: Russell Sage Foundation, 1994: 58-66.



## **DAY 4 – Schedule**

---

8.30am **Session 1**

*Formulating our Review question*

10.00am **Break for tea and coffee**

10.30am **Session 2**

*Feedback session on hand- and expert-searching*

12.00noon **Break for lunch and group photograph**

1.00pm **Session 3**

*Systematic searching methods for on-line databases*

1.45pm **Break for tea and coffee**

2.00pm **Session 4**

*Developing computer searching skills*

*An introduction to ERIC*

7.00pm **Dinner**

---

## Workshop 1: What evidence do we need and how do we find it?

### DAY 4 - Session 1

#### 10.30am **Formulating (y)our Review question**

- 1.1 Aims:**
- (i) To identify priority questions to Workshop participants
  - (ii) To establish the preliminary scope of the Workshop's Review
  - (iii) To discuss the integration of *particular* participants' interests

#### **1.2 Overview:**

- This project is committed to producing a **systematic review** that is **relevant to participants' work** and **developed in partnership** with them. This approach to selecting a question based on the priorities of the participant team will be developed throughout this session.

#### **1.3 Small group Activity:** [corresponds to worksheet 4a below]

- 1.3.1 Break up into 3 small groups. Select chair and spokesperson.
- 1.3.2 Each participant will be given a copy of the list of questions that were developed from their decision-making scenarios (developed on DAY 2; discussed on DAY 3).
- 1.3.3 As a group, brainstorm areas of interest about **educational interventions for HIV prevention in southern Africa**. What would be the most interesting and helpful questions to have answers for? Use the list of questions developed from participants' scenarios as a starting point – are any of these questions of primary importance to your group?
- 1.3.4 Together decide a list of three aspects of educational interventions for HIV prevention in southern Africa that MOST interest the members of your group.
- 1.3.5 Please list the ONE question that would be of interest to all members of your group. This should be a question that it would help you in your work to have an answer to.

#### **2.5 Feedback:**

- 2.5.1 A spokesperson from each small group will present the list of three aspects of educational interventions for HIV prevention in southern Africa that most interested the members of their group, and the one question developed by the group.
- 2.5.2 Workshop facilitators will facilitate the integration and discussion of questions chosen by small groups.

#### 10.00am **Break for Tea and Coffee**

**Workshop 1: What evidence do we need and how do we find it?**

**An anonymised selection of participants' questions from individual scenarios (during DAY 2 – Session 1)**

1. How can we approach government officials to convince them to allow both HIV education and the distribution of condoms in prison?
2. Should we use a grade-specific or age specific lifeskills – HIV education programme for primary schools in historically marginalized settings?
3. Who is the best person to bridge the gap between parents and children so that parents are encouraged to answer children's questions about sex?
4. Will teachers or peer-educators have the most impact when teaching HIV education to children?
5. Which of 3 programme options:
  - (i) health workers for change;
  - (ii) sexual rights training for women; or
  - (iii) a combination of the abovewill be most effective in impacting on women's health-seeking decision-making behaviour?
6. What is the most appropriate HIV education programme for:
  - (i) Unskilled;
  - (ii) Semi skilled; and
  - (iii) Skilled work forces?
7. How can we best integrate HIV/AIDS activities into the existing programmes of my organisation?
8. How best can we deliver protection messages without speaking about condoms or doing condom demonstrations?
9. Do we accept the proposed change of strategy in the provision of HIV education to teachers – training all teachers in the shortest time using the cascade method?
10. What should be the priority in relation to HIV/AIDS in education –
  - (i) addressing teachers as people affected by HIV/AIDS; or
  - (ii) teachers as AIDS educators?
11. How can we introduce HIV issues into existing primary school literacy materials and in-service teacher training?
12. What is the best way to facilitate the introduction of a new programme to provide out-of-hours STD clinics in border areas?

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 4a [corresponds with sections 1.3 and 1.4]

**Formulating your Review Question**

As a group, brainstorm areas of interest about *educational interventions for HIV prevention in southern Africa*. What would be the most interesting and helpful questions to have answers for? Use the list of questions developed from participants' scenarios as a starting point – are any of these questions of primary importance to your group?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

List three aspects of education interventions for HIV prevention in southern Africa that MOST interest the members of your group:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list the one question that would be of **interest to all** members of your group. This should be a question that it **would help you** to have an answer to.

## DAY 4 - Session 2

### 10.30am Addressing the limitations of online databases

#### 2.1 Aims:

- (i) To learn to search unpublished sources in a systematic way
- (ii) To outline methods of identifying unpublished or non-referenced materials

#### 2.2 Overview:

##### *Experts*

- There are **two main reasons for approaching experts** when looking for information:
  - (i) They might **know of relevant literature** that you can read.
  - (ii) They can offer advice based on **their own experience and knowledge**.
- You might consider approaching either key **individuals** or key **organisations**
- **Contact details** for these individuals and organisations are often available in the written material they have produced (academic articles, “unpublished” reports and guidelines), and through the world-wide web.
- Authors of systematic reviews increasingly write to individuals and organisations with particular expertise in the subject of their review, to ask for advice on pertinent materials to include. Unfortunately, although such experts **can be** rich sources of information and advice, many do not have time to reply in detail, if at all. For a handful of the ‘most expert’ experts, it can be worthwhile arranging an appointment to discuss these issues in person or on the phone.

##### *Hand-searching*

- **Hand-searching**, is a very simple and very effective **means of selecting articles**. It involves looking through a journal, report, or book and picking out relevant reports. It can be far more time consuming than searching on-line databases, but is **important in the following three situations**:
  - (i) When you are **short of time** and only have one or two journals, books, or series of reports available to you. In these instances, looking at contents pages for particular words, perhaps limiting yourself to most recent editions, is most efficient.
  - (ii) When you **want to include local materials** that are not included in on-line databases, hand searching is necessary.
  - (iii) When you **need to or are determined to** identify **all possible** articles relevant to your question's topic. It is often the aim of those producing systematic reviews of literature to produce the best possible synthesis in order to provide the most comprehensive summary of research conclusions. In this case, hand-searching is important as it can include grey literature not included in on-line

## Workshop 1: What evidence do we need and how do we find it?

databases, and because there are errors in the catalogues of on-line databases and you will often be able to pick out references that don't come up on an electronic search.

**The following task corresponds with worksheet 3a on Day 3. It also links to sections 2.5 and 2.6 on Day 3.**

**2.3 Small group activity:** [corresponds with worksheet 3a on Day 3, Session 3; and with sections 2.5 and 2.6 on Day 3]

2.3.1 Break up into three small groups of 4 participants each. Appoint a chair and spokesperson for your group.

2.3.2 Compare the lists of 'expert' informants (people **and** organisations) you would hope to consult for advice on pertinent written accounts related to the question posed – “Who might be best placed to deliver educational messages for HIV prevention to adults?”

2.3.3 Discuss:

- (i) How you might identify and/or contact the people and organisations concerned (**remember** the discussion about the difficulty of consulting government officials)
- (ii) If your group could only choose **one** (type of) **person** and **one organisation** – who/which would you choose?

2.3.4 Compare the lists of articles (from the contents pages of *Social Science and Medicine*) which each participant chose during Day 3, Session 3 yesterday. Ask the spokesperson to identify articles which all four participants would:

- (i) **Definitely** choose to examine (as a potential source of evidence to include when addressing the question posed);
- (ii) **Definitely NOT** choose to examine (because the articles' titles were clearly irrelevant); and
- (iii) Might need to **examine further** (perhaps looking at the abstract, summary or methods sections) before deciding whether to include it or not... in practice this is something that applies to **all the articles you have examined**.

## 2.4 Feedback:

2.4.1 Spokespersons from each small group feedback to the Workshop participants.

2.4.2 Workshop facilitators lead group discussion on hand- and expert-searching.

12.00noon **Break for Lunch**

## **DAY 4 – Session 3**

1.00pm **Systematic searching methods for on-line databases**

### **3.1 Aims:**

- (i) To reflect on Day 3's computer searching session
- (ii) To introduce the EPPI Centre's systematic searching methods
- (iii) To introduce databases of systematic reviews

### **3.2 Overview:**

- **Systematic reviewers** have developed methodologies for accessing **comprehensive bodies of literature** to enable them to produce a **synthesis of all available information** on that topic.
- Understanding these methodologies is important should you wish to carry out a systematic review yourself, or indeed build on a previous review.
- It is also relevant to those who wish to access existing reviews to allow them to make a judgement of how much confidence to place in the review's findings.
- For those of us who wish to obtain **relevant systematic reviews** to inform our decision-making a number of databases now exist – either **on-line or via CD-ROM** disks.

1.45pm **Break for Tea and Coffee**

## **DAY 4 – Session 4**

2.15 pm **Developing computer searching skills**

### **4.1 Aims:**

- (i) To introduce participants to ERIC, an educational on-line database.
- (ii) To demonstrate accessing systematic review sites

### **4.2 An introduction to Eric:** [corresponds with worksheet 4b below]

4.2.1 Eric is a free online educational database. It claims to be the world's largest source of educational information, with more than 1 million abstracts of documents and journal articles on educational research and practice.

4.2.2 Eric can be found at:

**<http://askeric.org/Eric/>**

**Workshop 1: What evidence do we need and how do we find it?**

4.2.3 Like PubMed, ERIC includes a comprehensive 'Searching Assistance' section, as well as the option to 'Ask an ERIC expert'. We will not specifically be using either of these options in the course of this training, but can recommend them if you are interested in knowing more about how the database works.

**4.3 An introduction to systematic review sites:**

4.3.1 A number of websites allow you access to systematic reviews. In a similar way to databases of primary research, these allow you to search under topic headings and many also allow you access to the full text of published reviews.

4.3.2 The following table lists seven of these sites with details of how to access them, how to search, and the advantages and disadvantages of each website. We will be visiting some of these sites this afternoon, but please also feel free to explore them further in your own time.



Workshop 1: What evidence do we need and how do we find it?

**Summary of sources of quality assessed and synthesised research evidence\* [corresponds with section 4.3]**

	Source	Scope	Access details	How to search	Advantages /disadvantages
<b>Quality assessed and synthesised research evidence</b>					
<i>Examples of searchable databases</i>					
1	The Cochrane Database of Systematic Reviews	All areas of healthcare; systematic reviews	By subscription to the Cochrane Library for access to full reviews; bibliographic details searchable via the NHS Centre for Reviews and Dissemination (University of York) website (see below)	*Using MeSH terms from MEDLINE or free-text'. Relevant terms for health promotion include ADD	<b>Advantages/ Disadvantages</b> *Evidence in the reviews is already critically appraised and synthesised  *Some provide access to the full review (Cochrane Library and DARE)
2	Database of Reviews of Effectiveness (DARE)**	All areas of healthcare; systematic reviews	Searchable via the NHS Centre for Reviews and Dissemination (University of York) website <a href="http://agatha.york.ac.uk">http://agatha.york.ac.uk</a>	*Using MeSH terms from MEDLINE (e.g. 'Health-Promotion', 'HIV-Prevention') or 'free-text'. For terms relevant to health promotion see above.	*All reviews meet a minimum standard of quality (Cochrane Library and DARE) or those of a higher quality are easily identifiable (EPPI-Centre Register of Reviews of Effectiveness)  *Controlled vocabulary of Cochrane Library and DARE rely on Medical Subject Headings (MeSH) which may make it more difficult to find review relevant to health promotion/public health
3	The EPPI-Centre** Register of Reviews of Effectiveness in Health Promotion	Health promotion/ public health focus; systematic and non-systematic reviews	<a href="http://eppi.ioe.ac.uk">http://eppi.ioe.ac.uk</a>	*Using a health promotion-specific controlled vocabulary. Each entry is coded according to topic area (e.g. accidents, healthy eating); population group (e.g. young people, children); type of review (e.g. systematic review, meta-analysis); and methodological attributes of review (e.g. methods of searching given)	*EPPI-Centre Register of Reviews of Effectiveness is specific to health promotion and uses health promotion specific controlled vocabulary for easy retrieval

Workshop 1: What evidence do we need and how do we find it?

	Source	Scope	Access details	How to search	Advantages /disadvantages
<b>Quality assessed and synthesised research evidence</b>					
<i>Examples of the websites of agencies which have carried out systematic reviews</i>					
4	Public Health Effectiveness Project	Health promotion/ public health focus; systematic reviews	<a href="http://www.health.hamilton-went.on.ca/CSARB/EPHPP/ephpp.htm">http://www.health.hamilton-went.on.ca/CSARB/EPHPP/ephpp.htm</a>	*By scanning the titles of completed reviews/summaries of reviews	<b>Advantages/ Disadvantages</b>  *Evidence in the reviews is already critically appraised and synthesised
5	Health Development Agency	Health promotion/ public health focus; systematic reviews	<a href="http://www.had-online.org.uk/html/research/evidencebase.html">http://www.had-online.org.uk/html/research/evidencebase.html</a>	*By scanning the titles of completed reviews/summaries of reviews	*Access to full review available on some sites
6	Health Evidence Bulletins - Wales	Health care in general; systematic reviews	<a href="http://hebw.uwcm.ac.uk/">http://hebw.uwcm.ac.uk/</a>	*By scanning the titles of completed reviews/summaries of reviews	*Some sites are not health promotion specific (HTA and Health Evidence Bulletins -Wales)
7	Health Technology Assessment (HTA) monographs	Health care in general; systematic reviews	<a href="http://www.hta.nhsweb.nhs.uk/">http://www.hta.nhsweb.nhs.uk/</a>	*By scanning the titles of completed reviews/summaries of reviews	

\*This table does not attempt to be a comprehensive listing of all sources of research relevant to health promotion but does try to give a comprehensive range of examples.

\*\* The EPPI-Centre and the NHS Centre for Reviews and Dissemination (University of York) also have searchable websites available of the reviews which these agencies have carried out. In some cases, access to the full review is available via these websites.

Developed from:

*Angela Harden* In: **Using Research Evidence for Effective Health Promotion**. Edited by Sandy Oliver and Greet Peersman. Open University Press, 2001.

*Evaluating educational interventions for HIV prevention in southern Africa*

**Workshop 1: What evidence do we need and how do we find it?**

**Workshop 1: What evidence do we need and how do we find it?**

WORKSHEET 4b [corresponds with section 4.2]

**GETTING TO KNOW YOUR WAY AROUND ERIC**

**1a** This is the name of an article: *The evolution of Peer Education: Where Do We Go From Here?*

Who are the authors?

**1b** From the title of the piece what questions do you think this article might be able to answer? Can you tell?

**2a** This is the name of an author: *Douglas Tonks*

What date was his book 'Teaching AIDS' published?

**2b** From the title of the book what questions do you think it might be able to answer? Can you tell?

**3a** This is an article: *How Women's and Men's conversational Styles Affect Who Gets Heard, Who Gets Credit, and What Gets Done at Work.*

Which year was it published?

**3b** From the title of the piece what questions do you think this article might be able to answer? Can you tell?

## **Workshop 1: What evidence do we need and how do we find it?**

### **4.4 Specific searches vs exhaustive searches**

4.4.1 Depending on the **purpose of your search** and the **constraints of time and resources**, you may want to find only a few very pertinent pieces of evidence (and therefore employ **a specific search strategy**), or you may want to find everything there is available on a particular topic (and therefore employ **an exhaustive search strategy**).

4.4.2 Tips for thinking about **how to increase the specificity of a search**, to focus more closely on the subject you're interested in:

- Can you limit the criteria of your search by date, to only look at recent publications or those produced in a certain year?
- Can you restrict your search by topic heading or by journal title; only searching articles grouped under a particular heading, or those published in particular journals.
- Can you restrict your search to particular study designs, for example only selecting randomized control trials.
- Can you restrict your search to the English language (or any other language relevant to you).

4.4.3 Tips for thinking about **how to increase the exhaustiveness of a search**, to include as many articles related to your topic as possible:

- Are 'free-text' terms (ie your own words) and 'controlled vocabulary' terms (ie allocated subject headings) both used in the search?
- Have all variations of the 'free-text' terms been used? (e.g. if you are interested in looking at the advantages of single sex classes for teaching, you would want to search 'single sex classes' , and also 'female only groups' and 'male only groups'.)
- Have you used too many limits (e.g. on date of publication) been applied to the search?
- Has the search been limited to a particular type of research?

3.50pm **Break for feedback on the fourth day of the Workshop**

4.00pm **Optional additional computer time**

**Workshop 1: What evidence do we need and how do we find it?**

**DAY 4 – Feedback Session**

To provide an opportunity for you to assess whether the fourth day of the first Workshop has helped to address your hopes and concerns, please answer the following questions, and place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop).

You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today, that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

**Workshop 1: What evidence do we need and how do we find it?**

## **DAY 5 – Schedule**

---

8.30am **Session 1**

*Focusing our Review question and Homework*

10.00am **Break for tea and coffee**

10.30am **Session 2**

*Using our pieces of evidence – Searching the world-wide web*

12.00noon **Break for lunch**

1.00pm **Session 3**

*Recap on what we've learned*

1.30pm **Evaluation and Feedback on the first Workshop**

2.45pm **Session 4**

*Optional recreational activities*

7.00pm **Dinner**

---

## DAY 5 – Session 1

8.30am **Review question**

- 1.1 Aims:**
- (i) To focus the review question proposed by Workshop participants
  - (ii) To identify appropriate sources and types of written evidence
  - (iii) To develop guidelines for the collection of locally-relevant evidence

**Note: There were two separate Groups of participants (Group A and Group B) attending each 5-day residential Workshop, held over two consecutive weeks. What follows relates to the somewhat different topics raised by both Groups.**

**1.2A Overview:** (from the first group of residential Workshop participants – Group A)

- Day 4's small group sessions identified three possible questions around which to frame the topic the substantive review:
  - (i) "What are the characteristics of training programmes that will ensure, or provide: *support, sustainability* and *ownership* amongst *providers, recipients* and *funders*?"
  - (ii) "Is peer-led education effective as a strategy for preventing HIV/AIDS in southern Africa (and how might different settings influence the effectiveness of peer-led education)?"
  - (iii) "What are the barriers to behaviour change in men after HIV/AIDS messages have been delivered?"
- These three questions cover a broad continuum of educational interventions for HIV prevention in southern Africa:
  - (i) Factors governing the **design** and **management** of training programmes for disseminating educational interventions from providers through professional and lay practitioners to the target population(s) concerned;
  - (ii) Factors governing the relative success (or otherwise) of lay/peer vs professional practitioners in the delivery of educational interventions; and
  - (iii) Factors governing the link between such educational interventions and subsequent behaviour in the population(s) concerned.
- Notwithstanding the emphasis on **educational interventions** explicit in the Workshop (and its explicit focus on **HIV prevention**), this continuum provides a clear framework within which to focus the topic (if not, at this stage, the precise question) addressed by the review:

**LAY PRACTITIONERS – HIV EDUCATION – SOUTHERN AFRICA – PROCESS**

## **Workshop 1: What evidence do we need and how do we find it?**

### *Lay practitioners*

- Reflecting on the discussions of Workshop participants, the interest in lay practitioners (including 'peer educators') is apparent from the principle of delivering interventions that are sensitive to the needs and experiences of the populations concerned – that is, interventions delivered through, and by, practitioners with an intimate knowledge of the barriers and constraints concerned.

### *Process*

- Reflecting on the discussions of Workshop participants, the interest in the *processes* through which educational interventions delivered by lay practitioners are developed, applied and sustained, **and** the processes through which lay practitioners (as opposed to professional practitioners) might deliver **effective** educational interventions is apparent – that is, a desire for greater understanding of the barriers facing the implementation, sustainability and (perceived) effectiveness of lay- (including peer-) delivered educational packages

### *Refining the focus of the review*

- While these *particular* interests provide a *framework* for the proposed review, and while the **precise questions** addressed within this framework need not be posed at this stage, it is important to acknowledge the practical constraints that such a broad overview enforces.
- How best might we limit the scope of the evidence consulted for inclusion in the review?
- This is a difficult question to address in the absence of detailed information on the volume of material available.
- However, the focus on **HIV education** and **southern Africa** does suggest that four preliminary inclusion criteria might be applicable to written material considered for the review:
  - (i) Only material describing information collected in SADC countries (although this should NOT exclude those that relate to SADC **and** non-SADC settings, those that only relate to non-SADC countries should be **excluded**);
  - (ii) Only material that includes reports relating to lay-practitioners (although this should NOT exclude those that relate to lay- **and** professional practitioners, those that only relate to non-lay-, that is professional, practitioners should be **excluded**);
  - (iii) Only material that concerns the delivery of sexual and/or reproductive health-related interventions (to ensure that interventions pertinent to the broader arena of HIV/AIDS prevention are not excluded);
  - (iv) Only material that was published up to 10 years ago (that is from 1<sup>st</sup> January 1991).

## **Workshop 1: What evidence do we need and how do we find it?**

### **1.2B Overview:** (from the second group of residential Workshop participants)

- Day 4's small group sessions identified **three possible questions** around which to frame the scope and topic of the substantive review which the Workshop programme intends to undertake, with Workshop participants, over the next few months:
  - (i) "How do southern African cultural beliefs and understandings of HIV/AIDS influence the outcomes and effectiveness of HIV interventions in southern Africa?"
  - (ii) "How do we integrate what works best in different settings in order to ensure successful collaboration (partnership and ownership) of HIV/AIDS education programmes in southern Africa?"
  - (iii) "How do we evaluate the appropriateness of an HIV education programme?"
- These three questions cover a variety of **processes** related to the **selection, adaptation, implementation**, and (ongoing) **evaluation** of educational interventions for HIV prevention in southern Africa:
  - (i) Factors governing the **prior knowledge, attitudes and beliefs of HIV and AIDS** (both as 'disease' and perhaps as 'social phenomenon') by **consumers** of educational interventions;
  - (ii) Factors related to the **organisational, institutional and/or community norms and values** which influence what types of educational interventions for HIV prevention are '**best**' to deliver, from the perspective of both consumers and **providers/practitioners in each specific setting**;
  - (iii) Factors which are both **important** and '**effective**' (in the sense that they are markers or indicators of successful programmes) to consider in the **evaluation** and **ongoing management** of educational interventions for HIV prevention in southern Africa.
- Notwithstanding the emphasis on **educational interventions** explicit to the Workshop's overall aims (and its *explicit focus* on **HIV prevention**), this continuum provides a clear framework within which to focus the scope and topic (if not, at this stage, the precise question) which might be addressed by the review:

## **'CULTURAL' DETERMINANTS – HIV EDUCATION – SOUTHERN AFRICA – PROCESS**

### *'Cultural' determinants*

- Reflecting on the discussions of Workshop participants, the interest in 'cultural determinants' is apparent from the principal of delivering interventions that are sensitive to the needs and experiences of the populations concerned **and** are appropriate to the contexts in which such interventions are delivered – that is,

## **Workshop 1: What evidence do we need and how do we find it?**

interventions chosen to specifically address both the **needs** (knowledge, attitudes and beliefs) of different consumer groups and the **related activities** of the organisations concerned.

**Note:** In reflecting on the problems associated with the use of specific terms (which often mean very different things to different people, from different disciplinary backgrounds and working in different institutional or sectoral settings) – problems which pose considerable challenges for multi-sectoral and multi-disciplinary workshops of this type – the Workshop facilitators would encourage participants to view ‘culture’ and ‘cultural differences’ in a structuralist sense: **to describe the social and organisational norms and values which influence both people’s beliefs and the opportunities available to them (either as providers, practitioners or consumers) to act upon the knowledge, support and guidance provided by the educational interventions.** This approach to the thorny idiom, ‘culture’, encourages us to consider social and institutional **barriers** to knowledge and behaviour change – rather than interpreting ‘values’ and ‘norms’ as discrete sociocultural entities (in an anthropological sense).

### *Process*

- Reflecting on the discussions of Workshop participants, the interest in the *processes* through which educational interventions might be **identified, adapted, implemented and evaluated** so as to address the specific needs of consumers **and** practitioners, is apparent – that is, a desire for greater understanding of the barriers facing the design, implementation, ‘integration’ and longer-term sustainability of educational interventions for HIV prevention **which take into account the social, cultural and institutional characteristics of the consumers and practitioners concerned.**

### *Refining the focus of the review*

- While these *particular* interests provide a *framework* for the proposed review, and while the **precise question** addressed within this framework **need not be posed at this stage**, it is important to acknowledge the practical constraints that such a broad overview enforces.
- How best might we **limit the scope** of the information consulted for possible inclusion in the review?
- This is a difficult question to address in the absence of detailed information on the absolute volume of material available.
- However, the focus on **HIV education** and **southern Africa** do suggest that four preliminary inclusion criteria might be applicable to written material considered for the review:
  - (i) Only material describing information collected in SADC countries (although this should NOT exclude those that relate to SADC **and** non-SADC settings, those that only relate to non-SADC countries should be **excluded**);
  - (ii) Only material that concerns the delivery of sexual and/or reproductive health-related messages (to ensure that evidence from interventions pertinent to the broader arena of HIV/AIDS prevention are **not** excluded);

### **Workshop 1: What evidence do we need and how do we find it?**

- (iii) Only material that was published up to 10 years ago (that is from 1<sup>st</sup> January 1991 – to provide a clear limit on both the **volume** and **temporal relevance** of the material consulted).
- (iv) Only material which addresses the broader **sociocultural** and **institutional** characteristics of the **consumers** and **providers/practitioners** involved (in the selection, adaptation, implementation and evaluation of educational interventions for HIV prevention in southern Africa) – to focus attention on the characteristics of consumers, providers and practitioners which might influence **what works best** (in terms of both **outcomes** and **implementation**).

### **1.3 Identifying locally relevant information**

- Throughout the Workshop the facilitators have stressed not only the huge variety of different **sources** of information and the different **forms** this can take but also the principle that **ALL information CAN BE INTERPRETED as evidence, provided it is applied to address a question for which the content and methodology** (of the piece of evidence concerned) **is appropriate**.
- Within the framework for the review outlined above, and in order to ensure that the written material collected at this stage of the review is sufficiently broad in scope and methodology, this will **not** require any particular focus on **content** and/or **methodology** – i.e. these need not be used to decide which materials to include or exclude **at this stage**.
- Instead, the precise scope of the review (the question(s) it seeks to address) will be determined by the actual **content** and **methodologies** of the material identified.
- Thus, material that describes accounts of information collected using different methodologies will be able to inform a number of different types of question:

#### *What is...? Questions*

- It will only be possible to answer these types of questions (which address the issue of the **content**, **extent**, and **nature** of the providers and consumers implementing, evaluating and/or experiencing the intervention – such as: “What are the organisational and sociocultural constraints to introducing HIV education into literacy support programmes?” or “What do practitioners in different organisational settings experience as the barriers to educational interventions on sexual health practices?” or “What is the association between cultural and religious beliefs and knowledge gained from educational interventions for HIV prevention?” – if the material identified contains one (or more) accounts of **descriptive** studies which use appropriate techniques (**qualitative** approaches for describing feelings, attitudes, beliefs and hitherto un-described or unknown experiences; **quantitative** approaches for describing the frequency with which a particular characteristic or phenomenon occurs within a given population, and the distribution of these amongst different groups within the populations concerned).

## **Workshop 1: What evidence do we need and how do we find it?**

### *What if...? Questions*

- It will only be possible to answer these types of questions (which address the issue of **effectiveness** – such as: “Are there some approaches for addressing the sociocultural and/or institutional constraints facing the integration of HIV messages existing activities which work better than others?”) if the material identified contains one (or more) account of an experimental study in which the **effect(s)** of delivering the intervention using alternative approaches is described amongst comparable institutions or populations of consumers and/or practitioners.

### *Critical appraisal*

- By critically examining the material identified (to assess both its **content** and the **methodologies** used therein) it will be possible to establish what **evidence** these contain, **AND** how confident we can be that the accounts provided are accurate.

## **1.4 Workshop participants, local networks and local information**

- To ensure that the written material included in the planned review makes good use of accounts conducted in the SADC region, based on events, interventions and populations (of consumers, practitioners **and** providers/policy makers), it is **essential that substantial efforts are made to identify sources of locally-produced information.**
- Workshop participants have specialist expertise and specialist knowledge of their own local settings – being familiar with the contexts, people and educational interventions therein.
- The Workshops therefore provide a unique opportunity to **scope for** appropriate written materials throughout the SADC region, and identify those sources that are not available elsewhere. Drawing on **these sources of information to inform the review has a number of benefits:**
  - (i) It ensures that future studies have a full understanding of what has gone before (particularly where the reports, magazines or professional/academic journals containing this information are **not indexed** on library or web-based databases):
  - (ii) It recognises the **contribution which locally-produced and locally-relevant studies** can make to adapting the guidelines produced in other settings (with different constraints, different populations and different types of interventions);
  - (iii) It addresses the **biases inherent to the academic process**, by which materials produced by and for **academic** enquiry (including a preponderance of “positive” results from “interesting” observations), within **the context of “Northern hemisphere” intellectual norms** are often employed as the only material consulted to generate practice guidelines.

### **Workshop 1: What evidence do we need and how do we find it?**

- Collecting locally-produced and locally-relevant information, might best be undertaken in two distinct phases:
  - (i) Identifying ALL possible locally-produced materials; and
  - (ii) Selecting ONLY those materials for detailed examination which might contain the information the review requires.

#### *Scoping for review materials:*

- Workshop participants might examine the materials available in their **own offices**, their **own institutions**, **neighbouring** and/or **affiliated institutions**, as well as those **recommended by local experts**, **research**, **survey** or **commercial institutions** **AND** **libraries** as well as **clearing houses** specialising in the collection and dissemination of locally-produced information.
- To provide the basis on which these materials can be selectively sampled, and full copies of any selected materials can be obtained for critical appraisal, Workshop participants should strive to collect **as much information about each piece of evidence** as they can.

10.00am **Break for Tea and Coffee**

## **DAY 5 – Session 2**

10.30am **Using our pieces of evidence – Searching the WWW**  
Computer-lab based searching for locally-relevant sources of information

12.00noon **Break for lunch**

## **DAY 5 – Session 3**

1.00pm **Overview of skills learnt and skills shared**

1.30pm **Evaluation and Feedback on the first Workshop**

2.45pm **Optional recreational activities**

**Workshop 1: What evidence do we need and how do we find it?**

**END OF FIRST WORKSHOP – EVALUATION FORM**

We would like to ask for your views on all the different aspects of Workshop 1. **Please be honest with us** – don't try to save our feelings! We need you to be clear with us about the things that you liked and the things that you didn't, so that we can make the next two workshops better for you!

**Overview sessions**

What did you think of the **overview sessions** (*where we outlined the various topics presented to Workshop participants?*) (circle one on each line)

Very helpful

Unhelpful

1

2

3

4

5

Too easy

Too difficult

1

2

3

4

5

Were there any things about the content of the **overview sessions** that you particularly liked?

Were there any things about the content of the **overview sessions** that you particularly disliked?

Do you have any suggestions for how we could make the content of the **overview sessions** better?

**Workshop 1: What evidence do we need and how do we find it?**

**Small group and individual activity sessions**

What did you think of the **small group/individual activities**? (circle one on each line)

Very helpful

Unhelpful

1

2

3

4

5

Too easy

Too difficult

1

2

3

4

5

Were there any of these sessions or tasks that you particularly liked?

Were there any sessions or tasks that you particularly disliked?

Do you have any suggestions for how we could make the **small group/individual activities** better?

**Workshop 1: What evidence do we need and how do we find it?**

**Computer sessions**

What did you think of the **computer sessions**? (circle one on each line)

Very helpful

Unhelpful

1

2

3

4

5

Too easy

Too difficult

1

2

3

4

5

Were there any things about the **computer sessions** that you particularly liked?

Were there any things about the **computer sessions** that you particularly disliked?

Do you have any suggestions for how we could make the **computer sessions** better?

**Workshop 1: What evidence do we need and how do we find it?**

**Learning materials**

What did you think of the **learning materials** (*background reading, task handouts and library materials*) that we provided?

Very helpful

1

2

3

4

Unhelpful

5

Too easy

1

2

3

4

Too difficult

5

Were there any **learning materials** that you found particularly useful?

Were there any **learning materials** that you thought were a waste of paper?

Are there any **learning materials** that you would have found useful for us to provide?

**Overall**, how did you feel about the balance of time given to overview sessions, small group work, computer sessions and individual work in the workshops? Would you like more or less time spent on any of these type of activities in the next workshop?

**Workshop 1: What evidence do we need and how do we find it?**

**Overall**

Overall, what did you like **best** about the first Workshop?

Overall, what did you like **least** about the first Workshop?

Overall, how much do you feel that you learned from the first Workshop?

Not very much

A great deal

1

2

3

4

5

Overall how useful do you think the things you've learned in the first workshop will be to your work?

Not at all useful

Very useful

1

2

3

4

5

Overall, how satisfied have you been the first Workshop?

Very satisfied

Not at all satisfied

1

2

3

4

5

**Workshop 1: What evidence do we need and how do we find it?**

If there is anything else you'd like to share with us about the first Workshops, please do so here:

## **SECOND HIVSA WORKSHOP**

## GLOSSARY OF TERMS LIKELY TO BE ENCOUNTERED DURING THE APPRAISAL OF EVIDENCE

The definitions that follow have been selected and adapted from a glossary prepared by the UK NHS CASP and CASPFew teams (ISBN 1901868060).

**Absolute risk reduction (ARR)** – is the difference between the event rate in the control group (CER) and the event rate in the treated group (EER):  $ARR = CER - EER$ .

**Action research** – this occurs when researchers design a study, collect the data, and feed the data back to the participants both as feedback and as a way of modelling the next stage of the study.

**Acute** – referring to a brief, intense but short-term exposure or outcome, as opposed to a chronic, long-term exposure or outcome.

**Aetiology** – the study of the causes of disease or other abnormal conditions.

**Before-and-after study** – a study in which information collected from contexts, people and/or activities before an intervention occurs is compared to information collected afterwards. A comparable *control* group (which does not receive the intervention) is required to ensure that any changes observed are due to the intervention rather than outside influences. These studies are also described as *pre- and post-test* studies.

**Bias** – is the deviation of findings from the truth, due to systematic error(s) in the methods used. There are many different types of bias, some of which are listed below.

**Bias, attrition** – a bias caused by participants withdrawing from an experiment or longitudinal study. This is particularly likely to cause bias if more participants withdraw from the group receiving the intervention than the control group, or vice versa and may be particularly pronounced if the *outcome* measures of the participants who leave differ from those who remain.

**Bias, detection** – a difference between the intervention and control group in how the outcomes are measured or diagnosed.

**Bias, measurement** – occurs when the individual measurements or classifications of outcomes or exposures are inaccurate (i.e. they do not measure correctly what they are supposed to measure). This can sometimes be due to measurement techniques which are never entirely accurate; different observers producing systematically different results.

**Bias, observer** – can occur in the following circumstances: variation due to differences among observers; or variation in readings by the same observer on separate occasions; or when data are analysed by a researcher who is aware of which group received the intervention and which received the control – their analysis can be subconsciously influenced by their knowledge of which group received the intervention.

**Bias, performance** – differences in services or facilities available to intervention or control groups other than the intervention that we are interested in. Measurement and responder biases are both types of performance bias.

**Bias, publication** – can result from the fact that 'positive' results are more likely to be published.

## Workshop 2: What evidence do we have and what can it tell us?

**Bias, responder** – is the process whereby information about exposure supplied by study participants is different in cases and *controls*. One example of this is recall bias. Responder bias can be minimised by keeping the study participants unaware of the hypotheses under study and, where possible, ensuring that both cases and controls have similar incentives to remember past events.

**Bias, retrieval** – a bias that causes literature searches to miss certain types of evidence. For example, if authors of a systematic review fail to search for unpublished studies or foreign language articles they might miss important information that would affect the bottom line result of their review.

**Bias, selection** – occurs when there is a systematic difference between the characteristics of the people selected for study and the characteristics of those who are not. This often happens when participants select themselves to take part in a study.

**Bibliographic database** – these are databases held on computers or CD-ROMs that contain details of published articles. Examples include MEDLINE and EMBASE.

**Blinding (or masking)** – these terms are used to describe the use of codes or *placebo* interventions to conceal which participants were allocated to the *intervention* group and which to the *control* group. Single blinding is when the participants are unaware of which intervention they are receiving. Double blinding is when both the participants and the providers of the intervention are unaware of who is receiving the intervention and who the control. Blinding can also be used to conceal which group received the intervention, and which the control from researchers analysing the study's results.

**Case control study** – this design is used to investigate the causes of particular outcomes, especially rare outcomes. People with an outcome of interest are compared with a suitable control group of people unaffected by the outcome. Case control studies are often retrospective studies when the researcher is looking backwards from the outcome to a possible cause earlier on.

**Case study** – in-depth analysis and description of one individual or a small group of similar individuals in order to gain a detailed understanding of their particular experiences and/or circumstances.

**Control event rate (CER)** – the event rate or risk in the control group (see also 'event rate').

**Chi-squared** – a statistical test which estimates whether any observed differences between two groups is due to variation which might have occurred anyway or whether there are genuine differences between the two groups.

**Clinical audit** – the systematic and critical analysis of the quality of clinical care, including the procedures used for the diagnosis, treatment and care, the associated use of resources and the resulting outcome and quality of life for the health care consumer concerned.

**Clinical effectiveness** – the extent to which specific clinical *interventions*, when deployed in the field for a particular population or consumer, do what they are intended to do – i.e. prevent disease, maintain and improve health and secure the greatest possible health gain from the available resources. To be reasonably certain that an intervention has

## **Workshop 2: What evidence do we have and what can it tell us?**

produced health benefits, it needs to be shown to be capable of producing worthwhile benefits (efficacy and cost effectiveness) and has produced these benefits in practice.

**Clinical governance** – a framework through which health care organisations are accountable for continuously improving the quality of their services.

**Clinical guidelines** – detailed guidance for the prevention or treatment of a particular condition, disease or trauma based on the evidence obtained from a *systematic review* of (written) evidence. In many instances “guidelines” do not meet this strict definition, and are not based on a systematic review of all the relevant evidence available.

**Clinical and health outcomes** – these refer to the extent to which the expected health benefit (see *clinical effectiveness*) is achieved and can be attributed to the relevant clinical and health interventions.

**Cochrane Collaboration** – an international endeavour, in which people from many different countries locate, appraise, review and synthesise available evidence from (mainly) *randomised controlled trials* (RCTs).

**Cochrane Controlled Trials Register (CCTR)** – this is a bibliography of over 150,000 controlled trials, including many not currently listed in MEDLINE or other bibliographic databases.

**Cochrane Database of Systematic Reviews** – this is a rapidly growing collection of regularly updated systematic reviews of the effects of health care.

**Cochrane Library** – the database of the Cochrane Collaboration, an international network of individuals committed to “preparing, maintaining, and disseminating systematic, up-to-date reviews of the effects of health care”. It is a regularly-updated electronic library which contains a number of databases.

**Cochrane Review Methodology Database (CRMD)** – this is a bibliography of articles on the science of research synthesis and on practical aspects of preparing systematic reviews.

**Cohort study** – these studies begin with a group of people without the outcome of interest, some (or all) of whom have been exposed to a potential cause of a particular outcome (such as a disease or risk-taking behaviour). These people are followed over time to see the subsequent development of new cases of the outcome of interest. Cohort studies provide good information about the relationships of outcomes and a measurement of the risk of developing that outcome.

**Confidence interval (CI)** – a sample of people in a study can be used to estimate characteristics of the population from which the sample was drawn. Because estimates vary from sample to sample, it is important to know how close the estimate derived from any one sample is likely to be to the underlying population value. Researchers often speak of a “95% confidence interval” – this is the interval that includes the true value in 95% of cases. The size of the confidence interval is related to the size of the sample. Larger samples give narrower confidence limits.

**Confounder** – a variable that is associated with the exposure under study and is also a risk factor for the outcome in its own right.

## **Workshop 2: What evidence do we have and what can it tell us?**

**Content analysis** – this is the process of organising, integrating and coding *qualitative* data (or information from other research and non-research material) according to emerging themes and concepts.

**Controls** – are people in a comparable group to those receiving an intervention, but who do not receive the intervention. In some experimental designs (*trials*) they may be allocated to a different treatment from the subjects of the study, this could include a placebo, access to existing information, facilities and/or services, or no treatment at all.

**Cost effectiveness** – of a particular intervention depends upon the ratio of the costs of intervention to the desired outcomes it produces.

**Credibility** – a criterion for evaluating the quality of qualitative data, referring to confidence in the trustworthiness of the data.

**Critical appraisal** – the process of assessing and interpreting evidence, by systematically considering its validity, its findings and its relevance to your own work.

**Crossover study** – a study design in which the participants are divided into two groups, one starting without receiving the intervention and switching halfway through the study to receiving the experimental intervention, while the other group does the opposite.

**Cross-sectional study** – a cross-sectional study is one in which information is collected about a context, population or activity, at one point in time (for example, a survey).

**Database of Abstracts of Reviews of Effectiveness (DARE)** – provides structured abstracts of published systematic reviews.

**Deduction** – a logical thought process in which hypotheses are derived from theory: reasoning moves from the general to the particular. (See also *Induction*).

**Demography** – the statistical study of human populations which considers such characteristics as age, gender and sociocultural identity.

**Dependability** – the stability of observations or findings over time and in a variety of different contexts, populations and/or activities.

**Diagnosis** – the identification of a disease (or, more generally, any outcome) from its signs and symptoms.

**Direct observation** – this is the process of watching participants directly in a particular context. Observation can be participative (i.e. with observers taking part in the activities of participants) or non-participative.

**EMBASE** – a European bibliographic database. It focuses on drugs and pharmacology but includes other aspects of human medicine. Coverage from 1974.

**Ethnography** – these studies involve the collection, description and analysis of observations to develop an understanding of social processes and the cultural behaviours which derive from them.

**Event rate** – sometimes called risk, this is the proportion of a group in whom an event or phenomenon is observed. Thus, if the event is observed in 27 out of 100 cases, the event rate is 0.27. *Control event rate* (CER) and *experimental event rate* (EER) are used to refer to the event rate in control and experimental (intervention) groups of participants respectively.

## **Workshop 2: What evidence do we have and what can it tell us?**

**Experiment** – an experiment is a new, deliberate change which is implemented in order to provide information about the effect(s) of this change.

**Experimental event rate (ERR)** – is the event rate or risk in the experimental group (see also '*Event rate*').

**Focus group** – a focus group is a small group of individuals brought together under the guidance of a facilitator to discuss a particular subject of common interest in a free and open manner. Focus groups are used primarily to collect *qualitative* observations.

**Follow up** – getting results from the participants of a longitudinal or experimental study all the way through the study. Losing participants during the period of follow up can distort (as in *bias*) the study's findings.

**Grey literature** – written reports by an individual or organisation which does not bear an ISBN and which often does not include full bibliographical details, e.g. author, publisher, or date of publication may be missing.

**Grounded theory** – an approach to collecting and analysing *qualitative* data with the aim of formulating, testing and evolving theoretical hypotheses "grounded" in real-world observations.

**Hawthorne effect** – a psychological response in which study participants change their behaviour simply because they are participating in a study, and not because of the intervention or exposure allocated to them.

**Heterogeneity** – is a statistical test often used in the *quantitative meta-analyses* conducted by some systematic reviews. It determines if there are any differences between the different studies reviewed (in terms of the context, people or activities examined and the intervention, exposures or outcome) which might have influenced the apparent effect of an intervention or exposure and therefore make it inappropriate to combine the studies statistically. For example, some studies might be based on findings from 20 to 40 year-old participants while others are based on findings from participants aged over 65. The absence of heterogeneity suggests that there are no important differences in these important sources of variation.

**Homogeneity** – means 'similarity'. Studies are said to be homogeneous if their results vary no more than might be expected due to chance. The opposite of homogeneity is *heterogeneity* (see above).

**Hypothesis** – an assumption (often based on prior observation but occasionally on mere speculation) made as a starting-point for further investigation from known facts.

**Incidence** – the number of new cases of an outcome that appear in a sample or population of contexts, people or activities examined during a specified time interval.

**Inclusion criteria** – the criteria used by authors of a review to decide whether to include studies.

**Induction** – a logical thought process in which generalisations are developed from specific observations: reasoning moves from the particular to the general (see also *Deduction*).

**Intention-to-treat analysis** – describes a method of dealing with contexts, people or activities which deliberately or inadvertently switch groups in a controlled experiment. All participating contexts, people and activities are followed up to the conclusion of the trial

## **Workshop 2: What evidence do we have and what can it tell us?**

and each remains in their original groups for the purpose of data analysis, regardless of whether they actually received the intervention they were supposed to. For example, in a controlled experiment of health education for HIV prevention the observations conducted on those participants allocated to receive the educational intervention remain in that group even if these participants did not receive the intervention. Or a school which, in the original allocation had been placed in the intervention group, might have later received the control intervention. This might happen if the needs of the participating contexts, contexts, people or activities and activities changed and it was then inappropriate to give them the treatment to which they had been originally allocated. In the analysis of results, people are analysed in their original group to avoid compromising the deliberate allocation to intervention and/or control groups which is integral to robust experimental designs.

**Intervention** – an intervention is any deliberate change in activity that affects context(s), people or other activities.

**Interview** – this is the process of exploring a particular subject by asking participants to comment on a number of broad topics.

**Semi-structured (or focused interview)** – a loosely structured interview in which the interviewer guides the respondent through a set of questions using a questionnaire.

**Structured interview** – an interview in which the questions are pre-determined and asked to all participants.

**Unstructured interview** – an oral self-report in which the researcher asks a respondent questions without having a predetermined plan regarding the specific context or flow of the information being gathered.

**Kappa** – a statistic that tells you the extent of agreement between two assessors above and beyond the agreement that would occur by chance alone. Its values range between 0 and 1. If the agreement of the two assessors were at the level of chance alone Kappa would be very low (near zero). If there were perfect agreement between assessors Kappa would be 1.

**Abbe plot** – a graph showing experimental risk compared with risk in a control group.

**Mean** – the average value, which is calculated by adding all the measurements or frequencies and dividing by the number of measurements or frequency of events recorded.

**Median** – is the value on the scale that divides the distribution into two equal parts. Half of the observations have a value less than or equal to the median, and half have a value greater than or equal to the median.

**MEDLINE** – the US National Library of Medicine's bibliographic database, including such topics as microbiology, delivery of health care, nutrition, pharmacology and environmental health. The categories covered in the database include anatomy, organisms, diseases, chemicals and drugs, techniques and equipment, psychiatry and psychology, biological sciences, physical sciences, social sciences and education, technology, agriculture, food, industry, humanities, information science and communications, and health care. Abstracts are available for 70% of entries. It can be accessed on SilverPlatter, OVID and on CD-ROM as well as over the Internet (PubMed). Coverage: 1966 to date.

## **Workshop 2: What evidence do we have and what can it tell us?**

**Medical Subject Heading (MeSH)** – a vocabulary used by the National Library of Medicine (USA) to index publications.

**Meta-analysis** – this is a statistical technique which summarises the results of several studies into a single estimate, usually giving more weight to results from larger studies.

**Methodology** – this is the term for the methods and principles used in a piece of work. For example, authors of a systematic review will explain its methodology in terms of their *search strategy*, criteria for including studies, statistical methods used in *meta-analysis*, and strategy for *synthesising* findings from different studies.

**Mode** – the most frequently occurring value in a set of observations.

**Null hypothesis** - describes the outcome we would expect to occur in an experimental study if our intervention group were no different from the control group (and was unaffected by the intervention itself). A statistical test looks at whether our experimental outcome(s) could have happened merely by chance and the treatment is actually ineffective (i.e. the null hypothesis is true).

**Number needed to harm (NNH)** – is the number of participants who need to receive the intervention to cause one undesirable outcome. For example, in an experiment where side effects are one of the outcomes, if NNH = 10, for every 10 people receiving the treatment one extra person will suffer side effects.

**Number needed to treat (NNT)** – is the number of participants who need to receive the intervention to give one additional desirable outcome. For example, if the NNT in an experiment looking at promoting condom use through peer education = 14, 14 participants needed to receive peer education for one additional participant to use condoms.

**Odds** – is the probability of a phenomenon occurring.

**Odds ratio (OR)** – is the odds in the intervention group divided by the odds in the control group. It is one measure of an intervention's effectiveness. If it is equal to 1, then the effects of the intervention are no different from those of the control or placebo. If we are looking for more of something (e.g. condom use) and the intervention works the OR will be more than one. If we are looking for less of something (e.g. HIV infection) and the intervention works, the OR will be less than one. The OR is statistically significant if the *confidence interval* around the OR does not include 1.

**Outcome** – the consequence of an intervention or an exposure. Outcomes can be desirable, such as increased condom use, or undesirable such as decreased condom use.

**Overview** – the word overview is often used in several different ways to mean different things but always refers to the collection of evidence in a specific area. It can be a systematic collection of written evidence to answer a focused question (*systematic review*) or it can be a wide collection of evidence which gives a general picture of a specific subject rather than answering a focused question.

**Peer reviewed** - before an article is published in a "refereed journal" it is checked by other experts to ensure that the authors have used sound methods and described their methods in sufficient detail to allow others to try and reproduce their results, etc.

**Placebo therapy** – is an inert treatment, often given to control groups in experimental studies. It can help 'blinding' (or 'masking') if participants in the control group are given a

## **Workshop 2: What evidence do we have and what can it tell us?**

fake (or alternative, inert) intervention with similar characteristics to the real intervention so that participants do not know which treatment group they are in.

**Population** – describes the people that you or the researchers are interested in. Information about them might include their age, gender and state of health.

**Pre- and Post-Test Study** – please see *before-and-after study*.

**Prevalence** – the number of cases of the outcome in a defined context(s), population or group of activities at a specified point in time, calculated as a proportion of the total number in that population examined during that time.

**Prognosis** – the expected outcome, predicted on the basis of the normal course of the phenomenon examined.

**Primary care** – family health services provided by family doctors, dentists, pharmacists, nurses, midwives, health visitors, optometrists and ophthalmic medical practitioners.

**Publication bias** – see *Bias, publication*.

**P-value** – the probability that the findings observed in a study could have occurred by chance. The p-value can be any value between 0 and 1. 0 indicates that the results could not have happened by chance, while 1 shows that it is certain that they did happen by chance. Most analyses have a p-value between these two extremes. A p-value of 0.05 indicates that there is only a 1 in 20 chance ( $0.05 = 5$  chances in 100, or 1 in 20) that the result happened by chance. Thus any p-value below this is taken as a reasonably good indication that the result is statistically significant.

**Qualitative** – qualitative data often takes the form of spoken or written text originating from situations such as interviews and focus groups; it can be analysed in many ways, but differs from *quantitative* data in that it cannot be statistically analysed.

**Quantitative** – quantitative data can be described as numeric data. They are data which are concerned with measuring the quantity of something and is often analysed statistically.

**Randomisation** – contexts, people or activities are randomly allocated to groups, usually called *intervention* and *control* groups, so that allocation to each group is determined by chance. Robust randomisation procedures mean that all contexts, people or activities have the same chance of being allocated either to the intervention or to the control groups.

**Randomised controlled trial (RCT)** – this is a *trial* in which contexts, people or activities are randomly assigned to two groups: one (the intervention group) receiving the intervention that is being examined, and the other (the comparison or control group) receiving an alternative (*placebo*) intervention or none at all. The results of the experiment are assessed by comparing the outcomes in the two different groups. The RCT is a very reliable tool for assessing the effectiveness of an intervention because this study design aims to reduce bias and the chance of unreliable results due to external influences.

**Random error (or random variation)** – refers to the differences in results that are due to chance rather than to one of the other variables (exposures, interventions or outcomes) being studied. Differences caused by random error cause results to be scattered randomly about the mean or best estimate.

**Reliability** – the process of establishing that data analysis and coding remains constant when reviewed at different times by the same researcher (stability) or another researcher (reproducibility).

## **Workshop 2: What evidence do we have and what can it tell us?**

**Reproducible** – capable of being reproduced. Authors of research reports should describe their methods thoroughly so that others could reproduce their study if they so wished (and thereby assess whether their findings were also ‘reproducible’).

**Review** – any summary of a particular topic.

**Rigour** – logically valid or methodologically robust. In research, rigour is used to describe work that has followed the best possible methods to avoid potential bias.

**Risk** – is used to describe the chances of a phenomenon occurring. Researchers often use the word ‘risk’ to state the proportion of contexts, people or activities in a group in whom an outcome (and occasionally an exposure) is observed. Another phrase used for this particular meaning of risk is ‘*event rate*’.

**Risk ratio** – is the ratio of risk in the group receiving the intervention to the risk in the control group. Risk ratio is the risk in the experimental or treatment group (EER) divided by that in the control group (CER). Risk ratio is sometimes called relative risk (RR).  $RR = EER \text{ divided by CER}$ .

**Sampling** – the process of selecting contexts, people or activities for study on the basis that they can provide detailed information relevant to the study.

**Sampling, probability** – people, contexts or activities are selected at random from the population they will represent. The more people, contexts or activities selected, the greater the probability that the sample will have the same characteristics (and distribution of characteristics) as the whole population.

**Sampling, purposive** – a non-probability sampling strategy in which the researcher selects contexts, people or activities considered to be typical of the range of variation of those from which they are drawn.

**Sampling, theoretical** – the (heuristic) process of selecting sample members based on emerging findings as the study progresses, to ensure adequate representation of important themes.

**Screening** – a diagnostic test (used on a person or group) for the presence or absence of a particular outcome, or for exposures that are risk factors for an increased probability of a particular outcome.

**Search strategy** – the *methodology* used to conduct a literature search. For example, a search strategy might be detail which databases were searched and which search terms were used when the search was conducted.

**Sensitivity** – in a literature search, sensitivity is the likelihood of retrieving all relevant items. That is, a sensitive search is a broad search as it will also include a number of pieces of evidence that may not be relevant.

**Sensitivity analysis** – is a statistical technique used to see how the findings of a study (including an experiment, descriptive account or a review) might be changed by doubt about the observations conducted, participants who have dropped out during the course of the study, or changes in methodologies or data collection techniques used.

**Specificity** – in a literature search, specificity is the likelihood of excluding irrelevant pieces of evidence. That is, a specific search is a narrow search. Literature searches will normally go through two processes: 1. a sensitive, wide search followed by; 2. a specific and narrowing search. In a screening test, specificity describes the ability of the test to

## **Workshop 2: What evidence do we have and what can it tell us?**

identify correctly contexts, people or activities which do not experience the outcome of interest.

**Standard deviation** - the mean, median and mode are measures of central tendency and are useful for summarising a frequency distribution, but they do not indicate the spread of values either side of the “average”. The standard deviation measures the amount of scatter in measurements or observations. Approximately two-thirds of the values will fall within one standard deviation of the mean and 95% fall within two standard deviations of the mean.

**Statistically significant** - a result that is very unlikely to have happened by chance is often described as statistically significant. Researchers often use statistical tests such as chi-squared, to check whether their results are statistically significant. However, the findings of a study can be statistically significant yet practically “insignificant”. For example, a peer-education intervention might increase condom use by 0.1% compared to participants allocated to receive no such intervention. Data analysis might show that this difference between the two groups was statistically significant but this finding may have no practical significance (i.e. benefit or cost) for providers of condom-promoting interventions or the participants themselves.

**Synthesis** – the process or result of bringing together a number of pieces of evidence into a new piece of evidence, theory or system.

**Systematic error** – refers to consistent differences in results from the true value. Systematic error tends to be caused by some kind of bias. The two principle biases are selection bias and measurement bias.

**Systematic review** – a review in which evidence on a topic has been identified, appraised and summarised according to predetermined criteria in a systematic and reproducible way.

**Transferability** – the extent to which findings from the study can be applied to other contexts, people or activities.

**Trial** – a trial sets out to determine cause and effect in a controlled way by intervening in one group (of contexts, people or activities) and comparing them to another group which did not receive the *intervention*.

**Triangulation** – the comparison of two or more theories, methodologies, observations, investigators, or analytical approaches in order to assess the credibility of the data.

**Trustworthiness** – a term used in the evaluation of qualitative data; it is assessed via the criteria of credibility, dependability and transferability.

**Validity** – refers to the soundness or rigour of a study. A study is valid if the way it is designed and carried out means that the results are (likely to be) unbiased – that is, it gives you better quality findings.

**Workshop 2: What evidence do we have and what can it tell us?**

## **DAY 1 – Schedule**

---

8.30am	<b>Session 1</b> <i>Welcome</i>
10.00am	<b>Break for tea and coffee</b>
10.30am	<b>Session 2</b> <i>The results of our searching activities</i>
12.00noon	<b>Break for lunch</b>
1.00pm	<b>Session 3</b> <i>Appraisal and appraisal tools – an introductory exercise</i>
2.30pm	<b>Break for tea and coffee</b>
3.00pm	<b>Session 4</b> <i>Criteria for establishing confidence – brainstorming</i>
4.15pm	<b>Feedback on the first day of the Workshop</b>
4.30 pm	<b>One-to-one surgeries and private study</b>

---

## **DAY 1 – Session 1**

8.30am **Welcome**

- 1.1 Aims:**
- (i) To outline the aims and objectives of the second Workshop
  - (ii) To (re)introduce participants and catch up on progress
  - (iii) To identify differing expectations of the second Workshop

### **1.2 Overview:**

- The Workshops provide a framework within which critical appraisal skills will be **adapted, applied** and **disseminated** to improve decision-making in the **design, application** and **evaluation** of educational interventions for HIV prevention in southern Africa.
- In the first Workshop we focussed on deconstructing the decision-making process, **identifying areas of uncertainty**, selecting the most appropriate type(s) of evidence required to address different sources of uncertainty, and **designing efficient strategies for accessing appropriate information**.
- In this, the second, Workshop we will introduce techniques for **extracting** and **summarising** (ie **keywording**) and **evaluating** (ie **'appraising'**) the information provided by the different pieces of evidence we have found – to determine:
  - (i) what information each piece of evidence contains;
  - (ii) how this information was compiled (which determines what sorts of questions it might be able to answer);
  - (iii) whether this information is relevant (to the questions we want to answer); and
  - (iv) whether (or not) we have confidence in the information (i.e. the answers) the evidence provides.
- The third Workshop will involve integrating summaries of keyworded and appraised evidence into a variety of formats (i.e. **'syntheses'**) for use in evidence-informed decision-making by practitioners, providers, policy-makers, consumers and/or researchers.
- To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, use the form (1a) to make a note of:
  - (i) what you hope to gain from attending this second Workshop; and
  - (ii) any misgivings you might have about its content and/or learning activities.
- If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not.

## **Workshop 2: What evidence do we have and what can it tell us?**

- Place your form in the envelope provided, seal it and sign across the seal. The envelope will stay sealed until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshop addressed these.
- You do not have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. If not, there will be other opportunities every day of the Workshop to suggest topics you would like to discuss or changes to the way learning activities are presented which will help us to meet your needs.

### **1.3 Paired activity:** [corresponds with worksheet 1a below]

1.3.1 Participants and facilitators pair up with one other participant or facilitator and prepare themselves to introduce their partner to the rest of the group.

1.3.2 Spend 10-15 minutes asking one another about how their work has been going over the last six weeks. Aim to share the following things:

- (i) one development in your work relating to HIV education;
- (ii) how (if at all) the previous Workshop has had any impact on your work; and
- (iii) one exciting thing which has happened to you (either in your work and/or your personal life).

1.3.3 Finally, ask each other whether you would be prepared to share **one hope** and **one concern** about this Workshop with other participants.

1.3.4 Take brief notes on the form (1b) provided so that you can accurately and faithfully represent them when (re)introducing them to the rest of the group.

### **1.4 Feedback:** [corresponds with worksheet 1b below]

1.4.1 Participants and facilitators take it in turn to introduce their partner to the rest of the group.

1.4.2 A brief group discussion around the experience and expertise of Workshop participants and facilitators, and the hopes and concerns they would like to share.

1.4.3 What challenges might different expertise and different expectations pose, and what opportunities might these differences provide?

10.00am

**Break for tea and coffee**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 1a [corresponds with section 1.3]

**WHAT DO YOU HOPE TO GAIN FROM THE SECOND WORKSHOP?**

To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, make a note of: (i) what you hope to gain from attending the second Workshop; and (ii) any misgivings you might have about the information or learning activities this will contain. If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not.

These forms will be placed in a **sealed envelope** until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshops managed to address these. You do **not** have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. If not, there will be other opportunities every day of the Workshop to suggest **topics** you would like to discuss or **changes** to the way learning activities are presented which will help us to meet your needs.

What do you hope to gain from attending the second Workshop?

What misgivings or concerns do you have about the second Workshop?

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 1b [corresponds with section 1.4]

**(RE)INTRODUCTIONS**

Who are you (re)introducing? \_\_\_\_\_

One development at work:

How (if at all) the previous Workshop has affected your work:

One exciting thing that has happened since the first Workshop:

One hope for this Workshop:

One concern about this Workshop:

## **DAY 1 – Session 2**

10.30am

### **The results of our ‘searching’ activities**

- 2.1 Aims:**
- (i) To share our experiences of searching for evidence in different work environments
  - (ii) To identify barriers to effective and efficient searching
  - (iii) To enable participants to select evidence of interest to them

### **2.2 Overview:**

- We all work in different contexts with more or less access to resources such as the internet, libraries and even photocopying machines. This session will encourage participants to identify factors which help, and those which hinder, accessing evidence for use in our day-to-day work.
- Sharing these experiences should help to identify how we might support each other in finding *and* accessing the information we need more efficiently.
- The facilitators will each tell their ‘story’ of searching for evidence.

### **2.3 Small group activity:**

- 2.3.1 Break into three small groups (of 4 participants and one facilitator each) and agree the ground rules for facilitating discussion and participation. Select one participant to chair your group’s discussions and another to act as spokesperson (taking notes of the points raised and summarising these for presentation during the Feedback session).
- 2.3.2 Share with each other your experience of trying to search for literature.
- 2.3.3 For those participants who have been able to find evidence, share with the small group which sources of evidence were easiest to locate, and which were the most difficult. Likewise, share with your small group which were the easiest pieces of evidence to obtain and which were the most difficult.
- 2.3.4 Discuss what helped you in this task and what hindered you. Write each help and each hindrance on a slip of paper. These slips of paper will be collected by the Workshop facilitators and collated with those from other small groups.

**A full database of collected and appraised evidence is available via the HIVSA website at <http://hivsa.ioe.ac.uk/hivsa>**

### **2.4 Individual activity:**

- 2.4.1 A list of all the different pieces of evidence that participants have brought to the second Workshop has been prepared for use in the keywording and appraisal training activities which follow. This list **excludes** pieces of evidence which

## **Workshop 2: What evidence do we have and what can it tell us?**

participants have found during their searches but which we have not yet been notified of. These additional pieces of evidence will be included in the project's full bibliography after the second Workshop. The list also **excludes** those pieces of evidence which we have not yet been able to obtain a full copy.

2.4.2 Work through the list provided (of pieces of evidence participants can examine during the second Workshop) and **mark the five pieces you would most like to examine in further detail**. Later in the week (Day 4 of the second Workshop) you will have the opportunity to 'keyword' and 'appraise' each of the five pieces of evidence you select.

2.4.2 However difficult it is to choose just five pieces of evidence when you only have the titles to guide you, bear in mind that all of the pieces of evidence included in the list should have passed our search criteria. All the pieces of evidence should therefore:

- (i) contain accounts of SADC-based observations;  
AND
- (ii) contain accounts of observations relating to educational interventions on sexual and/or reproductive health (NOT **just** HIV or AIDS);  
AND
- (iii) have been published in the last 10 years;

AND ARE EITHER

- (a) accounts of observations on PEER-EDUCATORS and LAY PRACTITIONERS (i.e. the topic identified by the Group A in the first Workshop);  
AND/OR
- (b) accounts of observations on the integration of EDUCATIONAL programmes for HIV prevention into EXISTING health, education and/or development programmes (i.e. the topic identified by the Group B in the first Workshop).

12.00noon **Break for lunch**

## **DAY 1 – Session 3**

1.00pm **Appraisal tools - a practical example**

- 3.1 Aims:**
- (i) To introduce Workshop participants to the principal of 'keywording' and 'appraisal'
  - (ii) To introduce Workshop participants to 'keywording and appraisal tools'
  - (iii) To work through an example of a 'keywording and appraisal tool'

## Workshop 2: What evidence do we have and what can it tell us?

### 3.2 Overview:

- 'Keywording and Appraisal' involves examining a piece of evidence to establish what information it contains and how this information was collected – it forms the basis on which we can assess what sorts of questions the piece of evidence might be able to answer, and with what degree of certainty or confidence.
- Since different types of questions require different types of evidence, 'keywording and appraisal' is an important part of 'evidence-informed decision-making', because it identifies which pieces of information are **most** helpful in answering any particular question on any particular topic.
- Practitioners and researchers have developed a number of 'appraisal tools' – essentially questionnaires which are applied to each piece of evidence to extract (ie 'keyword') and evaluate (ie 'appraise') its contents in a systematic way.
- 'Keywording and Appraisal tools' usually progress through three stages:
  - (i) the first is to ask what an account contains;
  - (ii) the second is to decide whether its contents are relevant; and
  - (iii) the third is to decide how much confidence we should have in the information it contains (and/or the conclusions or recommendations its author(s)' reach).
- **DISCERN** is one such tool that has been designed with, and for, consumers of health information (specifically information which seeks to support consumers in choosing between different healthcare treatment options). DISCERN was developed to enable consumers to assess whether the advice or recommendations provided in health information leaflets and pamphlets is **evidence-informed, relevant and dependable**.
- A copy<sup>1</sup> of the DISCERN tool and handbook has been included in the Background Reading for the second Workshop, and participants are encouraged to examine these to get an idea of how such tools are developed.
- We have modified DISCERN<sup>2</sup> for use in evaluating the different sorts of written guidelines that have been developed for use by health education and health promotion practitioners **and** the consumers of educational interventions. The Workshop activities that follow will apply this modified tool to practice appraisal, using the *Soul City HIV and AIDS User Guide* which focuses on HIV and AIDS in southern African contexts.

---

<sup>1</sup> These materials are also available on the DISCERN website at <http://www.phru.org.uk/discern.htm>

<sup>2</sup> DISCERN was originally developed by the CASP team at the Institute of Health Sciences in Oxford, and should only be used for critical appraisal in conjunction with the guidelines they provide. The DISCERN team is therefore **not** responsible for any aspect of this modified version, which has been adapted to develop appraisal skills for those working to prevent the spread of HIV/AIDS in southern Africa. The modified DISCERN instrument provided by HIVSA has been adapted purely to help Workshop participants develop appraisal skills and **not** to provide them with a validated instrument for appraising health information.

## **Workshop 2: What evidence do we have and what can it tell us?**

### **3.3 Paired activity:** [corresponds with worksheet 1c below]

- 3.3.1 On your own, carefully read through the 16 questions in the modified keywording and appraisal tool provided, and make a note on worksheet 1c of any questions which are not clear or need clarification.
- 3.3.2 Once you have finished reading through the appraisal tool, pair up with another participant and skim through the Soul City User Guide, paying special attention to anything which you might want to refer to when answering the questions in the modified tool.
- 3.3.3 Work together through each question at a time, reaching consensus on the scores you allocate to each of the questions, and make brief notes in your worksheet of **why** you allocated each score to each question.
- 3.3.4 **If you cannot answer a particular question, ask a Workshop facilitator to help (if you have to wait, move on to the next question until one is free).**
- 3.3.5 Remember to return to any questions you have skipped at the end and answer them before you move on to the small group activity.
- 3.3.6 Finally, make a brief note on the worksheet 1c of which questions you would find **most useful** to assess:
  - (i) what the *Soul City User Guide* contained;
  - (ii) whether the *Soul City User Guide* was relevant to your needs as a provider of health education **and** your consumers' needs (i.e. the people receiving the education);
  - (iii) whether you can have any confidence in the guidance that the *Soul City HIV and AIDS User Guide* provides.

2.30pm **Break for tea and coffee**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 1c [corresponds with section 3.3]

**APPLYING AN APPRAISAL TOOL TO CONSUMER GUIDELINES**

Your name (so that we can return this to you): \_\_\_\_\_

Which other participant you paired up with: \_\_\_\_\_

Briefly tick any questions that need clarification:

- |       |       |       |       |       |
|-------|-------|-------|-------|-------|
| : Q1  | : Q2  | : Q3  | : Q4  |       |
| : Q5  | : Q6  | : Q7  | : Q8  |       |
| : Q9  | : Q10 | : Q11 | : Q12 | : Q13 |
| : Q14 | : Q15 | : Q16 |       |       |

Make brief notes of **why** you allocated each score to each question:

- Q1: \_\_\_\_\_
- Q2: \_\_\_\_\_
- Q3: \_\_\_\_\_
- Q4: \_\_\_\_\_
- Q5: \_\_\_\_\_
- Q6: \_\_\_\_\_
- Q7: \_\_\_\_\_
- Q8: \_\_\_\_\_
- Q9: \_\_\_\_\_
- Q10: \_\_\_\_\_
- Q11: \_\_\_\_\_
- Q12: \_\_\_\_\_
- Q13: \_\_\_\_\_
- Q14: \_\_\_\_\_
- Q15: \_\_\_\_\_
- Q16: \_\_\_\_\_

Briefly explain which of these questions you would find most useful to assess:

- (i) What the *Soul City HIV and AIDS User Guide* contained
- (ii) Whether *Soul City HIV and AIDS User Guide* was relevant to your needs **and/or** your consumers' needs
- (iii) Whether you can have confidence in the guidance that the *Soul City HIV and AIDS User Guide* provides

## PART 1 – ARE THE GUIDELINES RELIABLE?

### Q1. Are the aims of the guidelines clear?

No		Partially		Yes
1 (go to Q3)	2	3	4	5

**HINT:** Look for a clear indication at the beginning (or end) of the guidelines of:

- what topic(s) the guidelines aim to cover;
- what information, advice or support do the guidelines aim to provide;
- who the guidelines aim to advise or support (i.e. their **audience**).

**RATING:** For a full score of 5 the guidelines should clearly state the topics they aim to cover and who they have been prepared for. If neither of these aims are clearly stated, the guidelines should receive a score of 1.

### Q2. Do the guidelines achieve their aims?

No		Partially		Yes
1	2	3	4	5

**HINT:** Only answer this question if the guidelines scored more than 1 under Q1 above. If not, go to Q3. Otherwise, consider whether the information and advice contained in the guidelines:

- covers the topic(s) they aimed to;
- is written in a style that their intended audience might find accessible.

**RATING:** For a full score of 5 the guidelines should cover all of the topics mentioned and should be written in a style that their audience would find accessible.

### Q3. Are the guidelines relevant?

No		Partially		Yes
1	2	3	4	5

**HINT:** Consider whether the information and advice contained in the guidelines:

- addresses the questions that their intended audience might ask;
- suggests strategies for disease prevention or health promotion that are realistic and appropriate.

**RATING:** For a full score of 5 the guidelines should seek to address the sorts of questions their audience might ask and should suggest strategies for health enhancing activities that are realistic and appropriate to the audience concerned.

**PART 1 – ARE THE GUIDELINES RELIABLE?** (continued)

**Q4. Is it clear what evidence was used to compile the guidelines?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for a clear indication (particularly at the beginning or the end) of the guidelines whether:

- the advice they contain is accompanied by a reference to the evidence on which this advice is based (such as expert opinion or relevant and rigorous report(s) of dedicated studies) **rather than** simply the knowledge, experience and opinions of the author(s) of the guidelines themselves;
- sufficient information is provided on the evidence used to enable you to re-examine this (by contacting the expert(s) consulted or reading the report(s) of the research on which the guidelines are based).

**RATING:** For a full score of 5 the guidelines should include a list of the sources of evidence on which the guidelines are based and sufficient information to enable one to re-examine these sources. Lists of “additional sources of support and information” are not necessarily the same as the sources of evidence used to compile the guidelines.

**Q5. Is it clear when the evidence used was produced?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for any information which might tell you when the guidelines were produced and when the evidence they consulted was produced, such as:

- the date(s) of publication of any written research evidence on which the guidelines were based;
- the date on which expert opinion was consulted (rarely given).
- the date on which the guidelines were last ‘revised’ or updated;
- the date on which the guidelines (or their most recent revision or update) were published (not the date on which the guidelines were reprinted).

**RATING:** The hints above are placed in order of importance. For a full score of 5 the guidelines should be based on recent research studies or recent consultation with expert opinion (although details of when experts were consulted are rarely provided in such guidelines).

**PART 1 – ARE THE GUIDELINES RELIABLE?** (continued)

**Q6. Are the guidelines balanced and unbiased?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for a clear indication that:

- the guidelines were written from an **objective**, as opposed to a subjective or personal, point of view;
- the guidelines avoid sensational, emotive or alarmist language;
- a **range** of evidence was used to compile the guidelines (i.e. more than one expert consulted and/or more than one research report examined);
- the guidelines have been evaluated by someone **other than the author(s) themselves**.

**RATING:** For a full score of 5 the guidelines should not exclusively focus on the (dis)advantages of any one strategy for disease prevention or health promotion without mentioning other possible strategies. Guidelines that rely on evidence from just one source may not fairly represent the advantages and disadvantages of all possible strategies.

**Q7. Do the guidelines suggest sources of information and support?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for suggestions of:

- other organisations offering information, advice or support;
- further reading relating to the topic addressed.

**Q8. Do the guidelines mention areas of uncertainty?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for discussion of:

- gaps in knowledge concerning the best strategies to use;
- differences of opinion amongst experts in the topic.

**RATING:** For a full score of 5 the guidelines should acknowledge that additional information (if only on the contextual circumstances of the audience concerned) would help improve the strategies suggested for preventing disease or promoting health.

## PART 2 – ARE THE GUIDELINES INFORMATIVE?

### Q9. Do the guidelines clearly describe alternative strategies?

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for suggestions of alternative strategies for preventing disease or promoting health that might benefit consumers or practitioners in different social, economic and environmental contexts

### Q10. Do the guidelines clearly describe how each strategy works?

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for a clear description of how each strategy supports knowledge, attitudes or behaviours that help prevent disease or promote health

### Q11. Do the guidelines describe why the strategies are needed?

No		Partially		Yes
1	2	3	4	5

**HINT:** Look for an explanation of why the strategies suggested are needed (to address the needs of consumers or practitioners and what the consequences might be of failing to heed the information, advice and support offered

### Q12. Do the guidelines describe the advantages of each strategy?

No		Partially		Yes
1	2	3	4	5

**HINT:** Advantages might relate to the acceptability or feasibility of each strategy across different social, economic and environmental contexts

### Q13. Do the guidelines describe the disadvantages of each strategy?

No		Partially		Yes
1	2	3	4	5

**HINT:** Disadvantages might relate to sociocultural insensitivity or economic and structural barriers which undermine the acceptability, feasibility or sustainability of each strategy (to either consumers or practitioners).

**PART 2 – ARE THE GUIDELINES INFORMATIVE?** (continued)

**Q14. Do the guidelines describe the wider impact of each strategy?**

No		Partially		Yes
1	2	3	4	5

**HINT:** Each strategy for preventing disease or promoting health is likely to have consequences for both consumers and practitioners of the information, advice and support provided. Look for a discussion of the wider costs and benefits (both financial and social) of each strategy for the intended audience.

**Q15. Can the guidelines be adapted for use in different contexts?**

No		Partially		Yes
1	2	3	4	5

**HINT:** The information, advice and support provided by the guidelines may need to be adapted for use by consumers or practitioners in different social, economic or environmental contexts. Look for:

- support for building on **existing** knowledge, attitudes and behaviour that **already help** prevent disease or promote health.
- a discussion of strategies that might be most acceptable to specific types of consumers or practitioners;
- suggestions for modifying the strategies used to take into account the social, economic and/or environmental circumstances of the intended audience;

**RATING:** The hints above are placed in order of importance. For a full score of 5 the guidelines should encourage consumers or practitioners to: (i) recognise and reinforce existing knowledge, attitudes, behaviours and/or practice which already help prevent disease or promote health; and (ii) support these with strategies modified to suit each context’s particular needs.

**PART 3 – OVERALL RATING OF THE GUIDELINES**

**Q16. Based on Q1 to Q15, rate the overall quality of the guidelines for disease prevention or health promotion in the intended audience**

Low		Moderate		High
<i>Serious or extensive shortcomings</i>		<i>Potentially important but not serious shortcomings</i>		<i>Minimal shortcomings</i>
1	2	3	4	5

## DAY 1 – Session 4

- 4.1 Aims:**
- (i) To allow participants to feedback their experience of applying the modified appraisal tool.
  - (ii) To identify which pieces of information improve our confidence in the content and/or findings of the guidelines appraised
  - (iii) To reflect on the use of appraisal tools to assess confidence

### 3.00pm **Feedback on session 2**

#### **4.2 Small group activity:**

4.2.1 Join up with another pair and one facilitator (i.e. three small groups of 4 participants and one facilitator each) and select a chair and respondent as before.

4.2.2 Each pair take it in turns to discuss:

- (i) which of the questions you found **most difficult** to apply;
- (ii) which of the questions you found **most difficult** to find answers to; and
- (iii) which of the questions might provide the **most useful information** to you when assessing:
  - (a) what the *Soul City User Guide* contained;
  - (b) whether the *Soul City User Guide* was relevant to your needs (as a provider of health education) **and** your consumers' needs;
  - (c) whether you can have any confidence in the guidance that the *Soul City User Guide* provides.

### 3.30pm **Criteria for establishing confidence**

#### **4.3 Overview:**

- In the first Workshop we began to explore the idea that particular characteristics of each piece of evidence might help us to have greater confidence in the information it contains. These might include:
  - (i) who wrote it;
  - (ii) where they drew their information from; and
  - (iii) whether (or not) they explained how they interpreted the information used.
- Keywording and Appraisal tools (such as the modified version of DISCERN which you have just used in Session 3) aim to extract information from each piece of evidence appraised to provide a clear indication of how much (if any) confidence users of the evidence can have in the information or guidance it provides.

## **Workshop 2: What evidence do we have and what can it tell us?**

- Thus, while such tools aim to provide a systematic way of identifying the content and relevance of evidence, they also hope to establish how much weight it ought to receive in evidence-informed decision-making.
- For some particular disciplines (such as evidence-based medicine) it is sometimes possible, and often desirable, to establish strict criteria for evaluating confidence, and these can be used consistently in systematic appraisals of evidence.
- However, for health education and health promotion (such as educational interventions for HIV prevention) where the ultimate success (or failure) of the guidance provided depends upon consumers (as decision-makers in their own right rather than passive recipients of whatever advice practitioners consider appropriate), it is not clear that the same criteria should be established for assessing (the relevance or) the confidence of evidence across different contexts and populations.
- This session aims to brainstorm criteria relevant to Workshop participants' needs (and the needs of consumers of the services they design, implement or evaluate) to assess what degree of confidence we might attach to different aspects of evidence.

### **4.4 Individual activity:** [corresponds with worksheet 1d below]

- 4.4.1 Read the list of criteria which participants identified in Workshop 1, as issues which would help them to have confidence in any piece of evidence.
- 4.4.2 Write down any additional issues or information you think would help you to trust the findings or guidance provided by a piece of evidence.
- 4.4.3 We will brainstorm these ideas as a group.
- 4.4.4 Following this, make a note on the worksheet 1d which three factors that we have come up with as a group you personally think are the **most important**.
- 4.4.5 We will collect everyone's sheets, amalgamate the factors you have identified as being most important, and return to this list throughout the week as you develop a keywording and appraisal tool that is appropriate for use in your contexts, with your colleagues and with your (potential and actual) consumers.

4:00pm  
**Workshop**

**Break for feedback on the first day of the**

**Workshop 2: What evidence do we have and what can it tell us?**

**ISSUES WHICH MIGHT AFFECT CONFIDENCE** (identified in the first Workshop)

*Details which Workshop participants said they would want to know in order to have greater confidence in the findings of an account.*

**about the author.....**

1. If the author and/or their organization were identified...
2. If I knew whether or not the author is 'qualified' to compose the account – are they well known (or experienced) in the field?
3. If the account clearly explained the reasons for carrying out the research; what the aims were; who the report was written for...

**about the people they're studying...**

4. If I knew the researchers had consulted the people involved in the study
5. If I knew the researchers had given feedback to the people involved in the study

**about where they got their information from...**

6. If I know about the sources of the information referred to by the evidence
7. If the account described how the author(s) chose their sample
8. If the account told me where I could access the information it describes

**about the report itself...**

9. If the information contained in the account is very up-to-date
10. If the author(s) included a list of limitations of the report/research

**particularly relating to reviews of literature...**

11. If, in a review of primary sources, the authors of the primary sources agreed with the conclusions of the review
12. If the evidence contained a description of how differences among the team members carrying out this systematic review were resolved
13. If a review of literature didn't automatically exclude literature that had not been published in English

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 1d [corresponds with section 4.4]

**WHAT ENABLES US TO HAVE CONFIDENCE IN A PIECE OF EVIDENCE?**

Your name (so we can return this to you): \_\_\_\_\_

List any *additional* types of information you would like to have access to in an account in order to have confidence in what it's telling you

---

---

---

---

---

---

---

---

Which three pieces of information about an account would be **the most important** for you to know

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**Workshop 2: What evidence do we have and what can it tell us?**

**FEEDBACK SESSION – DAY 1, WORKSHOP 2**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but if you decide to it will help us to evaluate the Workshops.

**What did you think of the today's sessions?** *(circle one on each line)*

Very helpful

Unhelpful

1

2

3

4

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

## **DAY 2 – Schedule**

---

8.30am **Session 1**

*What is the evidence and what does it contain?*

10.00am **Break for tea and coffee**

10.30am **Session 2**

*How was the evidence compiled?*

12.00noon **Break for lunch**

1.30pm **Session 3**

*Developing skills for using the internet*

2.00pm **Session 4**

*Practical session - developing skills for using the internet*

3.45pm **Feedback on the second day of the Workshop**

4.15pm **One-to-one surgeries and optional continued use of the computer lab**

## DAY 2 – Session 1

### 8.30 am What is the evidence and what does it contain?

- 1.1 Aims:**
- (i) To review the different types and the varied content of written evidence
  - (ii) To practice ‘keywording’ a piece of evidence
  - (iii) To develop a systematic ‘keywording’ tool

### 1.2 Overview:

- Using evidence to inform decision-making would be an excessively time-consuming process if decision-makers needed to read every piece of relevant evidence available.
- ‘**Keywording**’ is a structured approach to extracting information from pieces of evidence to provide summaries which decision-makers can share and compare.
- Standardising the information collected by **keywording** (using a systematic **keywording** tool and categorising the information extracted, wherever possible) ensures that the summaries produced are comparable.
- **Keywording** also generates information relevant to appraisal ie which can be used to establish the **relevance** of the evidence concerned and the **confidence** we have in the information, guidance and/or findings the evidence provides. *We will be developing a **keywording and appraisal** tool capable of addressing both of these issues in Day 3 (**relevance**) and Day 4 (**confidence**) of the second Workshop.*
- There are three principal pieces of information which keywording aims to extract from each piece of evidence:
  - (i) information for **identifying** the evidence (such as its title and publishers) and the **format** in which it is presented (such as **guidelines** for consumers or a report containing an **account** that describes a service or intervention);
  - (ii) information on the **settings, people** and **activities** (i.e. processes or events) considered, as well as the **characteristics** described; and
  - (iii) information on any **data collection techniques** and/or **methodologies** used to collect and/or collate the **characteristics** of the **settings, people** and/or **activities** considered.
- The Workshop activities that follow provide an opportunity for participants to practice **keywording** summaries of pieces of evidence we have found during the searches conducted since the first Workshop.
- The draft **keywording** framework used in these activities has been specifically designed for use in the HIVSA Workshops, and draws on expertise in the Social Science Research Unit’s EPPI-Centre (Evidence for Policy and Practice Information and Co-ordinating Centre; <http://eppi.ioe.ac.uk/>).
- Workshop participants will be developing and refining this draft framework over the next few days to ensure that it is relevant and appropriate for their needs.

## Workshop 2: What evidence do we have and what can it tell us?

### 1.3 Individual and paired activity: [corresponds with worksheet 2a]

- 1.3.1 Each participant will receive a copy of the first section of the draft **keywording framework**, a **glossary** of the terms used in the framework, and a summary of one of the pieces of evidence we have found during the searches conducted since the first Workshop.
- 1.3.2 On your own, carefully read through the section of the draft **keywording framework** provided.
- 1.3.3 If you need clarification on any of the terms used in the framework, refer to the glossary of terms provided. This will help to explain any unfamiliar terms, and any familiar terms which are used in a different (and in this instance a very particular) sense. *If in doubt, ask one of the Workshop facilitators to help you.*
- 1.3.4 Now read through the summary of the piece of evidence you have been given. Pair up with another participant and work together applying the draft **keywording framework** to the summary of evidence.
- 1.3.5 Try to reach consensus on the information you extract from the summary and write this information down on the draft **keywording framework** – make sure that **both participants contribute** so that you are both confident to apply the **keywording framework** on your own.
- 1.3.6 Whenever you have difficulty or disagree about what information to extract, make a note on the keywording framework 'development form' (on the back page of the draft **keywording framework**) – you will be discussing these difficulties and disagreements later in your small group.
- 1.3.7 Once you have finished “**keywording**” the summary, use the last box in the keywording framework 'development form' to record any **settings**, sorts of **people**, types of **activities** or **characteristics** you would cut and any additional ones you would add to improve the **keywording framework**.

### 1.4 Small group activity:

- 1.4.1 Join up with another pair and one facilitator (i.e. three small groups of 4 participants and one facilitator each) and select a chair and spokesperson as before.
- 1.4.2 Using the notes you made on the draft **keywording framework** development form, each pair should take it in turns to discuss:
  - (i) difficulties and disagreements you encountered; and
  - (ii) **settings, people, activities** or **characteristics** you would cut or add to improve the keywording framework.

10.00am **Break for tea and coffee**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 2a [corresponds to section 1.3]

**WHAT INFORMATION DOES THE EVIDENCE CONTAIN? (SECTION 1)**

Before you start, read through the first section of the keywording and appraisal framework to familiarise yourself with the information you will be collecting from the summaries of particular pieces of written evidence.

**Part 1 – Identifying the evidence and what it represents**

1. Start by writing down the **title**, **author(s)**, **date of publication**, and **publisher** or **producer** of the piece of written evidence concerned (this information is not always available, but record whatever you can find). Is there any other identifying information you think may be relevant? *If so add it beside 1(e) and 1(f).*
2. Carefully read through the summary to interpret what **format** the piece of written evidence appears to take. If it appears to be a set of “**guidelines**” you will be looking for information on the types of settings, people and activities **these guidelines apply to** (in 3, 4 & 5). If it represents an “**account**” you will be looking for information describing the settings, people and activities **considered in the account** (in 3, 4 & 5).

**Part 2 – What settings, people and activities are considered**

3. Use the tick boxes to list any **setting(s)** considered by the summary. *Add any other setting(s) mentioned beside 3(g) and 3(h).* Briefly describe each **setting** in the space provided.
4. Use the tick boxes to list all of the different sorts of **people** considered by the summary. *Add any other sorts of people mentioned beside 3(h) and 3(i).* Briefly describe each of the different sorts of **people** in the space provided.
5. Use the tick boxes to list all of the different sorts of **activities** considered by the summary. *Add any other sorts of activities mentioned beside 3(f) and 3(g).* Briefly describe each of the different sorts of **activities** in the space provided.

**Part 3 – What characteristics of settings, people and activities are mentioned**

Use the tick boxes to list the information provided about:

6. The **settings** mentioned.
7. The **people** mentioned.
8. The **activities** mentioned.

---

Finally, complete the ‘development form’ for the keywording and appraisal framework you have used. Consider which parts of the framework you found difficult, which you found easy, and which would provide the most/least useful information. Suggest questions or categories you would choose to add or remove. Share this with other participants in your small group.

---

**\*A glossary of keywording and appraisal terms used is provided with the framework**

## **Glossary of terms used in *Parts 1, 2 and 3* of the draft keywording and appraisal framework**

*The following list is to help you understand what we mean when we use particular terms. These definitions are not intended to dissuade Workshop participants from suggesting changes or additions to the draft keywording and appraisal framework.*

### **Terms from Part 1 - Format**

**First-hand account** – is a report which contains reflections (by the author(s), often with little or no reference to observations or reports of others' accounts) and/or observation(s) (descriptive and/or experimental, qualitative and/or quantitative) of settings, people or activities conducted by the author(s) themselves. This type of report is also known as a "primary account".

**Second-hand account** – is a report which contains an unstructured overview, structured or systematic review of previous reports of reflections (by other authors) or observations (descriptive and/or experimental, qualitative and/or quantitative). This type of report is also known as a "secondary account".

**Guidelines** – are handbooks, manuals, information sheets or pamphlets that are intended for use by consumers, practitioners, providers, policy makers and/or researchers. Evidence-informed guidelines are based on second-hand accounts of appropriate first-hand accounts of reflections and/or observations, but can also be compiled from surveys of expert opinion and/or consultations with the intended audience(s).

### **Terms for Part 2 - Settings**

**Settings** – are the places or contexts in which the evidence is situated. First- and second-hand accounts may describe interventions conducted in particular settings or the characteristics of settings that might influence the design, implementation, impact and/or evaluation of the intervention.

**Households** – as a category of *settings*, these might include the physical structure of dwellings or the socio-demographic composition of household members.

**Communities** – as a category of *settings*, these might include the geographical location of the neighbourhood, the accessibility of facilities (such as clinics or shops), the availability of services (such as electricity or piped water), or the socio-demographic composition of inhabitants.

**Educational settings** – as a category of *settings*, these might include a broad range of formal institutions (including nursery, schools, colleges and universities).

**Health care facilities** – as a category of *settings*, these might include a broad range of formal settings in which preventive, curative and palliative care are provided (including primary, secondary and tertiary clinics and hospitals, mobile clinics and hospices).

**Workplaces** – as a category of *settings*, these might include the broadest range of settings, including households, communities, educational settings, and health care facilities – although only for those people working in these settings.

**Mass media** – as a category of *settings*, this would include traditional (print, radio and television) and contemporary (such as the worldwide web) settings in which information can be provided and/or exchanged.

## **Workshop 2: What evidence do we have and what can it tell us?**

### **Terms for Part 2 - People**

**Pupils or students** – as a category of *people*, these might include learners of any age engaged in formal learning activities on either a full or a part-time basis, attending a particular educational setting or undertaking distance learning.

**Teachers or trainers** – as a category of *people*, these might include a broad range of professions involved in education (such as primary and secondary school teachers, lecturers in tertiary education, and private consultants specialising in training).

**Patients or healthcare users** – as a category of *people*, these might include both the actual and the potential users of health care facilities and services. Evidence that refers to people attending health care facilities is likely to include very different types of individuals (i.e. those requiring and/or seeking health care) to evidence that refers to all potential health care users.

**Health care practitioners** – as a category of *people*, these might include a broad range of professions (such as nurses, midwives, health visitors and doctors) as well as practitioners in professions allied to medicine (such as osteopaths, chiropractors, homeopaths and herbalists).

**Providers and policy-makers** – as a category of *people*, this might include anyone involved in or responsible for managing educational or health care practitioners.

**Community members** – as a category of *people*, these might include anyone living in the same neighbourhood or geographical area, or individuals sharing the same socio-cultural identity living in different neighbourhoods. Community members might also include individuals involved in community organisations and formal socio-political structures.

**Researchers** – as a category of *people*, these might include both those individuals trained in research methodologies (based at Universities and/or other research institutes and consultancies) as well as those with no formal research training (such as survey field workers and interviewers).

### **Terms for Part 2 - Activities**

**Activities** – are processes and events that people undertake in the settings considered. Activities include past and current practice, as well as interventions in which a variety of services might be provided and facilities might be introduced, withdrawn or altered.

**Staff provision** – is a category of *activity* which involves the level of staffing at facilities which provide services (such as educational settings and health care facilities)

**Facilities/services provided** – as a category of *activities*, this might include professional and lay-practice, as well as activities required to provide and maintain facilities and services (such as allocating financial resources to educational settings in such a way that the number, size and/or nature of schools available is maintained or altered).

**Equipment available** – as a category of *activities*, this might include the provision of specific instruments within facilities which influence the services these facilities can provide.

### **Terms for Part 3 – Characteristics of activities**

**New/different** – as a characteristic of *activities*, “new/different” applies to activities that are not ordinarily undertaken within current practice, and is most likely to be the main characteristic of interventions (both potential and those implemented).

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (*Part 1*)

**Your name (so that we can return this to you):** \_\_\_\_\_

**1. What information is available to **identify** the piece of evidence?**

(a) : Title \_\_\_\_\_  
\_\_\_\_\_

(b) : Author(s) \_\_\_\_\_  
\_\_\_\_\_

(c) : Date \_\_\_\_\_

(d) : Publisher or producer \_\_\_\_\_  
\_\_\_\_\_

(e) : Other 1 \_\_\_\_\_  
\_\_\_\_\_

(f) : Other 2 \_\_\_\_\_  
\_\_\_\_\_

**2. What **format** does the evidence appear to take?**

(a) : Does it provide a “first hand **account**”?  
*Containing reflection(s) and/or observation(s) on people, settings or activities provided by the author(s) themselves – i.e. “primary research”*

(b) : Does it provide a “second-hand **account**”?  
*Containing an overview or review of previously published reflections and/or observations on people, settings or activities – i.e. “secondary research”*

**Does it say where they found they evidence?      Ø: Yes      Ø: No**

(c) : Is it a set of **guidelines**?  
*Comprising a handbook, manual or information sheet intended for use by consumers, practitioners, providers, policy makers and/or researchers*

**Does it say where they found they evidence?      Ø: Yes      Ø: No**

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (*Part 2*)

**3. To what **setting(s)** does this piece of written evidence refer?**

- (a) : Households \_\_\_\_\_
- (b) : Communities \_\_\_\_\_
- (c) : Educational settings \_\_\_\_\_
- (d) : Health care facilities \_\_\_\_\_
- (e) : Workplaces \_\_\_\_\_
- (f) : Mass media \_\_\_\_\_
- (g) : \_\_\_\_\_
- (h) : \_\_\_\_\_

**4. To what sorts of **people** does this piece of evidence refer?**

- (a) : Pupils or students \_\_\_\_\_
- (b) : Teachers or trainers \_\_\_\_\_
- (c) : Patients or health care users \_\_\_\_\_
- (d) : Health care practitioners \_\_\_\_\_
- (e) : Providers or policy makers \_\_\_\_\_
- (f) : Community members \_\_\_\_\_
- (g) : Researchers \_\_\_\_\_
- (h) : \_\_\_\_\_
- (i) : \_\_\_\_\_

**5. To what sorts of **activities** does this piece of written evidence refer?**

- (a) : Providing information \_\_\_\_\_
- (b) : Teaching or Training \_\_\_\_\_
- (c) : Staff provision \_\_\_\_\_
- (d) : Facilities/services provided \_\_\_\_\_
- (e) : Equipment available \_\_\_\_\_
- (f) : \_\_\_\_\_
- (g) : \_\_\_\_\_

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (*Part 3*)

**6. What characteristics of each **setting** does the evidence mention?**

- (a) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (b) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (c) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (d) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (e) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (f) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (g) : Country : Rural/urban : Facilities : Services : Structure/organisation
- (h) : Country : Rural/urban : Facilities : Services : Structure/organisation

**7. What characteristics of each group of **people** does the evidence mention?**

- (a) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (b) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (c) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (d) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (e) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (f) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (g) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (h) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health
- (i) : Knowledge/skills : Attitudes : Behaviour : Socioeconomic : Health

**8. What characteristics of each **activity** does the evidence mention?**

- (a) : Quantity : Quality : Cost : Current : Past : New/different
- (b) : Quantity : Quality : Cost : Current : Past : New/different
- (c) : Quantity : Quality : Cost : Current : Past : New/different
- (d) : Quantity : Quality : Cost : Current : Past : New/different
- (e) : Quantity : Quality : Cost : Current : Past : New/different
- (f) : Quantity : Quality : Cost : Current : Past : New/different
- (g) : Quantity : Quality : Cost : Current : Past : New/different

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK (Parts 1, 2 & 3):**

Development form

**Part 1:** *List any difficulties you encountered when collecting identifying information from the evidence you examined:*

1. Identifying information: \_\_\_\_\_

2. Format of evidence: \_\_\_\_\_

**Part 2 & 3:** List any difficulties you encountered when collecting information on the **settings, people** and **activities** mentioned:

3 & 6. Settings: \_\_\_\_\_

4. & 7. People: \_\_\_\_\_

5. & 8. Activities: \_\_\_\_\_

Which **setting(s)**, sort(s) of **people**, types of **activity** or **characteristics** would you **CUT** and which additional ones would you **ADD**?

Setting(s): \_\_\_\_\_

\_\_\_\_\_

Contextual characteristics: \_\_\_\_\_

\_\_\_\_\_

People: \_\_\_\_\_

\_\_\_\_\_

People characteristics: \_\_\_\_\_

\_\_\_\_\_

Activity: \_\_\_\_\_

\_\_\_\_\_

Activity characteristics: \_\_\_\_\_

\_\_\_\_\_

## DAY 2 - Session 2

### 10.30am How was the evidence compiled?

- 2.1 Aims:**
- (i) To review the 'techniques' and 'methodologies' used to compile evidence
  - (ii) To practice how to keyword 'techniques' and 'methodologies'
  - (iii) To develop a systematic keywording and appraisal tool

### 2.2 Overview:

- In the first Workshop we discussed a variety of **methodologies** designed to answer different types of questions.
- We divided these **methodologies** into two distinct categories:
  - (i) **Descriptive** – e.g. what do people know, believe and/or do?
  - (ii) **Experimental** – e.g. what happens if we change something?
- Within **descriptive** and **experimental** methodologies (and within **combinations of the two**), there are two different sorts of **techniques** that can be used to collect information on the various characteristics of the **settings, people** and **activities** (i.e. processes or events) examined:
  - (i) **Qualitative** – *themes* and *patterns* that cannot be statistically analysed
  - (ii) **Quantitative** – *numbers* that can be statistically analysed
- A number of different **designs** have been developed to answer particular types of questions, using particular combinations of the **methodologies** and **data collection techniques** described above.
- Most **designs** answer very particular types of questions, in particular types of circumstances. Using **keywording** to identify which **design** the evidence used provides information that helps establish:
  - (i) what sorts of **answers** the evidence might provide (and therefore what sorts of **questions** the evidence might be able to address); and
  - (ii) how carefully (or otherwise) the author(s) of the evidence have applied the **methodologies** and **data collection techniques** (which provides one indication of the **confidence** we might be in the information, guidance or findings the evidence provides).
- The activities that follow provide an opportunity for Workshop participants to practice **keywording** the **methodologies** and **data collection techniques** described in the summaries of pieces of evidence you examined earlier (in Session 1 above).
- These activities will also introduce Workshop participants to a structured approach for classifying the **overall design** used by the authors of the evidence examined.
- Like the first section of the draft **keywording and appraisal** framework, Workshop participants will also be developing and refining the second section over the next few days to ensure that it is relevant and appropriate for their needs.

## **Workshop 2: What evidence do we have and what can it tell us?**

### **2.3 Individual and paired activity:** [corresponds with worksheet 2b]

- 2.3.1 You will need your draft keywording and appraisal framework and summary from session 1.
- 2.3.2 Each participant will also receive a copy of **the second section** of the draft **keywording and appraisal** framework and a glossary of terms. **Part 4** of this framework has been formatted so that it will fit alongside **Part 2** of the draft framework you received in session 1 (earlier this morning). This will allow you to extract information on the **data collection techniques** and/or **methodologies** used to describe each of the **settings**, groups of **people** and/or sorts of **activities** you have already identified.
- 2.3.3 On your own, carefully read through **this second section** of the draft **keywording and appraisal** framework provided.
- 2.3.4 An additional glossary of terms has been provided to help to explain any unfamiliar terms, and any familiar terms which are used in a very particular sense. *If in doubt, ask one of the Workshop facilitators to help you.*
- 2.3.5 Once you have read through this second section of the draft **keywording and appraisal** framework, re-read the summary of the piece of evidence you have been given. Make a mental note of the sorts of information (**data collection techniques** and **methodologies**) you will need to extract to complete **this next section** of the draft framework.
- 2.3.6 Pair up with the same participant you worked with in Session 1. Work through **this next section** of the draft framework together.
- 2.3.7 Try to reach consensus on the information you extract from the summary of the evidence and write this information down on the draft framework – make sure that **both participants contribute to the draft framework** so that both are confident to apply the framework on their own.
- 2.3.8 Whenever you have difficulty or disagree about what information to extract, make a note on the **keywording and appraisal** framework development form (on the back page of the draft keywording framework) – you will be discussing these difficulties and disagreements later in your small group.
- 2.3.9 Once you have finished “**keywording**” the **data collection techniques** and **methodologies** described in the summary (i.e. **Part 4** of the draft framework), use **Parts 1, 2, 3** and **4** to classify the **overall design** of the evidence you have examined, as outlined in **Part 5**.
- 2.3.10 To use **Part 5** of the draft framework, carefully work through each of the categories in turn **one after the other** (to make sure you do not misclassify the **overall design** used).
- 2.3.11 Record any difficulties or disagreements you have when classifying the **overall design** of the evidence you have examined in the second box on the **keywording and appraisal** framework development form.

**Workshop 2: What evidence do we have and what can it tell us?**

2.3.12 Finally, record any improvements you would make to **Part 4** and **Part 5** of the draft framework in the final box on the **keywording and appraisal** framework development form.

**2.4 Small group activity:**

2.4.1 Join up with another pair and one facilitator (i.e. three small groups of 4 participants and one facilitator each) and select a chair and spokesperson as before.

2.4.2 Using the notes you made on the draft **keywording and appraisal** framework development form, each pair should take it in turns to discuss:

- (i) any difficulties and disagreements you encountered; and
- (ii) any improvements you would suggest to **Part 4** and **Part 5** of the framework.

12.00noon **Break for lunch**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 2b [corresponds to section 2.3]

**WHAT INFORMATION DOES THE EVIDENCE CONTAIN? SECTION 2**

Before you start, read through the fourth and fifth part of the draft keywording and appraisal framework to familiarise yourself with the information you will be collecting from the summaries of different pieces of written evidence.

**Part 4 – Identifying the data collection techniques and methodologies used**

Briefly list (using the space provided) any **data collection technique(s)** and/or **methodologies** used to examine:

9. The **settings** mentioned.
10. The **people** mentioned.
11. The **activities** mentioned.

**Part 5 – Classifying the overall design of the evidence**

12. Work through each of the steps in turn to classify the **overall design** of the evidence whose executive summary or abstract you have examined. Reflect on the information you collected in **Parts 1, 3 and 4** of the draft framework, particularly:

**Part 1**, Question 2 – identifying whether the evidence appears to take the format of a set of **guidelines**, a first-hand **account** or a second-hand **account**.

**Part 3**, Question 8 – identifying whether any of the **activities** mentioned were ‘**current**’, ‘**past**’ or ‘**new/different**’.

**Part 4**, Questions 9, 10 & 11 – identifying what sorts of **data collection techniques** (**qualitative** and/or **quantitative**) and what sorts of **methodologies** (**descriptive** and/or **experimental**) were used to examine each of the **settings**, groups of **people** and/or **activities** mentioned.

Remember: (i) not all pieces of written evidence provide sufficient information on the **data collection techniques** or **methodologies** used to allow you to classify its design; (ii) even when they do provide this information, it may not be included in the executive summary or abstract; and (iii) some pieces of written evidence may contain information compiled using more than one **data collection technique** and/or **methodology** – making it difficult to classify its ‘**overall design**’.

---

Finally, complete the development form for **Part 4** and **Part 5** of the draft **keywording and appraisal** framework. Consider which aspects you found difficult and which you would find most useful for evidence-informed decision-making. Are there any improvements you would make to the framework? Share this with other participants in your small group.

---

***A glossary of terms used to describe the design of guidelines, first- and second-hand accounts is provided***

## **Glossary of terms relevant for use when applying Part 4 and Part 5 of the keywording and appraisal framework**

The following terms (taken from the more detailed glossary in the *Background Reading* section of the Workshop manual) may help to extract information on the **data collection techniques** and **methodologies** mentioned in the evidence examined, and in classifying the **overall design** used to collect the information the evidence provides.

---

**Before-and-after study** – a study in which information collected from settings, people and/or activities before an intervention occurs is compared to information collected afterwards. A comparable *control* group (which does not receive the intervention) is required to ensure that any changes observed are due to the intervention rather than outside influences. These studies are also described as *pre- and post-test* studies.

**Case control study** – this design is used to investigate the causes of particular outcomes, especially rare outcomes. People with an outcome of interest are compared with a suitable control group of people unaffected by the outcome. Case control studies are often retrospective studies when the researcher is looking backwards from the outcome to a possible cause earlier on.

**Case study** – in-depth analysis and description of one individual or a small group of similar individuals in order to gain a detailed understanding of their particular experiences and/or circumstances.

**Clinical guidelines** – detailed guidance for the prevention or treatment of a particular condition, disease or trauma based on the evidence obtained from a *systematic review* of (written) evidence. In many instances “guidelines” do not meet this strict definition, and are not based on a systematic review of all the relevant evidence available.

**Cohort study** – these studies begin with a group of people without the outcome of interest, some (or all) of whom have been exposed to a potential cause of a particular outcome (such as a disease or risk-taking behaviour). These people are followed over time to see the subsequent development of new cases of the outcome of interest. Cohort studies provide good information about the relationships of outcomes and a measurement of the risk of developing that outcome.

**Content analysis** – this is the process of organising, integrating and coding *qualitative* data (or information from other research and non-research material) according to emerging themes and concepts.

**Controls** – are people in a comparable group to those receiving an intervention, but who do not receive the intervention. In some experimental designs (*trials*) they may be allocated to a different treatment from the subjects of the study, this could include a placebo, access to existing information, facilities and/or services, or no treatment at all.

**Crossover study** – a study design in which the participants are divided into two groups, one starting without receiving the intervention and switching halfway through the study to receiving the experimental intervention, while the other group does the opposite.

**Cross-sectional study** – a cross-sectional study is one in which information is collected about a setting, population or activity, at one point in time (for example, a survey).

## **Workshop 2: What evidence do we have and what can it tell us?**

**Direct observation** – this is the process of watching participants directly in a particular setting. Observation can be participative (i.e. with observers taking part in the activities of participants) or non-participative.

**Ethnography** – these studies involve the collection, description and analysis of observations to develop an understanding of social processes and the cultural behaviours which derive from them.

**Experiment** – an experiment is a new, deliberate change which is implemented in order to provide information about the effect(s) of this change.

**Focus group** – a focus group is a small group of individuals brought together under the guidance of a facilitator to discuss a particular subject of common interest in a free and open manner. Focus groups are used primarily to collect *qualitative* observations.

**Grounded theory** – an approach to collecting and analysing *qualitative* data with the aim of formulating, testing and evolving theoretical hypotheses “grounded” in real-world observations.

**Intervention** – an intervention is any deliberate change in activity that affects setting(s), people or other activities.

**Interview** – this is the process of exploring a particular subject by asking participants to comment on a number of broad topics.

**Semi-structured (or focused interview)** – a loosely structured interview in which the interviewer guides the respondent through a set of questions using a questionnaire.

**Structured interview** – an interview in which the questions are pre-determined and asked to all participants.

**Unstructured interview** – an oral self-report in which the researcher asks a respondent questions without having a predetermined plan regarding the specific context or flow of the information being gathered.

**Meta-analysis** – this is a statistical technique which summarises the results of several studies into a single estimate, usually giving more weight to results from larger studies.

**Methodology** – this is the term for the methods and principles used in a piece of work. For example, authors of a systematic review will explain its methodology in terms of their *search strategy*, criteria for including studies, statistical methods used in *meta-analysis*, and strategy for *synthesising* findings from different studies.

**Outcome** – the consequence of an intervention or an exposure. Outcomes can be desirable, such as increased condom use, or undesirable such as decreased condom use.

**Overview** – the word overview is often used in several different ways to mean different things but always refers to the collection of evidence in a specific area. It can be a systematic collection of written evidence to answer a focused question (*systematic review*) or it can be a wide collection of evidence which gives a general picture of a specific subject rather than answering a focused question.

**Placebo** – please see *control*

**Pre- and Post-Test Study** – please see *before-and-after study*.

## **Workshop 2: What evidence do we have and what can it tell us?**

**Qualitative** – qualitative data often takes the form of spoken or written text originating from situations such as interviews and focus groups; it can be analysed in many ways, but differs from *quantitative* data in that it cannot be statistically analysed.

**Quantitative** – quantitative data can be described as numeric data. They are data which are concerned with measuring the quantity of something and is often analysed statistically.

**Randomised controlled trial (RCT)** – this is a *trial* in which settings, people or activities are randomly assigned to two groups: one (the intervention group) receiving the intervention that is being examined, and the other (the comparison or control group) receiving an alternative (*placebo*) intervention or none at all. The results of the experiment are assessed by comparing the outcomes in the two different groups. The RCT is a very reliable tool for assessing the effectiveness of an intervention because this study design aims to reduce bias and the chance of unreliable results due to external influences.

**Review** – any summary of a particular topic.

**Search strategy** – the *methodology* used to conduct a search. For example, a search strategy might detail which databases were searched and which search terms were used when the search was conducted.

**Synthesis** – the process or result of bringing together a number of pieces of evidence into a new piece of evidence, theory or system.

**Systematic review** – a review in which evidence on a topic has been identified, appraised and summarised according to predetermined criteria in a systematic and reproducible way.

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (*Part 1*)

**9. List any qualitative or quantitative techniques used to examine settings**

None \_\_\_\_\_

Qualitative \_\_\_\_\_

\_\_\_\_\_

Quantitative \_\_\_\_\_

\_\_\_\_\_

**10. List any qualitative or quantitative techniques used to examine people:**

None \_\_\_\_\_

Qualitative \_\_\_\_\_

\_\_\_\_\_

Quantitative \_\_\_\_\_

\_\_\_\_\_

**11a. List any qualitative or quantitative techniques used to examine activities**

None \_\_\_\_\_

Qualitative \_\_\_\_\_

\_\_\_\_\_

Quantitative \_\_\_\_\_

\_\_\_\_\_

**11b. Is this an experiment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11c. If it is an experiment, is there a comparison group?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Workshop 2: What evidence do we have and what can it tell us?

**KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (**Part 5**)

**12.** Depending on whether your piece of evidence is a first-hand account, a second-hand account or a set of guidelines, work through section (a), (b) and/or (c) and tick the category which best reflects the overall design of the evidence examined:

**(a) First-hand accounts – reflections and/or observations by the author(s)**  
(Answer i, ii or iii. Answer iv when relevant.)

**(i) Only settings and/or people (no activities) mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative and/or* (3) : *Quantitative observations* – Situation description

**(ii) Either current or past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative; and/or* (3) : *Quantitative observations* – Activity description

**(iii) Both current and past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *No experimental manipulation* – Longitudinal or cohort study

(3) : *Experimental manipulation* – Quasi-experiment

(3.1) : Implementation; and/or (3.2) : Impact

**(iv) : New or different activities (i.e. “interventions”) mentioned**

(1) : *No qualitative or quantitative observations* – Intervention proposal

(2) : *No comparison group – experiment*

(2.1) : Experiment implementation; and/or (2.2) : Experiment impact

(3) : *With a comparison group – trial*

(3.1) : Trial implementation; and/or (3.2) : Trial impact

**(b) : Second-hand accounts** – summarising other first- or second-hand accounts

(1) : *No search strategy mentioned* – Non-systematic review

(2) : *Search strategy described* – Systematic review

**(c) : Guidelines** – a handbook, manual or information sheet

(1) : *No first- or second-hand accounts mentioned* – ‘Expert’ advice

(2) : *Some accounts mentioned, no search strategy* – Quasi-informed advice

(3) : *Search strategy described* – Informed advice

Workshop 2: What evidence do we have and what can it tell us?

**KEYWORDING AND APPRAISAL FRAMEWORK (Parts 4 & 5):**

Development form

**Part 4:** Describe any difficulties you encountered when identifying the **data collection techniques** and **methodologies** used to examine the **settings, people** and **activities** mentioned:

9. Settings: \_\_\_\_\_

\_\_\_\_\_

10. People: \_\_\_\_\_

\_\_\_\_\_

11. Activities: \_\_\_\_\_

\_\_\_\_\_

**Part 5:** List any difficulties you encountered when classifying the **overall design** of the evidence you examined:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

List any improvements you would make to **Part 4** and/or **Part 5** of the DRAFT keywording and appraisal framework?

**Part 4.** \_\_\_\_\_

\_\_\_\_\_

**Part 5.** \_\_\_\_\_

\_\_\_\_\_

continue overleaf if necessary

## **DAY 2 – Session 3**

1.30pm **Developing skills for using the internet**

- 3.1 Aims:**
- (i) To support participants' internet skills
  - (ii) To locate online tools for critical appraisal

### **3.2 Overview:**

- In a survey in 1997, Piero Impicciator and colleagues sought to examine the **reliability of healthcare advice on the World Wide Web** and to assess its possible benefits.
- They compared the advice being given on 41 Web pages they uncovered (with searches on Yahoo and Excite) with that contained in published guidelines for managing fever in children at home.
- They found that only 4 Web pages provided 'complete and accurate information' and suggested that there was an **"urgent need to check public oriented healthcare information on the Internet for accuracy, completeness and consistency"**.<sup>1</sup>
- A search on the website of the British Medical Journal reveals many **calls for quality assessment of the advice being given on unregulated Websites** and a number of organisations are working to do this.
- In the hands-on computer session we will use the internet to locate some of these quality assessment tools and consider whether they raise issues relevant to Workshop participants and the development of 'our keywording and appraisal tool'.

## **DAY 2 – Session 4**

2.00 pm **Practical session - developing skills for using the internet**

### **4.1 Individual or small group activity:** [corresponds with worksheet 2c below]

4.1.1 During this session we will be locating critical appraisal tools (similar to the modified DISCERN tool we used yesterday), looking at the types of issues they address and reporting back our findings to the whole group. We will be looking at two types of tools:

- (i) tools for critically appraising health-related information; and
- (ii) tools for critically appraising any information found on the internet.

---

<sup>1</sup> <http://www.bmj.com/cgi/content/full/314/7098/1875>

**Workshop 2: What evidence do we have and what can it tell us?**

- 4.1.2 These two types of tools will raise some issues which are unique to their medium or topic, and some which will apply to both. For example, the extent to which information is up-to-date is an issue which might be addressed by both types of tools, whereas questions regarding how user-friendly an interface is will only apply to websites.
- 4.1.3 Locate one or more online critical appraisal tools working individually or in pairs. Useful starting points are:
- [http://eppi.ioe.ac.uk/links\\_hp.htm](http://eppi.ioe.ac.uk/links_hp.htm)
  - <http://www.nettingtheevidence.org.uk/>
  - <http://www.discern.org.uk/> and
  - <http://www.bmj.com/cgi/content/full/318/7231/336/>
  - <http://www.google.com/>
  - <http://www.excite.com/>
- 4.1.4 Examine the tool(s) and prepare a short summary of their key features using the worksheet 2c to help do this.
- 4.1.5 Inform a facilitator when you have found a site that you will appraise so that it can be displayed on the main screen during the presentations (see below).
- 4.1.6 If you don't want to examine a site that somebody else is also examining, the list of sites which have been found during the session will be available at the front of the computer room.
- 4.1.7 At about 3.30pm we will stop our internet searching for a while and present information on the sites we have found.
- 4.1.8 We will display each site on the LCD projector during the presentations.

3.45 pm **Break for feedback on the second day of the Workshop**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 2c [corresponds to section 4.1]

## **Survey of web-based critical appraisal tools**

**Your name** \_\_\_\_\_

**Website** http://\_\_\_\_\_

**Website title** \_\_\_\_\_

**The purpose of the tool**

---

---

? The tool is a critical appraisal tool for appraising websites **or**

? The tool is a general critical appraisal tool (covering other media)

**The tool asks questions regarding:**

? the content of the information

? the appearance of the site

? source of the evidence

? how up to date the site is

? whether the site is “user-friendly”

? quality of links to other sources

? relevance for site’s intended users

? interactivity (for example, user forums)

**Key features of the tool** (continue overleaf if necessary)

---

---

---

---

---

---

**Workshop 2: What evidence do we have and what can it tell us?**

**FEEDBACK SESSION – DAY 2, WORKSHOP 2**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but if you decide to it will help us to evaluate the Workshops.

<b>What did you think of the today's sessions?</b> <i>(circle one on each line)</i>							
Very helpful	1	2	3	4	Unhelpful	5	
not challenging enough	1	2	just right	3	4	Too difficult	5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

**Workshop 2: What evidence do we have and what can it tell us?**

## **DAY 3 – Timetable**

---

8.30am **Session 1**  
*How do we know if an account is relevant to us?*

10.00am **Break for tea and coffee**

10.30am **Session 2**  
*Applying our 'relevance criteria'*

12.00noon **Break for lunch**

1.00pm **Session 3**  
*Discussion and feedback on the production and application of the 'relevance criteria'*

2:00pm **Break for tea and coffee**

2.30pm **Session 4**  
*Group discussion*

3.45pm **Feedback on the third day of the Workshop**

4.00pm **One-to-one surgeries and private study**

6.30pm **Dinner in a restaurant (optional)**

---

**Workshop 2: What evidence do we have and what can it tell us?**

**DAY 3 – Session 1**

8.30am **How do we know if an account is relevant to us?**

- 1.1 Aims:**
- (i) To develop 'relevance criteria' relating to HIV education in southern Africa
  - (ii) To finalise the first stage of the 'appraisal tool'

**1.2 Overview: – Why develop relevance criteria?**

- As outlined on Day 1, appraisal involves three steps:
  - (i) establishing **what an account contains**;
  - (ii) deciding whether its **content is relevant** to us; and
  - (iii) deciding whether we have **confidence in its claims**.
- **'Relevance criteria'** therefore relate to the second of these. We need to decide what we are looking for in a **relevant account**.
- If the account meets these requirements we will include it for further consideration.
- If it does not meet these criteria we will leave it to one side.
- **It is unnecessary to determine our confidence in an account if it doesn't have relevance to our question.**

**1.3 Overview: – How to develop relevance criteria**

- There are straightforward methods for determining what would be considered relevant and what wouldn't be.
- Starting with the draft keywording and appraisal framework we developed yesterday (designed to pick out **what** the account contains), if we specify which answers would be acceptable or relevant to us, we can determine a list of **relevance criteria**.

**1.4 Overview: – Relevant to what?**

- In the first Workshop participants developed two topic areas:
  - “The role of peer-educators and other lay-workers in the implementation of educational interventions for HIV prevention in southern Africa.”**
  - “The integration of educational programmes for HIV prevention into existing educational, health and/or development programmes in southern Africa”**
- For the duration of this workshop we will use these topics as foci for developing our relevance criteria.

**The development of the draft keywording and appraisal framework throughout these workshop materials, is based on those developed by Group B (the second group) attending Workshop 2. Throughout the week participants continued to develop and refine the HIVSA keywording and appraisal tool.**

## Workshop 2: What evidence do we have and what can it tell us?

### 1.5 Small group activity:

- 1.5.1 Break up into three small groups (of 4 participants and one facilitator each). Select a chair and spokesperson as before.
- 1.5.2 Work through the first section of the revised keywording and appraisal framework which you refined yesterday. Discuss each question in turn. What answers would you want from each of these questions to ensure that the account you are reading is relevant to your topic area?
- 1.5.3 For some questions **any answer might be acceptable** – for example, the question about authorship where any answer might do (unless you are specifically reviewing accounts written by particular authors).
- 1.5.4 For other questions **only certain types of answer** would make the evidence relevant – for example, in this case we only want to include material from southern Africa so an account from Australia would be considered irrelevant.
- 1.5.5 You may find it easier to set **negative** relevance criteria – for example, when considering the ‘activities’ examined in a piece of evidence you *might NOT* accept “integrating HIV/AIDS education into **STD** services” as being relevant, so your relevance criteria would be: *integration of HIV education to any existing programme but not STD care*.
- 1.5.6 For each question, record the answers (or range of answers) which your group would accept as being relevant on the different coloured post-it notes (provided) – one colour will be for items that you feel **must be included** to make the answer relevant and another colour will be used for those answers you feel **should be excluded because they are not relevant**.
- 1.5.7 Finally, discuss what you would do if an account met **some** of these relevance criteria, **but not all** of them. Would you still consider the account to be relevant? How many relevant answers would you want or need to find before concluding that the evidence was relevant?

### 1.6 Feedback and group discussion:

- 1.6.1 Each small group will add their post-it notes to the questions listed on the board.
- 1.6.2 The facilitators will help participants draw together themes using these criteria.
- 1.6.3 As a whole group you should aim to agree on a set of '**relevance criteria**' relating to your topic.
- 1.6.4 Having agreed these, you should consider whether there are any questions from the keywording and appraisal framework which you feel are **not useful** in this instance – **remember, it can be time-consuming to extract this information from each piece of evidence**, so it is well worth considering how important each factor is to the process.
- 1.6.5 Participants should then discuss whether all the relevance criteria must be met for the group to consider any given piece of evidence to be relevant.

10.00am **Break for tea and coffee**

**Workshop 2: What evidence do we have and what can it tell us?**

**REVISED KEYWORDING AND APPRAISAL FRAMEWORK:**

**What information does the evidence contain? (Part 1)**

HIVSA evidence ID number

---

Your name (so that we can return this to you)

---

**1a. What information is available to identify the piece of evidence?**

(a) Title

---

(b) Author(s)

---

(c) Date

---

(d) Publisher or producer

---

(e) Language used

---

(f) Other

---

**1b What is the main focus of the piece of evidence**

Prevalence	Condoms	Prevention
Education	STDs/STIs	HIV/AIDS
Social behaviour change	Community participation	Negotiating skills
Domestic violence		

**2. What format does the evidence appear to take?**

Is it (please circle appropriate answers):

(a) a “first hand **account**”?

*Containing reflection(s) and/or observation(s) on people, settings or activities provided by the author(s) themselves – i.e. “primary research”*

---

(b) a “second-hand **account**”?

*Containing an overview or review of previously published reflections and/or observations on people, settings or activities – i.e. “secondary research”*

---

Do the authors say where they found the evidence?                      Yes              No

---

(c) a set of **guidelines**?

*Comprising a handbook, manual or information sheet intended for use by consumers, practitioners, providers, policy makers and/or researchers*

---

Do the authors say where they found the evidence?                      Yes              No

---



**Workshop 2: What evidence do we have and what can it tell us?**

**REVISED KEYWORDING AND APPRAISAL FRAMEWORK**

**5.** To what sorts of **activities** does this piece of evidence refer?

- a) Advocacy / empowerment
- b) Care and support / counselling
- c) Networking
- d) Policy development
- e) Programme management
- f) Providing information
- g) Research
- h) Staff provision
- i) Teaching or Training
- j) The provision of equipment/resources
- k) The provision of facilities/services
- l) Other

**Workshop 2: What evidence do we have and what can it tell us?**

**REVISED KEYWORDING AND APPRAISAL FRAMEWORK**

**6. Characteristics of each setting as stated in the evidence**

<b>Rural or urban</b>				
a) Country	Socioeconomic	Facilities/services	Structure/organisation	
b) Country	Socioeconomic	Facilities/services	Structure/organisation	
c) Country	Socioeconomic	Facilities/services	Structure/organisation	
d) Country	Socioeconomic	Facilities/services	Structure/organisation	
e) Country	Socioeconomic	Facilities/services	Structure/organisation	
f) Country	Socioeconomic	Facilities/services	Structure/organisation	
g) Country	Socioeconomic	Facilities/services	Structure/organisation	
h) Country	Socioeconomic	Facilities/services	Structure/organisation	
i) Country	Socioeconomic	Facilities/services	Structure/organisation	
j) Country	Socioeconomic	Facilities/services	Structure/organisation	
k) Country	Socioeconomic	Facilities/services	Structure/organisation	
l) Country	Socioeconomic	Facilities/services	Structure/organisation	
m) Country	Socioeconomic	Facilities/services	Structure/organisation	

**7. What characteristics of each group of people does the evidence mention?**

<b>Religion</b>				
a) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
b) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
c) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
d) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
e) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
f) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
g) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
h) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
i) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
j) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
k) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
l) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
m) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
n) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
o) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
p) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
q) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
r) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
s) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
t) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
u) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
v) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health

Workshop 2: What evidence do we have and what can it tell us?

**REVISED KEYWORDING AND APPRAISAL FRAMEWORK**

**8. What characteristics of the **activity** does the evidence contain?**

a) Quantity	Quality	Cost	Current	Past	Changed/new/different
b) Quantity	Quality	Cost	Current	Past	Changed/new/different
c) Quantity	Quality	Cost	Current	Past	Changed/new/different
d) Quantity	Quality	Cost	Current	Past	Changed/new/different
e) Quantity	Quality	Cost	Current	Past	Changed/new/different
f) Quantity	Quality	Cost	Current	Past	Changed/new/different
g) Quantity	Quality	Cost	Current	Past	Changed/new/different
h) Quantity	Quality	Cost	Current	Past	Changed/new/different
i) Quantity	Quality	Cost	Current	Past	Changed/new/different
j) Quantity	Quality	Cost	Current	Past	Changed/new/different
k) Quantity	Quality	Cost	Current	Past	Changed/new/different
l) Quantity	Quality	Cost	Current	Past	Changed/new/different

**Workshop 2: What evidence do we have and what can it tell us?**

**REVISED KEYWORDING AND APPRAISAL FRAMEWORK**

**9.** List any **qualitative** or **quantitative** techniques used to examine **contexts**

None

---

Qualitative

---

---

Quantitative

---

---

**10.** List any **qualitative** or **quantitative** techniques used to examine **people:**

None

---

Qualitative

---

---

Quantitative

---

---

**11a** List any **qualitative** or **quantitative** techniques used to examine **activities**

None

---

Qualitative

---

---

Quantitative

---

---

**11b** Is this an **experiment?**

Yes

No

---

**11c** If it is an experiment, is there a **comparison** group?

Yes

No

---

Workshop 2: What evidence do we have and what can it tell us?

REVISED KEYWORDING AND APPRAISAL FRAMEWORK

**12.** Depending on whether your piece of evidence is a first-hand account, a second-hand account or a set of guidelines, work through section (a), (b) and/or (c) and tick the category which best reflects the overall design of the evidence examined:

**(a) First-hand accounts – reflections and/or observations by the author(s)**  
(Answer i, ii or iii. Answer iv when relevant.)

**(i) Only contexts and/or people (no activities) mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative and/or* (3) : *Quantitative observations* – Situation description

**(ii) Either current or past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative; and/or* (3) : *Quantitative observations* – Activity description

**(iii) Both current and past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *No experimental manipulation* – Longitudinal or cohort study

(3) : *Experimental manipulation* – Quasi-experiment

(3.1) : *Implementation; and/or* (3.2) : *Impact*

**(iv) : New or different activities (i.e. “interventions”) mentioned**

(1) : *No qualitative or quantitative observations* – Intervention proposal

(2) : *No comparison group – experiment*

(2.1) : *Experiment implementation; and/or* (2.2) : *Experiment impact*

(3) : *With a comparison group – trial*

(3.1) : *Trial implementation; and/or* (3.2) : *Trial impact*

**(b) : Second-hand accounts** – summarising other first- or second-hand accounts

(1) : *No search strategy mentioned* – Non-systematic review

(2) : *Search strategy described* – Systematic review

**(c) : Guidelines** – a handbook, manual or information sheet

(1) : *No first- or second-hand accounts mentioned* – ‘Expert’ advice

(2) : *Some accounts mentioned, no search strategy* – Quasi-informed advice

(3) : *Search strategy described* – Informed advice

## **DAY 3 – Session 2**

10.30am **Applying our 'relevance criteria'**

- 2.1 Aims:**
- (i) To practice implementing 'relevance criteria'
  - (ii) To read and interrogate evidence on HIV education in southern African
  - (iii) To begin the process of appraising literature for the review

**2.2 Paired activity:** [corresponds with worksheet 3a below]

- 2.2.1 Break into pairs where you will be given a **selection of accounts**, collected as a result of the group's searching (following the previous Workshop, Workshop 2).
- 2.2.2 Work through the **revised keywording and appraisal framework**, only answering those questions we have decided are necessary to determine relevance.
- 2.2.3 Does the information you have extracted from the account meet the **'relevance criteria'** established this morning?
- 2.2.4 Based on these 'relevance criteria', **make a decision as to whether or not to include this account** when addressing your review topic, or whether to leave it to one side (i.e. exclude it).
- 2.2.5 In the spaces provided on worksheet 3a, make a note of which accounts you are **excluding** and which you are **including**, together with **an explanation of why** you have chosen to do so.
- 2.2.6 Once you have completed assessing the relevance of a selection of accounts, pass these on to another pair to review, and examine those accounts they have already reviewed.

12.00noon **Break for lunch**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 3a [relates to section 2.2]

**APPLYING OUR 'RELEVANCE CRITERIA'** (part 1)

Based on the 'relevance criteria', make a decision as to whether or not to include each account, or whether to leave it to one side (ie exclude it).

Make a note of which accounts you are excluding and including and an explanation of why you have chosen to do so. You will be feeding back to the group after lunch.

<b><i>Name of piece of evidence (and ID number)</i></b>	<b><i>Include OR Exclude?</i></b>	<b><i>Reason for decision</i></b>

**Workshop 2: What evidence do we have and what can it tell us?**

**DAY 3 – Session 3**

**1:00pm Discussion and feedback on the production and application of 'relevance criteria'**

- 3.1 Aims:**
- (i) To allow participants to feedback their experiences of applying relevance criteria to different pieces of evidence.
  - (ii) To facilitate discussion within the group concerning the application of relevance criteria to written pieces of evidence.

**3.2 Small group activity:** [corresponds with worksheet 3b]

- 3.2.1 Join with the other pair of participants who have reviewed the **same** accounts as your pair in session 2.
- 3.2.2 Share with one another which pieces of evidence you **excluded** and why.
- 3.2.3 Discuss whether or not you all agreed which accounts should definitely be excluded and the information and claims they contain should be disregarded as irrelevant.
- 3.2.4 Make a note on worksheet 3b the summary characteristics of the accounts you have included and those you have excluded.

**3.3 Feedback:**

- 3.3.1 Return to the whole group.
- 3.3.2 Each small group will report back to the main group which pieces of evidence they **included** and their summary characteristics.
- 3.3.3 Once everyone has fed back there will be an opportunity for group discussion concerning any problems experienced when applying the relevance criteria.
- 3.3.4 Do participants think any alterations should be made to the relevance criteria developed this morning?

**2.00pm Break for tea and coffee**

**DAY 3 – Session 4**

**2.30pm Group discussion**

- 4.1 Aim:** An opportunity for participants to discuss with each other the challenges they face in working in the field of HIV education in Southern Africa.

**3.45pm Break for feedback on the third day of the Workshop**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 3b [relates to section 2.2]

**APPLYING OUR 'RELEVANCE CRITERIA'** (part 2)

Summarise the characteristics of those accounts you have included and those you have excluded. You will be feeding back to the group before afternoon tea/coffee.

1. Common characteristics of **included** accounts:

---

---

---

---

---

---

---

---

2. Common characteristics of **excluded** accounts:

---

---

---

---

---

---

---

---

**Workshop 2: What evidence do we have and what can it tell us?**

**FEEDBACK SESSION – DAY 3, WORKSHOP 2**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but if you decide to it will help us to evaluate the Workshops.

**What did you think of the today's sessions?** *(circle one on each line)*

Very helpful	1	2	3	4	Unhelpful	5
not challenging enough	1	2	just right 3	4	Too difficult	5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

**Workshop 2: What evidence do we have and what can it tell us?**

## **DAY 4 – Schedule**

---

8.30am **Session 1**

*Gaining confidence in the evidence*

10.00am **Break for tea and coffee**

10.30am **Session 2**

*Finalising your 'confidence questions'*

12.00noon **Break for lunch**

1.00pm **Session 3**

*Your 'keywording and appraisal tool'*

2.00pm **Break for tea and coffee**

2.30pm **Session 4**

*Keywording and appraising your evidence*

3.45 pm **Feedback on the fourth day of the Workshop**

4.00pm **One-to-one surgeries and private study**

---

Workshop 2: What evidence do we have and what can it tell us?

## DAY 4 - Session 1

8.30am **Gaining confidence in the evidence**

- 1.1 Aims:**
- (i) To develop questions to determine how confident we can be about the information and claims of different pieces of evidence.
  - (ii) To apply our 'confidence questions' to our evidence

**1.2 Overview:**

- In our everyday work it is important that we can read an account (or its summary) and quickly make a judgement about whether we **trust**, and therefore feel we should pay attention to, the information it contains and the advice or guidance it provides.
- Already this week participants have decided which **types of information they should be extracting** when reading an account (using the draft **keywording and appraisal framework**), and have determined **clear steps to determine whether or not the account is relevant** (using the **relevance criteria** therein).
- The final stage of deciding how much attention to pay to the information, findings or recommendations an account provides is about **confidence** – *how confident are we that what is contained in this account is reliable?*
- An account might make recommendations about a number of different things – for example, it might recommend a particular approach for implementing HIV education in primary schools, or it might promote the use of a particular teaching manual or the use of a particular educational leaflet. It is important that we know whether the information provided and/or the advice given is indeed reliable.
- On Day 1 participants brainstormed a variety of different factors which increase confidence in the information and/or guidance contained in an account. In this session participants will work through this list, and attempt to apply it to some real pieces of evidence. This process should highlight which factors are key in judging whether or not to trust an account. It will also enable participants to develop 'confidence questions' for use when addressing the review topic they have chosen.
- Before breaking into pairs, participants should read through the list of 'confidence questions' on their own and ask the facilitators to clarify any points which are unclear.

**1.3 Paired activity:** [corresponds with worksheet 4a below]

- 1.3.1 In your pair read through the two pieces of evidence assigned to you.
- 1.3.2 Together, work through each piece of evidence applying each of the confidence questions in turn.
- 1.3.3 Each pair should decide which piece of evidence they have most confidence in and the reasons why.

**1.4 Feedback:**

- 1.4.1 One member of each pair will report back to the whole group on which piece they had most confidence in and why.

10.00am **Break for Tea and Coffee**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 4a [corresponds with section 1.3]

**CONFIDENCE QUESTIONS (from Day 1)**

**Part One: Background of the evidence**

Q1. Have the authors demonstrated that they have taken account of pre-existing evidence?

No		Partially		Yes
1	2	3	4	5

*If you are appraising a first hand account, does this also contain a literature review?*

*If you are appraising a review, does this report state the strategies used to locate evidence for inclusion, and are the strategies comprehensive?*

Q2. Could the evidence contained in the report have become out of date in any way?

No		Partially		Yes
1	2	3	4	5

Q3. Does the place in which this evidence was found give you confidence in its reliability?

No		Partially		Yes
1	2	3	4	5

*If you are appraising a published work, has it been through an editorial process (for example, 'peer referring'), or was it self published (for example on an internet site)?*

*If you are appraising an unpublished work, are there aspects of its source which give you confidence in its trustworthiness? (For example, the organisation(s) or individual(s) involved)*

Q4. Does the background and experience of the author(s) give you particular confidence in their ability to produce reliable and relevant work?

No		Partially		Yes
1	2	3	4	5

*For example, have they a track record in community based work, do they have special knowledge of a community's culture, religion or beliefs which makes their work particularly significant?*

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Two: Potential sources of bias**

Q5. Do the authors appear to be biased or have personal interests which might affect the reliability of their conclusions?

No		Partially		Yes
1	2	3	4	5

*For example, is the report published by an organisation which is campaigning for a particular cause? If so, might this affect your confidence in their impartiality?*

Q6. Does the evidence come from a source which you feel is especially trustworthy?

No		Partially		Yes
1	2	3	4	5

*Do you know of the author and/or their previous work?*  
*Do you recognise the organisation which produced the report as being reputable and reliable?*  
*If the work is published, do you trust the source?*  
*Have the authors taken account of possible ethical/gender issues?*

Q7. Does the evidence mention sources of funding which might potentially cause conflicts of interest?

No		Partially		Yes
1	2	3	4	5

Q8. Does the report appear to take reasonable steps to ensure that it is fair and objective?

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Three: Methodology**

Q9. Are the methods used appropriate to the questions being asked and results claimed?

No		Partially		Yes
1	2	3	4	5

*If you are appraising a descriptive 'what is' study, does it employ methods which are capable of capturing the breadth of information sought? (e.g. if people's views are being sought, are interviews/focus groups used, or are people restricted to expressing their views on a yes/no questionnaire?)*

*If you are appraising a 'what if' study, have the authors demonstrated that any effects claimed are due to their intervention rather than outside interference? (The usual way to ensure this is to employ a comparison or 'control' group.)*

Q10. Does the size and characteristics of the sample give you confidence in the authors' conclusions?

No		Partially		Yes
1	2	3	4	5

*Is the sample representative of the target population?*

*If the authors' conclusions are based upon tests of significance, was there a sufficiently large sample to make these reliable?*

Q11. If the report claims to contain evidence of the effectiveness of a programme, are you convinced that the evidence presented justifies the conclusions?

No		Partially		Yes
1	2	3	4	5

Q12. Is this work based upon a theoretical framework which you recognise?

No		Partially		Yes
1	2	3	4	5

*Theoretical frameworks are theories about human cognition, interaction and behaviour. If you are familiar with their theoretical framework, is the theory the authors are employing one which you recognise and agree with?*

*If you are not familiar with their theoretical framework, do the theoretical assumptions of the authors make sense to you, or do you disagree with where they appear to be 'coming from'?*

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Four: The contents of the evidence**

Q13. Are the aims and conclusions of the report laid out in a comprehensible way?

No		Partially		Yes
1	2	3	4	5

*Do the authors avoid unnecessary jargon and present their findings in a format and language which is appropriate for potential audiences?*

Q14. If the report contains details of programme implementation, does it give information on its cost effectiveness?

No		Partially		Yes
1	2	3	4	5

Q15. Are any possible limitations and difficulties clearly described?

No		Partially		Yes
1	2	3	4	5

Q16. Does the report describe the demographic characteristics of the people involved?

No		Partially		Yes
1	2	3	4	5

*For example, are there indications of age, socio-economic status, sex etc.*

**Part Five: Applicability**

Q17. If the report recommends a particular programme, have the people targeted been consulted? Is this something that they felt they would like and does the report lay out clearly the ways in which they might benefit?

No		Partially		Yes
1	2	3	4	5

Q18. Does the evidence presented in the report persuade you that any programme could be replicated properly and cost-effectively?

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

Q19. Does the socio/cultural context of the evidence give you confidence that its conclusions will apply in your situation?

No		Partially		Yes
1	2	3	4	5

*Is the setting transferable to your situation?*

*Are the people mentioned comparable to those in your situation?*

**Part six: Overall conclusions**

Q20. Give this piece of evidence an overall rating.

<b>Low</b>		<b>Moderate</b>		<b>High</b>
1	2	3	4	5

**Low:** *Serious or extensive shortcomings which cannot be mitigated in the light of additional evidence.*

**Moderate:** *Potentially important, but not serious shortcomings. For example, if a report's assumptions in certain areas were borne out in the light of other evidence, the other contents of the report could be regarded as reliable.*

**High:** *Minimal shortcomings.*

**Workshop 2: What evidence do we have and what can it tell us?**

**DAY 4 – Session 2**

10.30am **Finalising our 'confidence questions'**

**2.1 Aims:**

- (i) To gain skills in identifying key 'confidence' features of an account
- (ii) To allow discussion about our confidence questions
- (ii) To finalise the project's keywording and appraisal tool

**2.2 Paired activity:** [corresponds with worksheet 4b below]

- 2.2.1 Break into the same pairs to discuss your experience of applying the confidence questions.
- 2.2.2 Make a note on worksheet 4b which confidence questions were particularly easy, and which were particularly difficult to apply.
- 2.2.3 As a pair, assign a score to each of the confidence questions to indicate how important you think each one is to a confidence tool. Score a **'3'** for those that you feel are **essential**, **'2'** for those that you feel might be **useful (but not essential)** and **'1'** for those that you feel are **not necessary**.
- 2.2.4 Decide if there are any additional questions you feel should be added, and any existing questions which should be clarified/simplified, to make it easier to assess 'confidence' in any given piece of evidence.

**2.3 Feedback:**

- 2.3.1 One member of the pair should feedback to the main group the scores you gave to each of the confidence questions.
- 2.3.2 Each pair should also say whether they feel there are questions that should be added or modified.
- 2.3.3 The aim is to agree amongst participants, by the end of this discussion, which confidence questions should be included in the final keywording and appraisal tool.

12.00noon **Break for Lunch**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 4b [corresponds with section 2.2]

**GAINING CONFIDENCE IN THE EVIDENCE**

1. As a pair, make a note of any of the confidence questions which are particularly easy or difficult to apply and explain why.

<b>Easy to apply</b>	<b>Why?</b>
<b>Difficult to apply</b>	<b>Why?</b>

2. In order to determine which questions on the confidence list you feel are most important, please score each question, either '1', '2' or '3' using the following scale:  
**1: not important, 2: useful (but not essential), 3: essential**

	score		score		score
Q1		Q7		Q13	
Q2		Q8		Q14	
Q3		Q9		Q15	
Q4		Q10		Q16	
Q5		Q11		Q17	
Q6		Q12		Q18	
				Q19	

**Workshop 2: What evidence do we have and what can it tell us?**

**DAY 4 – Session 3**

1.00pm **Your 'appraisal tool'**

- 3.1 Aims:**
- (i) To present the group's appraisal tool and instructions on how to use it
  - (ii) To apply the tool and contribute to examining the topic of the review

**3.2 Individual activity:**

- 3.2.1 Each participant will be given their own selection of five pieces of evidence, as chosen on Day 1.
- 3.2.2 Using the sheets provided, the participants should spend the rest of the afternoon working through their own selection of evidence, applying the complete keywording and appraisal tool they have developed. Workshop facilitators will be on hand to offer assistance.

2.00pm **Break for Tea and Coffee**

**DAY 4 – Session 4**

2.30 pm **Appraising your evidence (continued)**

3.30pm **Break for feedback on the fourth day of the Workshop**

**Workshop 2: What evidence do we have and what can it tell us?**

**FEEDBACK SESSION – DAY 4, WORKSHOP 2**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but if you decide to it will help us to evaluate the Workshops.

<b>What did you think of the today's sessions?</b> <i>(circle one on each line)</i>						
Very helpful	1	2	3	4	Unhelpful	5
not challenging enough	1	2	just right 3	4	Too difficult	5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

**Workshop 2: What evidence do we have and what can it tell us?**

## **DAY 5 – Schedule**

---

8.30am **Session 1**

*Evidence-informed decision-making*

10.00am **Break for tea and coffee**

10.30am **Session 2**

*A practical 'mini' appraisal tool*

12.00noon **Break for lunch**

1.00pm **Session 3**

*Applying critical appraisal in the real world*

2.15pm **Evaluation and Feedback on the first Workshop**

2.45pm **Session 4**

*Optional recreational activities*

7.00pm **Dinner**

---

## DAY 5 – Session 1

### 8.30am Evidence-informed decision-making

- 1.1 Aims:**
- (i) To discuss the practical uses of keywording and appraisal tools
  - (ii) To highlight the key aspects of critical appraisal
  - (iii) To condense this week's work into a **decision-making tool**

### 1.2 Overview:

- In the course of the week we have explored in some depth the processes of interrogating different types of evidence to
  - (i) extract information;
  - (ii) assess whether the information it contains is relevant; and
  - (iii) establish the amount of confidence we have in this information.
- In exploring these issues, and in developing these skills, we have created a **systematic keywording and appraisal tool** relevant to evaluating educational interventions for HIV prevention in southern Africa.
- The aim of this morning's session is to break down this comprehensive tool into a **'five minute' appraisal tool** to aid you in your daily work. We hope that this will allow you to apply the skills we have been practising throughout the week to help you make evidence-informed decisions in your day-to-day activities.

### 1.3 Small group activity:

- 1.3.1 Break into small groups and assign a spokesperson and chair as before.
- 1.3.2 *Without consulting the appraisal tool*, list 5 or so questions which you, as a group, feel should be asked of a piece of evidence to help you make a judgement about the information it contains, the relevance thereof, and the degree of confidence you have in the information it provides.
- 1.3.3 Remember to consider the three stages of critical appraisal:
- (i) what information does this piece of evidence (or this 'account') contain?
  - (ii) is this information relevant to the decision(s) I need to make; and
  - (iii) to what extent can I trust the information it provides?
- 1.3.4 We have thought of six questions to get you started. If you feel that some of these questions should be in your list then please feel free to add them.
1. Is this relevant to the decision I need to make?
  2. Are the aims of the 'account' clear?
  3. Are its conclusions based on sound evidence?
  4. Is the context described similar to my context?
  5. Does the evidence appear to be balanced, or is it clearly one-sided?
  6. Does the report contain enough information or refer me to further sources?

## Workshop 2: What evidence do we have and what can it tell us?

- 1.3.5 The aim of this activity is to include all of the principle components of critical appraisal while keeping this “mini-appraisal tool” as concise as possible.
- 1.3.6 Return to your copies of the full keywording and appraisal tool we have developed.
- 1.3.7 After looking though the full tool, are there any changes you would like to make to the five questions you came up with as a group?

### 1.4 Feedback:

- 1.4.1 Please write down the questions your group chose on a flipchart.
- 1.4.2 Your spokesperson will feedback your small group’s questions to the rest of the participants.
- 1.4.3 As a group we will discuss each group’s suggestions and work towards a shared set of common questions which we all agree should be contained within a mini-appraisal or mini-decision-making tool.

10.00am **Break for Tea and Coffee**

## DAY 5 – Session 2

10.30am **A practical 'mini' appraisal tool**

**Note: The following task corresponds with worksheet 5a below. Group B's mini appraisal tool is also available at the end of these notes.**

### 2.1 Paired activity: [corresponds with worksheet 5a below]

- 2.1.1 Each pair will be given a decision to make, and a piece of evidence to inform their decision.
- 2.1.2 In pairs, try applying your new decision-making tool to your piece of evidence.
- 2.1.3 Make a shared decision *together* - in doing so you will be asked to make your decision based **entirely on the evidence you have been given**.
- 2.1.4 Consider how your decision might differ if you could bring your own experience to bear on the decision you have made.
- 2.1.5 You will be asked to report back to the group:
  - (i) what decision you made;
  - (ii) whether you considered your piece of evidence relevant;
  - (iii) whether you considered your piece of evidence trustworthy; and
  - (iv) how the evidence influenced the decision you made.

### 2.2 Feedback:

- 2.2.1 Each pair to report back to the main group.

## **Making your decision**

**You will be presented with one of the following decisions:**

1. Should I wear a bicycle helmet when I ride my bike?
2. Should I drink red wine or is it bad for my health?
3. Should I eat butter or margarine on my bread?
4. Is it bad for my health to use my mobile phone so much?
5. Is it better to have fluoride in my water supply or not?
6. Should I eat more chocolate or is it bad for my health?

- You will be given some 'evidence' to help you make your decision.
- Work through it in your pair applying our mini-appraisal making tool
- Together agree on your decision
- You will be asked to present your decision to the group on:
  - (i) whether you considered your piece of evidence relevant;
  - (ii) whether you had confidence in the information it contained; and
  - (iii) how the evidence influenced the decision you made.

## **Workshop 2: What evidence do we have and what can it tell us?**

12.00noon **Break for lunch**

### **DAY 5 – Session 3**

1.00pm **Applying critical appraisal in the real world**

#### **3.1 Overview:**

- There are a number of different ways in which appraising and using evidence in a systematic way can impact on our day-to-day work.
- We will outline some practical approaches to using the skills we have been developing throughout the first two Workshops.

#### **3.2 Small group work:** [corresponds with worksheet 5b below]

- 3.2.1 In your small groups, read through the list of ideas for applying critical appraisal skills and the use of evidence in your work.
- 3.2.2 Brainstorm as a group and add other ideas to the list.
- 3.2.3 On a flipchart, take each of the examples from the list and explain how you might go about changing your use of evidence in your day-to-day work.

#### **3.3 Individual task:** [corresponds with worksheet 5c below]

- 3.3.1 Each participant will be asked to consider a practical implication of the Workshops which relates directly to their day-to-day work.
- 3.3.2 Using worksheet 5b, outline something you will aim to apply in your work before the next Workshop.
- 3.3.3 Share and discuss your plans in your small groups.

#### **3.4 Concluding Workshop 2**

- 3.4.1 Each participant will receive a copy of the final version of our critical appraisal tool.  
**(This final version is available at the end of these notes.)**
- 3.4.2 We will discuss how to keyword and appraise evidence for inclusion in the review in preparation for the syntheses of evidence we will be undertaking in the next Workshop.
- 3.4.3 The draft of our glossary will be sent to you. If you would like to suggest amendments or additions, please contact us regarding the changes you would like to suggest.
- 3.4.4 The glossary is very much work in progress and will benefit from feedback from Workshop participants as they use the appraisal tool.

2.15pm **Evaluation and Feedback on the second Workshop**

2.45pm **Optional recreational activities**

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 5b [CORRESPONDS WITH SECTION 3.2]

**Some scenarios where the skills we have developed in: (i) critical appraisal; and (ii) evidence-based decision-making, might be of use to you:-**

- If you are asked to give your views/feedback on a project report which one of your colleagues has written
- If you have to write a report yourself
- If you want to write a funding proposal
- If you are planning an evaluation of your work
- If you are looking for more information about a particular topic
- In breaking down decisions/problems into manageable tasks
- In assessing/reassessing your current practice – why do you do something in a particular way?
- If you are incorporating what you have learnt in teaching your students
- If you are deciding about which teaching/programme manuals to use
- If you are reviewing 20 or so pieces of evidence
- When discussing your work with researchers in your field
- If you are designing a project or programme

**Workshop 2: What evidence do we have and what can it tell us?**

WORKSHEET 5c [CORRESPONDS WITH SECTION 3.3]

**Practical uses of critical appraisal in your day-to-day work**

Consider a practical implication of the skills we have shared during the Workshops which relates directly to your day-to-day work.

Using the questions below as a guide, outline some of the critical appraisal skills you hope to apply to your work before the next Workshop:

An aspect of my work in which I could implement or 'adapt' the critical appraisal skills learned at the HIVSA Workshops:

My current practice in this area of my work:

How I could 'adapt' my current practice in the light of the Workshops:

Any anticipated barriers I might face in adapting my current practice in this way:

*Continue overleaf if necessary*

## Workshop 2: What evidence do we have and what can it tell us?

### Appraising your evidence between Workshops 2 and 3

We now have a keywording and appraisal tool, specifically designed to answer the topic(s) chosen by each group of Workshop participants. In the 6 weeks between the second and third Workshops, we hope to keyword and appraise as much of the evidence we have already collected as possible. Wherever possible, each piece of evidence will be keyworded and appraised at least twice (once by a Workshop participant and once by one of the Workshop facilitators).

You selected the following pieces of evidence to work through on your own: \_\_\_\_\_

---

As other people are also appraising: \_\_\_\_\_ (**i.e. shared evidence, chosen by more than one Workshop participant**) we would ask you to appraise the following pieces of evidence from your pile first: \_\_\_\_\_ (**i.e. pieces of evidence chosen by only one Workshop participant**) and then continue with the others if you have time.

#### If you have any queries

If you have any queries in the course of keywording and appraising these pieces of evidence please do not hesitate to email us. Similarly the following people are appraising the same pieces of evidence as you, so you may want to consult with them while you conduct *your* appraisal thereof: \_\_\_\_\_ (**i.e. names of other Workshop participants who have chosen the same pieces of evidence to appraise**).

We will collect a database of the information from participants' keywording and appraisal sheets which will be available on the HIVSA online database during Workshop 3.

#### Submitting your appraisal sheets

We suggest that the easiest way of sending us your keywording and appraisal sheets would be for you to fax them to us. If you need to be reimbursed for this we ask you to keep a record of any sheets you fax to us. We can do the same and endeavour to reimburse you at the next Workshop.

Before you send us your keywording and appraisal sheets please be sure to record **your name and the HIVSA ID number of the piece of evidence you have critically appraised**. You do not need to send us the piece of evidence itself.

**Our fax number is: +44 20 7612 6400.**

**Mark faxes: F.A.O. HIVSA Project.**

**H**

**I**

# **Keywording and Appraisal Tool**

**V**

**Developed in Johannesburg, South Africa**

© HIVSA workshop participants

30<sup>th</sup> July – 3<sup>rd</sup> August 2001

<http://hivsa.ioe.ac.uk/hivsa/>

**S**

**A**

**Contributors to the development of this tool include: Brian Chandiwana, Cally Fawcett, Paula Gains, Bridget Johnson, Ernest Maigurira, Desmond Maphanga, Parkie Mbozi, Maria Motebang, Sibusiso Ntshangase, Michelle Pirie, Alice Ripanga, Leon Roets, Paul Wafer, Sinokuthemba Xaba with George Ellison, Ruth Stewart, James Thomas, Meg Wiggins.**

## Workshop 2: What evidence do we have and what can it tell us?

### How to use this appraisal tool

#### The keywording framework

Please record your name and the ID number of the piece of evidence (where available) you are appraising.

For clarification of any of the terms used in this keywording framework please refer to the glossary (this is currently being developed further and will be available shortly).

#### STEP 1

Read through the keywording and appraisal framework (questions 1 – 12), and make a note of the types of information it is asking you to collect from your piece of evidence.

#### STEP 2

Note that in order to determine whether or not this piece of evidence is **relevant** to our group's question, as a group we have devised two relevance criteria. These are outlined in more detail below. **Before applying the whole keywording and appraisal framework, answer questions 1a) e and 1b)** and relate your answers to the relevance criteria.

#### Our relevance criteria:

##### Question 1a) e

Include if the piece of evidence is produced in one of the SADC languages.

##### Question 1 b)

One of the focuses of the piece of evidence is integration/incorporation.

#### STEP 3

**If the piece of evidence passes both of our relevance criteria** then continue to answer the remaining keywording questions (1-12).

#### Tips for answering each question in the keywording and appraisal framework.

**Q1:** Where the information is available complete **(a) – (f)**.

If you feel there are any other additional pieces of identifying information, add them in **(g)**.

**Q2:** Answer **(a)** and/or **(b)** and/or **(c)**. If your piece of evidence is **(b) a second-hand account** and/or **(c) a set of guidelines** remember to indicate whether they say where they found their evidence.

**Workshop 2: What evidence do we have and what can it tell us?**

**Q3:** Circle any **setting(s)** considered by the piece of evidence. Add any other **setting(s)** mentioned beside **3(o)** and briefly describe each **setting** in the space provided.

**Q4:** Circle all of the different sorts of **people** considered by the piece of evidence. Add any other sorts of **people** mentioned beside **3(v)** and briefly describe each of the different sorts of **people** in the space provided.

**Q5:** Circle all of the different sorts of **activities** considered by the piece of evidence. Add any other sorts of **activities** mentioned beside **3(p)** and briefly describe each of the different sorts of **activities** in the space provided.

**Q6:** Complete the different characteristics of the different settings mentioned (identified in Q3) by completing Q6.

**Only complete these details when the information is contained within the account.**

Write on the line provided in which countries the settings are based.

Similarly indicate on the line whether or not each setting is 'rural' or 'urban'.

If the information exists in the account ring 'socioeconomics'.

If the information exists in the account ring the 'facilities' and/or 'services'.

Similarly if information about 'structure' and/or 'organisation' exists in the account, circle these settings.

**Q7:** Circle those characteristics of **people** which are contained in the account (identified in Q4).

**Q8:** Circle those characteristics of the **activities** which are mentioned in the account (identified in Q5).

**Q9:** Look for whether or not any formal or informal techniques or methods for examining **settings** are described. Indicate, by circling the terms, whether 'none' are mentioned, or 'qualitative' techniques and/or 'quantitative' techniques.

If either of these types of techniques are described within the account give a brief description.

**Q10:** Look for whether or not any techniques or methods for examining **people** are described. Indicate, by circling the terms, whether 'none' are mentioned, or 'qualitative' techniques and/or 'quantitative' techniques.

If either of these types of techniques are described within the account give a brief description.

**Workshop 2: What evidence do we have and what can it tell us?**

**Q11a:** Look for whether or not any techniques or methods for examining **activities** are described. Indicate, by circling the terms, whether '**none**' are mentioned, or '**qualitative**' techniques and/or '**quantitative**' techniques.

If either of these types of techniques are described within the account give a brief description.

**Q11b:** If any **new/different activities** have been described in **Q8**, then by our definition an **experiment** is being described, therefore tick '**Yes**'.

If there are no **new/different activities** then tick '**No**'

**Q11c:** If your answer to **Q11b** was '**Yes**', then look for an indication of a comparison group, who did not receive the new/different activity. If the account describes a comparison group, tick '**Yes**'.

**Q12:** Use **Q 1 - 8** to classify the **overall design(s)** of the evidence you have examined. Remember that the account may include more than one design.

- Look first at **Q2**, to determine whether you have a **first-hand account, second-hand account** and/or a **set of guidelines**. (Remember that it could be more than one of these).
- **Q 6 – 8** will help you determine which of **12(a)i - (a)iv** the account includes. (Remember that you could have answers for only **i or ii or iii**, and **iv** when relevant.)
- **Q9 - 11** will help you determine the overall design for **(a)**.
- If you have a **second-hand account**, or a **set of guidelines**, **Q2** also tells you whether or not they have described where they found their evidence. This information will help you classify the overall design for **second-hand accounts** and **sets of guidelines**.

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK: What information does the evidence contain? (Part 1)**

HIVSA evidence ID number

Your name (so that we can return this to you)

**1a. What information is available to identify the piece of evidence?**

(a) Title

(b) Author(s)

(c) Date/year

(d) Publisher or producer

(e) Language used in report

(f) Language used in implementing project

(g) Other

**1b What is the main focus of the piece of evidence (circle as many as apply)**

Integration/incorporation	Condoms	Prevention
Education	STDs/STIs	HIV/AIDS
Social behaviour change	Community participation	Negotiating skills
Domestic violence / child abuse	Prevalence	Programme development
Reproductive health	Health	Other:

**2. Which format(s) does the evidence appear to take? ('a' and/or 'b' and/or 'c')**

Is it (please circle appropriate answers):

(a) a "first hand **account**"?

*Containing reflection(s) and/or observation(s) on people, settings or activities provided by the author(s) themselves – i.e. "primary research"*

(b) a "second-hand **account**"?

*Containing an overview or review of previously published reflections and/or observations on people, settings or activities – i.e. "secondary research"*

*Do the authors say where they found the evidence?*

Yes

No

(c) a set of **guidelines**?

*Comprising a handbook, manual or information sheet intended for use by consumers, practitioners, providers, policy makers and/or researchers*

*Do the authors say where they found the evidence?*

Yes

No



**Workshop 2: What evidence do we have and what can it tell us?**

**5. To what sorts of activities does this piece of evidence refer?**

- a) Advocacy / empowerment
- b) Care and support / counselling
- c) Drama / theatre
- d) Networking
- e) Peer education and support
- f) Policy development
- g) Programme management / development
- h) Promoting condom use
- i) Providing information
- j) Research
- k) Staff provision
- l) Teaching or Training
- m) The provision of equipment/resources
- n) The provision of facilities/services
- o) Violence
- p) Other

**6. Characteristics of each setting as stated in the evidence**

Country	Rural or urban			
a)		Socioeconomic	Facilities/services	Structure/organisation
b)		Socioeconomic	Facilities/services	Structure/organisation
c)		Socioeconomic	Facilities/services	Structure/organisation
d)		Socioeconomic	Facilities/services	Structure/organisation
e)		Socioeconomic	Facilities/services	Structure/organisation
f)		Socioeconomic	Facilities/services	Structure/organisation
g)		Socioeconomic	Facilities/services	Structure/organisation
h)		Socioeconomic	Facilities/services	Structure/organisation
i)		Socioeconomic	Facilities/services	Structure/organisation
j)		Socioeconomic	Facilities/services	Structure/organisation
k)		Socioeconomic	Facilities/services	Structure/organisation
l)		Socioeconomic	Facilities/services	Structure/organisation
m)		Socioeconomic	Facilities/services	Structure/organisation
o)		Socioeconomic	Facilities/services	Structure/organisation

**Workshop 2: What evidence do we have and what can it tell us?**

<b>7. What characteristics of each group of <b>people</b> does the evidence mention?</b>				
a) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
b) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
c) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
d) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
e) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
f) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
g) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
h) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
i) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
j) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
k) Knowledge/skills	<i>Attitudes</i>	<i>Behaviour</i>	<i>Socioeconomic</i>	<i>Health</i>
l) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
m) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
n) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
o) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
p) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
q) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
r) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
s) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
t) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
u) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
v) Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health

**Workshop 2: What evidence do we have and what can it tell us?**

**8. What characteristics of the **activity** does the evidence contain?**

a) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
b) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
c) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
d) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
e) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
f) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
g) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
h) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
i) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
j) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
k) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
l) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
m) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
n) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
o) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
p) Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK:** What information does the evidence contain? (*Part 4*)

**9.** List any **qualitative** or **quantitative** techniques used to examine **contexts**

None \_\_\_\_\_  
Qualitative \_\_\_\_\_  
Quantitative \_\_\_\_\_

**10.** List any **qualitative** or **quantitative** techniques used to examine **people:**

None \_\_\_\_\_  
Qualitative \_\_\_\_\_  
Quantitative \_\_\_\_\_

**11a** List any **qualitative** or **quantitative** techniques used to examine **activities**

None \_\_\_\_\_  
Qualitative \_\_\_\_\_  
Quantitative \_\_\_\_\_

**11b** Is this an **experiment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11c** If it is an experiment, is there a **comparison** group?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Workshop 2: What evidence do we have and what can it tell us?**

**KEYWORDING AND APPRAISAL FRAMEWORK: What information does the evidence contain? (Part 5)**

**12.** Depending on whether your piece of evidence is a first-hand account, a second-hand account or a set of guidelines, work through section (a), (b) and/or (c) and tick the category which best reflects the overall design of the evidence examined:

**(a) First-hand accounts – reflections and/or observations by the author(s)**  
**(Answer i, ii or iii. Answer iv when relevant.)**

**(i) Only contexts and/or people (no activities) mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative and/or* (3) : *Quantitative observations* – Situation description

**(ii) Either current or past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *Qualitative; and/or* (3) : *Quantitative observations* – Activity description

**(iii) Both current and past activities mentioned**

(1) : *No quantitative or qualitative observations* – Opinion piece

(2) : *No experimental manipulation* – Longitudinal or cohort study

(3) : *Experimental manipulation* – Quasi-experiment

(3.1) : *Implementation; and/or* (3.2) : *Impact*

**(iv) : New or different activities (i.e. “interventions”) mentioned**

(1) : *No qualitative or quantitative observations* – Intervention proposal

(2) : *No comparison group – experiment*

(2.1) : *Experiment implementation; and/or* (2.2) : *Experiment impact*

(3) : *With a comparison group – trial*

(3.1) : *Trial implementation; and/or* (3.2) : *Trial impact*

**(b) : Second-hand accounts** – summarising other first- or second-hand accounts

(1) : *No search strategy mentioned* – Non-systematic review

(2) : *Search strategy described* – Systematic review

**(c) : Guidelines** – a handbook, manual or information sheet

(1) : *No first- or second-hand accounts mentioned* – ‘Expert’ advice

(2) : *Some accounts mentioned, no search strategy* – Quasi-informed advice

(3) : ***Search strategy described*** – Informed advice

**Workshop 2: What evidence do we have and what can it tell us?**

**Confidence Questions**

**Part One: Background of the evidence**

Q1. Have the authors demonstrated that they have taken account of pre-existing evidence?

No		Partially		Yes
1	2	3	4	5

*If you are appraising first hand account, does this report contain a literature review?*

*If you are appraising a review, does this report state the strategies used to locate studies for inclusion, and are the strategies comprehensive?*

Q2. Can the evidence contained in the report be considered as being up to date?

No		Partially		Yes
1	2	3	4	5

*Has the evidence been superseded by more recent evidence, or has the context which made this evidence valid at the time changed since the report was written?*

Q3. Does the background and experience of the authors give you particular confidence in their ability to produce reliable and relevant work?

No		Partially		Yes
1	2	3	4	5

*For example, have they a track record in community based work, do they have special knowledge of a community's culture, religion or beliefs which makes their work particularly significant?*

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Two: Potential sources of bias**

Q4. Do the authors appear to be free from bias and personal interests which might affect the reliability of their conclusions?

No		Partially		Yes
1	2	3	4	5

*For example, is the report published by an organisation which is campaigning for a particular cause? If so, might this affect your confidence in their impartiality?*

*The source of funding is an important consideration in this case, since it might cause potential conflicts of interest.*

Q6. Does the evidence come from a source which you feel is especially trustworthy?

No		Partially		Yes
1	2	3	4	5

*Do you know of the author and/or their' previous work?*

*Do you recognise the organisation which produced the report as being reputable and reliable?*

*If the work is published, do you trust the source?*

*Have the authors taken account of possible ethical/gender issues?*

*If you are appraising a published work, has it been through an editorial process (for example, 'peer referring'), or was it self published (for example on an internet site)?*

*If you are appraising an unpublished work, are there aspects of its source which give you confidence in its trustworthiness? (For example, the organisation or individuals involved.)*

Q7. Does the report appear to take reasonable steps to ensure that it is fair and objective?

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Three: Methodology**

Q8. Are the methods used appropriate to the questions being asked and results claimed? (*1<sup>st</sup> and 2<sup>nd</sup> hand accounts only*)

No		Partially		Yes
1	2	3	4	5

*If you are appraising a descriptive study, does it employ methods which are capable of capturing the breadth of information needed? (e.g. if people's views are being sought, are interviews/focus groups used, or are people restricted to expressing their views on a yes/no questionnaire?)*

*If you are appraising a 'what works' study, have the authors demonstrated that any effects claimed are due to their intervention rather than outside interference? (The usual way to ensure this is to employ a comparison or 'control' group.)*

Q9. Does the size and characteristics of the sample give you confidence in the authors' conclusions? (*1<sup>st</sup> and 2<sup>nd</sup> hand accounts only*)

No		Partially		Yes
1	2	3	4	5

*Is the sample representative of the target population?*

*If the authors' conclusions are based upon tests of significance, was there a sufficiently large sample to make these reliable?*

Q10. If the report claims to contain evidence of the effectiveness of a programme, are you convinced that the evidence presented justifies the conclusions? (*1<sup>st</sup> hand accounts only*)

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

Q11. Is the rationale behind this work one which you recognise and agree with?

No		Partially		Yes
1	2	3	4	5

*Most sources of evidence are based on underlying theories about human cognition, interaction and behaviour. If you are familiar with theoretical frameworks, is the theory the authors are employing one which you recognise and agree with; if you are not familiar with theoretical frameworks, do the theoretical assumptions of the authors make sense to you, or do you disagree with where they appear to be 'coming from'?*

**Part Four: The contents of the evidence**

Q12. Does the report contain details of the programme in question?

No		Partially		Yes
1	2	3	4	5

Q13. Is the report laid out in a comprehensible and systematic way?

No		Partially		Yes
1	2	3	4	5

*Do the authors avoid unnecessary jargon and present their findings in a way and language which is appropriate for potential audiences?  
Are any aims, conclusions, objectives and recommendations clear and do they make sense when taken as a whole?*

Q14. If the report contains details of programme implementation, does it give information on its cost effectiveness?

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

Q15. Are any possible limitations and difficulties clearly described?

No		Partially		Yes
1	2	3	4	5

Q16. Does the report describe the demographic characteristics of the people involved?

No		Partially		Yes
1	2	3	4	5

*For example, are there indications of age, socio-economic status, sex, ethnicity etc.*

Q16. Do we know anything about the level of participation of participants?  
(1<sup>st</sup> hand reports only)

No		Partially		Yes
1	2	3	4	5

If so, does the level of participation give weight to the authors' conclusions?

No		Partially		Yes
1	2	3	4	5

**Workshop 2: What evidence do we have and what can it tell us?**

**Part Five: Applicability**

Q2. Does the evidence have a particular target group in mind?				
No 1	2	Partially 3	4	Yes 5
If so:				
Is the target group explicit?				
No 1	2	Partially 3	4	Yes 5
Is the piece of evidence applicable / appropriate to the intended target group?				
No 1	2	Partially 3	4	Yes 5
Is this the target group you are addressing OR is the target group mentioned in the evidence comparable to your target group?				
No 1	2	Partially 3	4	Yes 5

**Workshop 2: What evidence do we have and what can it tell us?**

Q17. If the report recommends a particular programme:

a) have the people targeted been consulted;

No		Partially		Yes
1	2	3	4	5

b) is this something that they felt they would like;

No		Partially		Yes
1	2	3	4	5

c) and does the report lay out clearly the ways in which they might benefit?

No		Partially		Yes
1	2	3	4	5

Q18. Does the evidence presented in the report contain sufficient detail to enable you to replicate the programme properly and cost-effectively?

No		Partially		Yes
1	2	3	4	5

Q19. Does the socio/cultural context of the evidence give you confidence that its conclusions will apply in your situation?

No		Partially		Yes
1	2	3	4	5

*Is the setting transferable to your situation?*

*Are the people mentioned comparable to those in your situation?*

**Workshop 2: What evidence do we have and what can it tell us?**

Q20. Are sources of additional information given?

No		Partially		Yes
1	2	3	4	5

**Part six: Overall conclusions**

<b>Low</b>		<b>Moderate</b>		<b>High</b>
1	2	3	4	5

**Low:** Serious or extensive shortcomings which cannot be mitigated in the light of additional evidence.

**Moderate:** Potentially important, but not serious shortcomings. For example, if a report's assumptions in certain areas were borne out in the light of other evidence, the other contents of the report could be regarded as reliable.

**High:** Minimal shortcomings.



# Mini Appraisal Tool



Is the evidence applicable?

*Is it relevant to context?*

*Does it address needs*

*Can it be used?*



Is the evidence readable and structured?

*Summary*

*Aims*

*Contents*

*Conclusions or recommendations*



What's the source?

*Author, organisation, date*

*Is it credible?*

*Is it biased?*



What is the evidence based on?

*Can we rely on it?*

*Is the account transparent?*

*Methodology*

*Process*

**Workshop 2: What evidence do we have and what can it tell us?**

## **THIRD HIVSA WORKSHOP**

## **DAY 1 – Schedule**

---

- 8.30am      **Session 1**  
Welcome back
- 9.00am      **Session 2**  
Appraising our critical appraisal
- 10.00am     **Break for tea and coffee**
- 10.30am     **Session 3**  
Combining and ‘synthesising’ critically appraised evidence
- 12.00noon   **Break for lunch**
- 1.00pm      **Session 4**  
Producing structured summaries of appraised evidence – 1
- 2.00pm      **Break for tea and coffee**
- 2.30pm      **Session 5**  
Producing structured summaries of appraised evidence – 2
- 4.00pm      **Feedback on the first day of the Workshop**  
  
**One-to-one surgeries and private study**
-

**Workshop 3: What evidence have we appraised and how can we use it?**

**DAY 1 – Session 1**

8.30am **Welcome**

- 1.1 Aims:**
- (i) To outline the aims and objectives of the third Workshop
  - (ii) To (re)introduce participants and catch up on progress
  - (iii) To feedback on the appraisal of evidence

**1.2 Overview:**

- The Workshops provide a framework within which critical appraisal skills will be **adapted, applied** and **disseminated** to improve decision-making in the **design, application and evaluation** of educational interventions for HIV prevention in southern Africa.
- In the first Workshop we focussed on deconstructing the decision-making process, **identifying areas of uncertainty**, selecting the most appropriate type(s) of evidence required to address different sources of uncertainty, and **designing efficient strategies for accessing appropriate information**.
- In the second Workshop we developed techniques for **extracting** and **summarising** (ie **'keywording'**) and **evaluating** (ie **'appraising'**) the information provided by the different pieces of evidence we have found.
- The third Workshop will involve integrating summaries of critically appraised evidence into a variety of formats (i.e. **'syntheses'**) for use in evidence-informed decision-making by practitioners, providers, policy-makers, consumers and/or researchers.

**1.3 Individual activity:** [corresponds with worksheet 1a]

1.3.1 To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, make a note on the form (1a) of:

- (i) what you hope to gain from attending this third Workshop; and
- (ii) any misgivings you might have about its content and/or learning activities.

If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not.

1.3.2 Place your form in the envelope provided, seal it and sign across the seal. The envelope will stay sealed until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshop addressed these.

1.3.3 You do not have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. If not, there will be other opportunities every day of the Workshop to suggest topics you would like to discuss, or changes to the way learning activities are presented, which will help us to meet your needs.

**Workshop 3: What evidence have we appraised and how can we use it?**

**1.4 Individual and group activity:** [corresponds with worksheet 1b below]

- 1.4.1 **Without letting those around you see**, use worksheet 1b to draw a picture of yourself – try to use the whole piece of paper.
- 1.4.2 In the first box (below) write down something which you feel describes who you really are. This should be an '*identifying feature* or *characteristic*' **but not something about your appearance** because the idea is that other Workshop participants will have to guess who the person in the drawing is.
- 1.4.3 In the second box provided, write down something exciting that has happened to you since the previous Workshop (Workshop 2) – **something you would like to share with the other participants.**
- 1.4.4 Fold your paper in four and pass it to one of the facilitators.
- 1.4.5 The group will be shown the picture drawn on the paper, and the '*identifying feature*' written on the back will be read out.
- 1.4.6 As a group, try to guess who each of the drawings might be.
- 1.4.7 Stand up when the group have correctly identified your picture, and tell the group the exciting thing that has happened to you since the previous Workshop (Workshop 2).

**Workshop 3: What evidence have we appraised and how can we use it?**

WORKSHEET 1a [corresponds with section 1.3]

**WHAT DO YOU HOPE TO GAIN FROM THE THIRD WORKSHOP?**

To provide an opportunity for participants to assess whether each Workshop successfully addresses their hopes and concerns, make a note of: (i) what you hope to gain from attending the third Workshop; and (ii) any misgivings you might have about the information or learning activities this will contain. If you are not sure what to expect, write down what you hope the Workshop will cover and what you hope it does not.

These forms will be placed in a **sealed envelope** until the end of the Workshop when you will be able to look back on your hopes and concerns, and assess whether the Workshops managed to address these. You do **not** have to share this information with the Workshop facilitators, but if you decide to it will help us evaluate the Workshop. **If** not, there will be other opportunities every day of the Workshop to suggest **topics** you would like to discuss, or **changes** to the way learning activities are presented, which will help us to meet your needs.

What do you hope to gain from attending the third Workshop?

What misgivings or concerns do you have about the third Workshop?

**Workshop 3: What evidence have we appraised and how can we use it?**

WORKSHEET 1b [corresponds with section 1.4]

**WHAT IS YOUR 'IDENTIFYING FEATURE or CHARACTERISTIC'?**

On the **back** of this piece of paper, and **without letting those around you see**, use worksheet 1b to draw a picture of yourself – try to use **the whole piece of paper**.

In the first box (below) write down something which you feel describes who you really are. This should be an '*identifying feature or characteristic*' **but not something about your appearance** because the idea is that other Workshop participants will have to guess who the person in the drawing is.

In the second box (below) write down something exciting that has happened to you since the previous Workshop (Workshop 2) – **something you would like to share with the other participants**.

What is your '*identifying feature or characteristic*'?

---

---

Has something exciting happened to you since Workshop 2?

---

---

Fold your paper in four and pass it to one of the facilitators.

## DAY 1 – Session 2

### 9.00am Appraising our appraisal

- 2.1 Aims:**
- (i) To introduce Workshop participants to the online database
  - (ii) To examine the results of our group's critical appraisal activities
  - (iii) To explore the strengths and weaknesses of our approach

### 2.2 Overview: – the online HIVSA database

- At the end of the last Workshop, the participants had developed two, related, but different keywording and appraisal tools in order to answer each groups questions as outlined below:

**Group A – *Peer education in the implementation of educational interventions for HIV prevention.***

**Group B – *The integration of HIV/AIDS into existing development programmes (including health and education) in southern Africa.***

- In addition, participants had established inclusion and exclusion criteria to determine the relevance of a piece of evidence to each of these questions.
- To facilitate the critical appraisal of the evidence provided by participants, both group's appraisal tools were combined:
  - (i) **all the questions** (from **both** group's appraisal tool) were included, together with;
  - (ii) some **additional identifying questions** (for use by the facilitators involved in critically appraising evidence in London)
- The number of pieces of evidence appraised by participants and facilitators is approaching 100 – all of them fulfilling **at least one** (and occasionally both) sets of inclusion/exclusion criteria established by participants at the previous Workshop (Workshop 2).
- The appraisals of this evidence, together with identifying information for **all** of the (other) pieces of evidence we collected (prior to Workshop 2) have now been entered on the project's database.
- The database is accessible via the internet, and you will have an opportunity to explore it in detail during tomorrow (Day 2) afternoon's computer session.

### 2.3 Overview: – appraising our appraisal

- Critical appraisal using structured appraisal tools (such as those that each group of participants developed in the previous Workshop (Workshop 2), enables us to extract information from different pieces of evidence in a systematic way.
- However, appraisal tools themselves do not ensure that information is extracted from evidence accurately or systematically.
- As we saw during our practical appraisal sessions in Workshop 2, different people often interpret both the tool's questions, **and** the evidence itself, in a different way.

### **Workshop 3: What evidence have we appraised and how can we use it?**

- This can result in inconsistencies (non-systematic extraction) in the information collected during the appraisal process.
- To overcome these potential inconsistencies during their critical appraisal of evidence, the facilitators in London worked in pairs through a number of pieces of evidence, identifying those questions in the combined keywording and appraisal tool that tended to be interpreted or applied differently (by different appraisers) and establishing guidelines to ensure that different appraisers answered these questions in **exactly the same way**.
- A copy of these guidelines has been included in each participant's Workshop manual, and the guidelines should be used when:
  - (i) searching the online database; and
  - (ii) reading the appraisal sheets completed by the facilitators for each piece of appraised evidence
- Because these guidelines were not used by participants when they used their group's appraisal tool to examine evidence (either **during** the practical appraisal sessions in Workshop 2 **or** during the weeks between Workshops 2 and 3), the rules they invoke for interpreting and applying each of the tools' questions are unlikely to hold true for some of the questions.
- However, the guidelines provide the basis for **standardising** the information collected from different pieces of evidence by different appraisers, and will thereby help to ensure that the syntheses we produce from keyworded and appraised evidence (in Workshop 3) draw on information extracted consistently. This is because any inconsistencies in the interpretation and application of each group's appraisal tool questions can be dealt with by referring to the guidelines during the synthesis process.
- In the meantime, it is worth reflecting on how and why the appraisal tools (in their original form) may have been applied differently by different reviewers.

#### **2.4 Individual and group activity:** [corresponds with worksheet 1c below]

- 2.4.1 Each participant will be given two completed appraisal sheets (included in worksheet 1c) – one completed by 'Appraiser A', the other by 'Appraiser B' – each critically appraising **the same** piece of evidence. Look through the two appraisal sheets and underline those sections or questions where they differ.
- 2.4.2 In the space provided on worksheet 1c, make a note of any patterns in the way these two reviewers have appraised the evidence. Consider **what kind of reviewer you tend to be** when using the appraisal tool, and make a note of **the sorts of identifying features you might display**.
- 2.4.3 Feedback to the group some tendencies or characteristics of how 'Appraiser A' and 'Appraiser B' have approached their task and how this might affect combining evidence critically appraised by these two Reviewers.

10.00am      **Break for tea and coffee**

**Workshop 3: What evidence have we appraised and how can we use it?**

WORKSHEET 1c [corresponds with section 2.4]

**SPOT THE DIFFERENCE (between Appraiser A and Appraiser B)**

1. Make a note of any patterns in the way 'Appraiser A' and 'Appraiser B' have appraised the evidence:

**'Appraiser A':** \_\_\_\_\_

---

---

---

**'Appraiser B':** \_\_\_\_\_

---

---

---

2. What kind of a appraiser do **you** tend to be when critically appraising evidence?

---

---

3. What are the **advantages** and **disadvantages** of the approach **you** adopt?

---

---

4. How do you think different styles of, or approaches to, appraising evidence might affect the combination of evidence appraised by different Appraisers (such as 'Appraiser A' and 'Appraiser B' ?

---

---

**Workshop 3: What evidence have we appraised and how can we use it?**

**APPRAISER A's KEYWORDING AND APPRAISAL FRAMEWORK**

What information does the evidence contain? (*Part 1*)

HIVSA evidence ID number 071

Your name (so that we can return this to you) Appraiser A

**1a. What information is available to identify the piece of evidence?**

(a) Title Tanzanian AIDS project works towards "Good things for young people"

(b) Author(s) R Fox

(c) Date/year during/after 95

(d) Publisher or producer Dispatches

(e) Language used in report English

(f) Language used in implementing project not sure

(g) Other -

**1b What is the main focus of the piece of evidence (circle as many as apply)**

Integration/incorporation	Condoms	Prevention
Education	STDs/STIs	HIV/AIDS
Social behaviour change	Community participation	Negotiating skills
Domestic violence / child abuse	Prevalence	Programme development
Reproductive health	Health	Other:

**2. Which format(s) does the evidence appear to take? ('a' and/or 'b' and/or 'c')**

Is it (please circle appropriate answers):

(a) a "first hand **account**"?

Containing reflection(s) and/or observation(s) on people, settings or activities provided by the author(s) themselves – i.e. "primary research"

(b) a "second-hand **account**"?

Containing an overview or review of previously published reflections and/or observations on people, settings or activities – i.e. "secondary research"

Do the authors say where they found the evidence? Yes No

(c) a set of **guidelines**?

Comprising a handbook, manual or information sheet intended for use by consumers, practitioners, providers, policy makers and/or researchers

Do the authors say where they found the evidence? Yes No

**3. To what setting(s) does this piece of written evidence refer?**

a) CBOs, NGOs

**Workshop 3: What evidence have we appraised and how can we use it?**

- b) Communities ----- rural communities
- c) Cultural settings ----- Roman Catholic population
- d) Educational settings ----- primary schools
- e) Government
- f) Health care facilities ----- health clinics
- g) Households: female- male- child- headed
- h) Informal settlements (squatter camps)
- i) Mass media
- j) Political organisation setting/movement
- k) Prisons
- l) Religious settings ----- Roman Catholic population
- m) Social welfare settings
- n) Workplaces
- o) Other

**4. To what sorts of people does this piece of evidence refer?**

- a) Age description (as stated in the evidence): ----- 7-19 years old
- b) Community leaders
- c) Community members ----- peer educators, parents
- d) Displaced people
- e) Farmworkers
- f) Health care practitioners
- g) Marital status / type of marriage
- h) Migrants / migrant workers
- i) NGO/CBOs workers
- j) Patients or healthcare users
- k) People with HIV People with AIDS
- l) Policy makers
- m) Providers
- n) Pupils/learners and students: in school out of school
- o) Religious leaders / religious groups ----- Roman Catholic community
- p) Researchers
- q) Sex workers / CSWs
- r) Sex: Male Female
- s) Sexual orientation
- t) Teachers or trainers ----- including headmasters
- u) Traditional healers
- v) Vulnerable groups: orphans truck drivers those experiencing domestic violence

**Workshop 3: What evidence have we appraised and how can we use it?**

**5. To what sorts of activities does this piece of evidence refer?**

- a) Advocacy / empowerment ----- of children
- b) Care and support / counselling
- c) Drama / theatre ----- role play
- d) Networking
- e) Peer education and support
- f) Policy development
- g) Programme management / development
- h) Promoting condom use
- i) Providing information
- j) Research
- k) Staff provision
- l) Teaching or Training
- m) The provision of equipment/resources ----- provision of condoms
- n) The provision of facilities/services -----STD care, family planning services
- o) Violence
- p) Other

**6. Characteristics of each setting as stated in the evidence**

	Country	Rural or urban			
a)	Tanzania	rural	Socioeconomic	Facilities/services	Structure/organisation
b)			Socioeconomic	Facilities/services	Structure/organisation
c)			Socioeconomic	Facilities/services	Structure/organisation
d)			Socioeconomic	Facilities/services	Structure/organisation
e)			Socioeconomic	Facilities/services	Structure/organisation
f)			Socioeconomic	Facilities/services	Structure/organisation
g)			Socioeconomic	Facilities/services	Structure/organisation
h)			Socioeconomic	Facilities/services	Structure/organisation
i)			Socioeconomic	Facilities/services	Structure/organisation
j)			Socioeconomic	Facilities/services	Structure/organisation
k)			Socioeconomic	Facilities/services	Structure/organisation
l)			Socioeconomic	Facilities/services	Structure/organisation
m)			Socioeconomic	Facilities/services	Structure/organisation
o)			Socioeconomic	Facilities/services	Structure/organisation

Workshop 3: What evidence have we appraised and how can we use it?

7. What characteristics of each group of **people** does the evidence mention?

a)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
b)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
c)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
d)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
e)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
f)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
g)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
h)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
i)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
j)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
k)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
l)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
m)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
n)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
o)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
p)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
q)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
r)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
s)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
t)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
u)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
v)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health

**Workshop 3: What evidence have we appraised and how can we use it?**

**8. What characteristics of the activity does the evidence contain?**

a)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
b)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
c)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
d)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
e)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
f)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
g)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
h)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
i)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
j)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
k)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
l)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
m)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
n)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
o)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
p)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different

**KEYWORD FRAMEWORK: What information does the evidence contain? (Part 4)**

**9. List any qualitative or quantitative techniques used to examine contexts**

None \_\_\_\_\_  
 Qualitative \_\_\_\_\_  
 Quantitative \_\_\_\_\_

**10. List any qualitative or quantitative techniques used to examine people:**

None \_\_\_\_\_  
 Qualitative \_\_\_\_\_  
 Quantitative Testing for HIV, pregnancy, chlamydia \_\_\_\_\_

**11a List any qualitative or quantitative techniques used to examine activities**

None \_\_\_\_\_  
 Qualitative description, observation, interviews \_\_\_\_\_  
 Quantitative \_\_\_\_\_

**11b Is this an experiment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11c If it is an experiment, is there a comparison group?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Workshop 3: What evidence have we appraised and how can we use it?**

**KEYWORD FRAMEWORK: What information does the evidence contain? (Part 5)**

**12.** Depending on whether your piece of evidence is a first-hand account, a second-hand account or a set of guidelines, work through section (a), (b) and/or (c) and tick the category which best reflects the overall design of the evidence examined:

**(a) First-hand accounts – reflections and/or observations by the author(s)**  
**(Answer i, ii or iii. Answer iv when relevant.)**

**(i) Only contexts and/or people (no activities) mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *Qualitative and/or* (3) : *Quantitative observations* – Situation description

**(ii) Either current or past activities mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *Qualitative; and/or* (3) : *Quantitative observations* – Activity description

**(iii) Both current and past activities mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *No experimental manipulation* – Longitudinal or cohort study  
(3) : *Experimental manipulation* – Quasi-experiment  
(3.1) : *Implementation; and/or* (3.2) : *Impact*

**(iv) : New or different activities (i.e. “interventions”) mentioned**

- (1) : *No qualitative or quantitative observations* – Intervention proposal  
(2) : *No comparison group – experiment*  
(2.1) : *Experiment implementation; and/or* (2.2) : *Experiment impact*  
(3) : *With a comparison group – trial*  
(3.1) : *Trial implementation; and/or* (3.2) : *Trial impact*

**(b) : Second-hand accounts** – summarising other first- or second-hand accounts

- (1) : *No search strategy mentioned* – Non-systematic review  
(2) : *Search strategy described* – Systematic review

**(c) : Guidelines** – a handbook, manual or information sheet

- (1) : *No first- or second-hand accounts mentioned* – ‘Expert’ advice  
(2) : *Some accounts mentioned, no search strategy* – Quasi-informed advice  
(3) : *Search strategy described* – Informed advice

**Workshop 3: What evidence have we appraised and how can we use it?**

**Part One: Background of the evidence**

Q1. Have the authors demonstrated that they have taken account of pre-existing evidence?

No 1                      2                      Partially 3                      4                      Yes 5

*If you are appraising first hand account, does this report contain a literature review?*

*If you are appraising a review, does this report state the strategies used to locate studies for inclusion, and are the strategies comprehensive?*

Q2. Can the evidence contained in the report be considered as being up to date?

No 1                      2                      Partially 3                      4                      Yes 5

*Has the evidence been superseded by more recent evidence, or has the context which made this evidence valid at the time changed since the report was written?*

Q3. Does the background and experience of the authors give you particular confidence in their ability to produce reliable and relevant work?

No 1                      2                      Partially 3                      4                      Yes 5

*For example, have they a track record in community based work, do they have special knowledge of a community's culture, religion or beliefs which makes their work particularly significant?*



Workshop 3: What evidence have we appraised and how can we use it?

Part Three: Methodology

Q8. Are the methods used appropriate to the questions being asked and results claimed? (1<sup>st</sup> and 2<sup>nd</sup> hand accounts only)

No 1                      2                      Partially 3                      4                      Yes 5

*If you are appraising a descriptive study, does it employ methods which are capable of capturing the breadth of information needed? (e.g. if people's views are being sought, are interviews/focus groups used, or are people restricted to expressing their views on a yes/no questionnaire?)*

*If you are appraising a 'what works' study, have the authors demonstrated that any effects claimed are due to their intervention rather than outside interference? (The usual way to ensure this is to employ a comparison or 'control' group.)*

Q9. Does the size and characteristics of the sample give you confidence in the authors' conclusions? (1<sup>st</sup> and 2<sup>nd</sup> hand accounts only)

No 1                      2                      Partially 3                      4                      Yes 5

*Is the sample representative of the target population?*

*If the authors' conclusions are based upon tests of significance, was there a sufficiently large sample to make these reliable?*

Q10. If the report claims to contain evidence of the effectiveness of a programme, are you convinced that the evidence presented justifies the conclusions? (1<sup>st</sup> hand accounts only)

No 1                      2                      Partially 3                      4                      Yes 5

?? not yet sure



**Workshop 3: What evidence have we appraised and how can we use it?**

Q15. Are any possible limitations and difficulties clearly described?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Q16. Does the report describe the demographic characteristics of the people involved?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

*For example, are there indications of age, socio-economic status, sex, ethnicity etc.*

Q16. Do we know anything about the level of participation of participants?  
(1<sup>st</sup> hand reports only)

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

If so, does the level of participation give weight to the authors' conclusions?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Workshop 3: What evidence have we appraised and how can we use it?

Part Five: Applicability

Q2. Does the evidence have a particular target group in mind?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

If so:

Is the target group explicit?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Is the piece of evidence applicable / appropriate to the intended target group?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Is this the target group you are addressing OR is the target group mentioned in the evidence comparable to your target group?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

**Workshop 3: What evidence have we appraised and how can we use it?**

Q17. If the report recommends a particular programme:

a) have the people targeted been consulted;

No		Partially		Yes
1	2	3	4	5

b) is this something that they felt they would like; ? don't know

No		Partially		Yes
1	2	3	4	5

c) and does the report lay out clearly the ways in which they might benefit?

No		Partially		Yes
1	2	3	4	5

Q18. Does the evidence presented in the report contain sufficient detail to enable you to replicate the programme properly and cost-effectively?

No		Partially		Yes
1	2	3	4	5

Q19. Does the socio/cultural context of the evidence give you confidence that its conclusions will apply in your situation?

No		Partially		Yes
1	2	3	4	5

*Is the setting transferable to your situation?*  
*Are the people mentioned comparable to those in your situation?*

Q20. Are sources of additional information given?

No		Partially		Yes
1	2	3	4	5

**Workshop 3: What evidence have we appraised and how can we use it?**

**Part six: Overall conclusions**

<b>Low</b>		<b>Moderate</b>		<b>High</b>
1	2	3	4	5

**Low:** Serious or extensive shortcomings which cannot be mitigated in the light of additional evidence.

**Moderate:** Potentially important, but not serious shortcomings. For example, if a report's assumptions in certain areas were borne out in the light of other evidence, the other contents of the report could be regarded as reliable.

**High:** minimal shortcomings.

<p><b>What next?</b></p> <p>Use this area to add comments and describe implications and further actions which could be taken in respect of this evidence.</p> <p>If there is a mismatch between your 'gut reaction' to the paper and the overall score above, a description of the possible cause of this could outlined here. Details of particular relevance or resonance to your situation might also be usefully recorded.</p> <p style="text-align: center;"><i>Need more information</i></p>
<p style="text-align: center;"><i>? Bias because of the reputation of Mwanza</i></p>

This appraisal tool has been developed by and for the HIVSA workshop participants 30<sup>th</sup> July – 3<sup>rd</sup> August 2001 in Johannesburg, South Africa. We wish to acknowledge the use of the rating scale from the DISCERN appraisal tool and the UK Department for International Development (DfID) for providing the funding for the HIVSA workshops. Contributors to the development of this tool include: Brian Chandiwana, Cally Fawcett, Paula Gains, Bridget Johnson, Ernest Maigurira, Desmond Maphanga, Parkie Mbozi, Maria Motebang, Sibusiso Ntshangase, Michelle Pirie, Alice Ripanga, Leon Roets, Paul Wafer, Sinokuthemba Xaba with George Ellison, Ruth Stewart, James Thomas, Meg Wiggins.

Workshop 3: What evidence have we appraised and how can we use it?

**APPRAISER B'S KEYWORDING AND APPRAISAL FRAMEWORK:**

What information does the evidence contain? (*Part 1*)

HIVSA evidence ID number 071

Your name (so that we can return this to you) Appraiser B

**1a. What information is available to identify the piece of evidence?**

(a) Title Tanzanian AIDS project works towards "Good things for young people"

(b) Author(s) R Fox

(c) Date/year during/after 95

(d) Publisher or producer ? Dispatches

(e) Language used in report English

(f) Language used in implementing project ?? Swahili??

(g) Other -

**1b What is the main focus of the piece of evidence (circle as many as apply)**

Integration/incorporation	Condoms	Prevention
Education	STDs/STIs	HIV/AIDS
Social behaviour change	Community participation	Negotiating skills
Domestic violence / child abuse	Prevalence	Programme development
Reproductive health	Health	Other:

**2. Which format(s) does the evidence appear to take? ('a' and/or 'b' and/or 'c')**

Is it (please circle appropriate answers):

(a) a "first hand **account**"?

*Containing reflection(s) and/or observation(s) on people, settings or activities provided by the author(s) themselves – i.e. "primary research"*

(b) a "second-hand **account**"?

*Containing an overview or review of previously published reflections and/or observations on people, settings or activities – i.e. "secondary research"*

Do the authors say where they found the evidence? Yes No

(c) a set of **guidelines**?

*Comprising a handbook, manual or information sheet intended for use by consumers, practitioners, providers, policy makers and/or researchers*

Do the authors say where they found the evidence? Yes No

**Workshop 3: What evidence have we appraised and how can we use it?**

**3. To what **setting(s)** does this piece of written evidence refer?**

a) CBOs, NGOs

b) Communities

c) Cultural settings

d) Educational settings

e) Government

f) Health care facilities

g) Households: female- male- child- headed

h) Informal settlements (squatter camps)

i) Mass media

j) Political organisation setting/movement

k) Prisons

l) Religious settings

m) Social welfare settings

n) Workplaces

o) Other

**4. To what sorts of **people** does this piece of evidence refer?**

a) Age description (as stated in the evidence): 7-19

b) Community leaders

c) Community members

d) Displaced people

e) Farmworkers

f) Health care practitioners

g) Marital status / type of marriage

h) Migrants / migrant workers

i) NGO/CBOs workers

j) Patients or healthcare users

k) People with HIV People with AIDS

l) Policy makers

m) Providers

n) Pupils/learners and students: in school out of school

o) Religious leaders / religious groups

p) Researchers

q) Sex workers / CSWs

r) Sex: Male Female

s) Sexual orientation

t) Teachers or trainers

u) Traditional healers

v) Vulnerable groups: orphans truck drivers those experiencing domestic violence

**Workshop 3: What evidence have we appraised and how can we use it?**

**5. To what sorts of activities does this piece of evidence refer?**

- a) Advocacy / empowerment
- b) Care and support / counselling
- c) Drama / theatre
- d) Networking
- e) Peer education and support
- f) Policy development
- g) Programme management / development
- h) Promoting condom use
- i) Providing information
- j) Research
- k) Staff provision
- l) Teaching or Training
- m) The provision of equipment/resources
- n) The provision of facilities/services
- o) Violence
- p) Other

**6. Characteristics of each setting as stated in the evidence**

	Country	Rural or urban		
a)			Socioeconomic	Facilities/services Structure/organisation
b)			Socioeconomic	Facilities/services Structure/organisation
c)			Socioeconomic	Facilities/services Structure/organisation
d)	Tanzania	??	Socioeconomic	Facilities/services Structure/organisation
e)			Socioeconomic	Facilities/services Structure/organisation
f)			Socioeconomic	Facilities/services Structure/organisation
g)			Socioeconomic	Facilities/services Structure/organisation
h)			Socioeconomic	Facilities/services Structure/organisation
i)			Socioeconomic	Facilities/services Structure/organisation
j)			Socioeconomic	Facilities/services Structure/organisation
k)			Socioeconomic	Facilities/services Structure/organisation
l)			Socioeconomic	Facilities/services Structure/organisation
m)			Socioeconomic	Facilities/services Structure/organisation
o)			Socioeconomic	Facilities/services Structure/organisation

Workshop 3: What evidence have we appraised and how can we use it?

7. What characteristics of each group of **people** does the evidence mention?

a)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
b)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
c)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
d)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
e)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
f)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
g)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
h)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
i)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
j)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
k)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
l)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
m)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
n)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
o)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
p)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
q)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
r)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
s)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
t)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
u)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health
v)	Knowledge/skills	Attitudes	Behaviour	Socioeconomic	Health

**Workshop 3: What evidence have we appraised and how can we use it?**

**8. What characteristics of the activity does the evidence contain?**

a)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
b)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
c)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
d)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
e)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
f)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
g)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
h)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
i)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
j)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
k)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
l)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
m)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
n)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
o)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different
p)	Quantity / frequency	Quality	Cost	Current	Past	Changed/new/different

**KEYWORD FRAMEWORK: What information does the evidence contain? (Part 4)**

**9. List any qualitative or quantitative techniques used to examine contexts**

None \_\_\_\_\_  
 Qualitative \_\_\_\_\_  
 Quantitative \_\_\_\_\_

**10. List any qualitative or quantitative techniques used to examine people:**

None \_\_\_\_\_  
 Qualitative \_\_\_\_\_  
 Quantitative \_\_\_\_\_

**11a List any qualitative or quantitative techniques used to examine activities**

None \_\_\_\_\_  
 Qualitative \_\_\_\_\_  
 Quantitative \_\_\_\_\_

**11b Is this an experiment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11c If it is an experiment, is there a comparison group?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Workshop 3: What evidence have we appraised and how can we use it?**

**KEYWORD FRAMEWORK: What information does the evidence contain? (Part 5)**

**12.** Depending on whether your piece of evidence is a first-hand account, a second-hand account or a set of guidelines, work through section (a), (b) and/or (c) and tick the category which best reflects the overall design of the evidence examined:

**(a) First-hand accounts – reflections and/or observations by the author(s)**  
(Answer i, ii or iii. Answer iv when relevant.)

**(i) Only contexts and/or people (no activities) mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *Qualitative and/or* (3) : *Quantitative observations* – Situation description

**(ii) Either current or past activities mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *Qualitative; and/or* (3) : *Quantitative observations* – Activity description

**(iii) Both current and past activities mentioned**

- (1) : *No quantitative or qualitative observations* – Opinion piece  
(2) : *No experimental manipulation* – Longitudinal or cohort study  
(3) : *Experimental manipulation* – Quasi-experiment  
(3.1) : *Implementation; and/or* (3.2) : *Impact*

**(iv) : New or different activities (i.e. “interventions”) mentioned**

- (1) : *No qualitative or quantitative observations* – Intervention proposal  
(2) : *No comparison group – experiment*  
(2.1) : *Experiment implementation; and/or* (2.2) : *Experiment impact*  
(3) : *With a comparison group – trial*  
(3.1) : *Trial implementation; and/or* (3.2) : *Trial impact*

**(b) : Second-hand accounts** – summarising other first- or second-hand accounts

- (1) : *No search strategy mentioned* – Non-systematic review  
(2) : *Search strategy described* – Systematic review

**(c) : Guidelines** – a handbook, manual or information sheet

- (1) : *No first- or second-hand accounts mentioned* – ‘Expert’ advice  
(2) : *Some accounts mentioned, no search strategy* – Quasi-informed advice  
(3) : *Search strategy described* – Informed advice

**Workshop 3: What evidence have we appraised and how can we use it?**

**Confidence Questions**

**Part One: Background of the evidence**

Q1. Have the authors demonstrated that they have taken account of pre-existing evidence?

No 1                      2                      Partially 3                      4                      Yes 5

*If you are appraising first hand account, does this report contain a literature review?*

*If you are appraising a review, does this report state the strategies used to locate studies for inclusion, and are the strategies comprehensive?*

Q2. Can the evidence contained in the report be considered as being up to date?

No 1                      2                      Partially 3                      4                      Yes 5

*Has the evidence been superseded by more recent evidence, or has the context which made this evidence valid at the time changed since the report was written?*

Q3. Does the background and experience of the authors give you particular confidence in their ability to produce reliable and relevant work?

No 1                      2                      Partially 3                      4                      Yes 5

*For example, have they a track record in community based work, do they have special knowledge of a community's culture, religion or beliefs which makes their work particularly significant?*

**Workshop 3: What evidence have we appraised and how can we use it?**

**Part Two: Potential sources of bias**

Q4. Do the authors appear to be free from bias and personal interests which might affect the reliability of their conclusions?

No 1                      2                      Partially 3                      4                      Yes 5

*For example, is the report published by an organisation which is campaigning for a particular cause? If so, might this affect your confidence in their impartiality?*

*The source of funding is an important consideration in this case, since it might cause potential conflicts of interest.*

Q6. Does the evidence come from a source which you feel is especially trustworthy?

No 1                      2                      Partially 3                      4                      Yes 5

*Do you know of the author and/or their' previous work?*

*Do you recognise the organisation which produced the report as being reputable and reliable?*

*If the work is published, do you trust the source?*

*Have the authors taken account of possible ethical/gender issues?*

*If you are appraising a published work, has it been through an editorial process (for example, 'peer referring'), or was it self published (for example on an internet site)?*

*If you are appraising an unpublished work, are there aspects of its source which give you confidence in its trustworthiness? (For example, the organisation or individuals involved.)*

Q7. Does the report appear to take reasonable steps to ensure that it is fair and objective?

No 1                      2                      Partially 3                      4                      Yes 5

? don't know?



**Workshop 3: What evidence have we appraised and how can we use it?**

Q11. Is the rationale behind this work one which you recognise and agree with?

No 1                      2                      Partially 3                      4                      Yes 5

*Most sources of evidence are based on underlying theories about human cognition, interaction and behaviour. If you are familiar with theoretical frameworks, is the theory the authors are employing one which you recognise and agree with; if you are not familiar with theoretical frameworks, do the theoretical assumptions of the authors make sense to you, or do you disagree with where they appear to be 'coming from'?*

**Part Four: The contents of the evidence**

Q12. Does the report contain details of the programme in question?

No 1                      2                      Partially 3                      4                      Yes 5

Q13. Is the report laid out in a comprehensible and systematic way?

No 1                      2                      Partially 3                      4                      Yes 5

*Do the authors avoid unnecessary jargon and present their findings in a way and language which is appropriate for potential audiences?  
Are any aims, conclusions, objectives and recommendations clear and do they make sense when taken as a whole?*

Q14. If the report contains details of programme implementation, does it give information on its cost effectiveness?

No 1                      2                      Partially 3                      4                      Yes 5

**Workshop 3: What evidence have we appraised and how can we use it?**

Q15. Are any possible limitations and difficulties clearly described?

No		Partially		Yes
1	2	3	4	5

Q16. Does the report describe the demographic characteristics of the people involved?

No		Partially		Yes
1	2	3	4	5

*For example, are there indications of age, socio-economic status, sex, ethnicity etc.*

Q16. Do we know anything about the level of participation of participants?  
(1<sup>st</sup> hand reports only)

No		Partially		Yes
1	2	3	4	5

If so, does the level of participation give weight to the authors' conclusions?

No		Partially		Yes
1	2	3	4	5

**Workshop 3: What evidence have we appraised and how can we use it?**

**Part Five: Applicability**

Q2. Does the evidence have a particular target group in mind?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

If so:

Is the target group explicit?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Is the piece of evidence applicable / appropriate to the intended target group?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

Is this the target group you are addressing OR is the target group mentioned in the evidence comparable to your target group?

No 1	2	Partially 3	4	Yes 5
---------	---	----------------	---	----------

**Workshop 3: What evidence have we appraised and how can we use it?**

Q17. If the report recommends a particular programme:

a) have the people targeted been consulted;

No		Partially		Yes
1	2	3	4	5

b) is this something that they felt they would like; ? don't know

No		Partially	?	Yes
1	2	3	4	5

c) and does the report lay out clearly the ways in which they might benefit?

No		Partially		Yes
1	2	3	4	5

Q18. Does the evidence presented in the report contain sufficient detail to enable you to replicate the programme properly and cost-effectively?

No		Partially		Yes
1	2	3	4	5

Q19. Does the socio/cultural context of the evidence give you confidence that its conclusions will apply in your situation?

No		Partially		Yes
1	2	3	4	5

*Is the setting transferable to your situation?*  
*Are the people mentioned comparable to those in your situation?*

Q20. Are sources of additional information given?

No		Partially		Yes
1	2	3	4	5

**Workshop 3: What evidence have we appraised and how can we use it?**

**Part six: Overall conclusions**

<b>Low</b>	1	2	<b>Moderate</b> 3	4	<b>High</b> 5
<p><b>Low:</b> Serious or extensive shortcomings which cannot be mitigated in the light of additional evidence.</p> <p><b>Moderate:</b> Potentially important, but not serious shortcomings. For example, if a report's assumptions in certain areas were borne out in the light of other evidence, the other contents of the report could be regarded as reliable.</p> <p><b>High:</b> minimal shortcomings.</p>					

<p><b>What next?</b></p> <p>Use this area to add comments and describe implications and further actions which could be taken in respect of this evidence.</p> <p>If there is a mismatch between your 'gut reaction' to the paper and the overall score above, a description of the possible cause of this could outlined here. Details of particular relevance or resonance to your situation might also be usefully recorded.</p> <p><i>Get more information on this project - it sounds relevant and very sound.</i></p>

This appraisal tool has been developed by and for the HIVSA workshop participants 30<sup>th</sup> July – 3<sup>rd</sup> August 2001 in Johannesburg, South Africa. We wish to acknowledge the use of the rating scale from the DISCERN appraisal tool and the UK Department for International Development (DfID) for providing the funding for the HIVSA workshops. Contributors to the development of this tool include: Brian Chandiwana, Cally Fawcett, Paula Gains, Bridget Johnson, Ernest Maigurira, Desmond Maphanga, Parkie Mbozi, Maria Motebang, Sibusiso Ntshangase, Michelle Pirie, Alice Ripanga, Leon Roets, Paul Wafer, Sinokuthemba Xaba with George Ellison, Ruth Stewart, James Thomas, Meg Wiggins.

## **Day 1 - Session 3**

10.30am      **An introduction to combining critically appraised evidence**

- 3.1 Aims:**
- (i) To introduce Workshop participants to the processes involved in combining and 'synthesising' appraised evidence
  - (ii) To explore a number of different approaches used to combine and 'synthesise' appraised evidence
  - (iii) To discuss the advantages and disadvantages of these different approaches within the context of evidence-informed decision-making in the design, implementation and evaluation of educational interventions for HIV prevention in southern Africa

### **3.2 Overview:**

- This session will start by examining an example of a 'synthesis' conducted by the facilitators' colleagues at the EPPI-Centre in London.
- The session will explore, in some depth, the different approaches these 'syntheses' take, and the sorts of information and guidance they provide to support evidence-informed decision-making by practitioners, policy-makers, researchers and consumers.
- We will then begin to examine the different types of **processes** which the EPPI-Centre reviewers went through to combine appraised evidence and to produce different types of 'syntheses' (such as guidelines of best practice for those involved in managing programmes, and advice to policy-makers on which types of programme are most effective and/or acceptable).
- During the computer sessions tomorrow afternoon (Day 2) we will explore in greater depth how the HIVSA database of appraised evidence can be used to draw a 'map' of the information available – such 'information maps' can be used to identify themes and sub-themes common to different pieces of appraised evidence, one of which participants can choose to explore in more detail to combine (i.e. 'synthesise') into concise, and easily accessible, systematic reviews of the evidence.
- The process of taking different pieces of appraised evidence, and combining them to produce concise 'syntheses' of information to support evidence-informed decision-making, usually involves two stages:
  - (i) Collating the information contained in each appraised piece of evidence into succinct and self-contained summaries; and
  - (ii) Combining (and thereby 'synthesising') information on a theme (or sub-theme) covered by several **different** pieces of appraised evidence.
- By combining information from several different pieces of appraised evidence, it is possible to generalise across the various settings, people and/or activities to which each piece of evidence refers.

### **Workshop 3: What evidence have we appraised and how can we use it?**

- We will be developing an approach for collating appraised evidence into structured summaries later this afternoon (Sessions 4 and 5, Day 1).
- In the meantime, let us explore some of the principles involved in combining information from several appraised pieces of evidence.

#### **3.4 Individual and small group activity:** [corresponds with worksheet 1d below]

- 3.4.1 Each participant will be given a copy of pages 29 to 91 of a recent EPPI-Centre report (“A Review of Effectiveness and Appropriateness of Peer-delivered Health Promotion Interventions for Young People” by Angela Harden, Ros Weston and Ann Oakley, 1999).
- 3.4.2 The pages contain both a ‘map’ of the appraised evidence examined (pages 29-44) and a series of ‘syntheses’ (pages 45 onwards).
- 3.4.3 Take 15 to 20 minutes to look through the ‘map’ and ‘syntheses’ sections of the report to familiarise yourself with what it contains. It is not necessary to read every word, but try to get a feel for the main sections and the issues they address.
- 3.4.4 As you look through the report, try to answer each of the following questions:
- (i) What are the main sections included in this part of the report?
  - (ii) What is a ‘map’ of appraised evidence, and what is this used for?
  - (iii) What is a ‘synthesis’ of appraised evidence, and what is this used for?
  - (iv) What issues does the synthesis address?
  - (v) What are the key differences between a ‘map’ and a ‘synthesis’?
  - (vi) What is different about the evidence considered for the section entitled: “Which interventions are effective?” (on page 55); and the section entitled: “The development of peer-delivered health promotion in outcome evaluations” (on page 49)?
  - (vii) What are the differences between the section entitled: “The development of peer-delivered health promotion in the **outcome** evaluations” (on page 49); and the section entitled: “The development of peer-delivered health promotion in the **process** evaluations” (on page 77)?
- 3.4.5 Use the spaces provided on worksheet 1d to record your answers to each of these questions.
- 3.4.6 Break up into small groups, discuss each of the questions ((i) to (vii) above, and brainstorm ideas for the sorts of approaches **you** would like to develop in synthesising the evidence appraised since Workshop 2.
- 3.4.7 If time permits, feedback the results of these discussions to the whole group.

12.00noon      **Break for lunch**

**Workshop 3: What evidence have we appraised and how can we use it?**

WORKSHEET 1d [corresponds with section 3.4]

**AN INTRODUCTION TO COMBINING APPRAISED EVIDENCE**

(i) What are the main sections included in this part of the report?

---

(ii) What is a 'map' of appraised evidence, and what is this used for?

---

---

(iii) What is a 'synthesis' of appraised evidence, and what is this used for?

---

---

(iv) What issues does the synthesis address?

---

(v) What are the key differences between a 'map' and a 'synthesis'?

---

(vi) What is different about the evidence considered for the section entitled: "Which interventions are effective?" (on page 55); and the section entitled: "The development of peer-delivered health promotion in outcome evaluations" (on page 49)?

---

---

(vii) What are the differences between the section entitled: "The development of peer-delivered health promotion in the outcome evaluations" (on page 49); and the section entitled: "The development of peer-delivered health promotion in the process evaluations" (on page 77)?

---

## **Day 1 - session 4**

1.00pm      **Producing structured summaries of appraised evidence – 1**

- 4.1 Aims:**
- (i) To explain the role of keywording in ‘mapping’ critically appraised evidence and producing structured summaries thereof
  - (ii) To introduce Workshop participants to a template for producing structured summaries of critically appraised evidence
  - (iii) To practice writing structured summaries of critically appraised evidence

### **4.2 Overview:**

- In the previous session (Session 3) we saw how the information collected using the Keywording and Appraisal Framework is used to ‘map’ the issues contained therein and to generate themes for synthesising several pieces of evidence.
- We also saw how structured summaries of appraised evidence were used to inform the process of synthesising evidence around the various themes identified.
- Structured summaries are an integral part of synthesising evidence and perform a number of useful functions:
  - (i) They combine a descriptive narrative of what the author(s) of the evidence set out to achieve, what information they actually provided, and a systematic assessment (i.e. appraisal) of whether the information provided supports the author(s) (c)aims;
  - (ii) They provide an objective description and assessment of the evidence that can support evidence-informed decision-making in their own right; and
  - (iii) They facilitate the integration of information across several pieces of (appraised) evidence, and permit generalisations across settings, people and activities that are inherent to the synthesis of evidence.
- Structured summaries therefore differ from the information provided by appraisal using a Keywording and Appraisal Framework, in that they are “mini-reviews” of individual pieces of evidence which incorporate the information generated during appraisal. While appraisal generates information amenable to ‘mapping’ (as we shall see in tomorrow afternoon’s session using the project’s online database), structured summaries of appraised evidence integrate this information into a palatable, yet systematic narrative.
- For brief pieces of (appraised) evidence, it is often possible to produce structured summaries without referring to the information generated during appraisal. However, using the information generated during keywording and appraisal when producing structured summaries, improves the consistency of information included therein. This is particularly useful for larger/longer pieces of evidence, where using the information and assessments of confidence generated during appraisal reduces the necessity of scrutinising the evidence all over again.
- Inherent in the production of structured summaries of appraised evidence is the development of a template for collating information and organising this under distinct

### **Workshop 3: What evidence have we appraised and how can we use it?**

headings to facilitate reviewing and synthesising the information and assessment of confidence which the appraisal generated.

- There are no hard and fast rules regarding the number or scope of the headings used in such templates, although they should faithfully capture **both** the information presented by the author(s) **and** the assessments of confidence and relevance undertaken during appraisal.
- The facilitators in London have developed a template for producing structured summaries of evidence appraised since the previous Workshop (Workshop 2), and the remainder of this session will introduce this template to Workshop participants.

#### **4.3 Individual and paired activity:** [corresponds with worksheet 1e below]

- 4.3.1 Each participant will be given a copy of the guidelines for compiling a structured summary of appraised evidence, together with a piece of evidence, its keywording and appraisal sheet and a structured summary which we have already prepared in advance.
- 4.3.2 Read through the guidelines for compiling a structured summary of a piece of appraised evidence and familiarise yourself with the information that should be included under each of the template's 4 headings. **If you have any queries, ask one of the facilitators to help you.**
- 4.3.3 Read through the example of a structured summary to familiarise yourself with the style used to report **both** the information provided by the evidence **and** the assessments of confidence and relevance which the appraisal sheet provides.
- 4.3.4 Read through the evidence itself and underline those sentences which have been used under different headings in the structured summary. Repeat this process by reading through the appraisal sheet, which was also used to inform the content of the structured summary.
- 4.3.5 In the spaces provided on worksheet 1e, make a note of:
- (i) any information contained in the summary which you cannot find in the piece of evidence; and
  - (ii) any information contained in the piece of evidence which you cannot find in the summary.
- 4.3.6 Finally, in the spaces provided on worksheet 1e, make a note of:
- (iii) any information contained in the summary which you cannot find in the appraisal sheet; and
  - (iv) any information contained in the appraisal sheet which you cannot find in the summary.
- 4.3.7 In pairs, share your findings with one another and discuss which aspects of the structured summary template you might find most difficult to complete.

2:00pm **Break for tea and coffee**

**STRUCTURED SUMMARY TEMPLATE**

(i) Make note of any information contained in the summary which you cannot find in the piece of evidence.

---

---

---

(ii) Make note of any relevant information contained in the evidence which you cannot find in the summary.

---

---

---

(iii) Make note of any information contained in the summary which you cannot find in the keywording and appraisal sheet.

---

---

---

(iv) Make note of any relevant information contained in the keywording and appraisal sheet which you cannot find in the summary.

---

---

## **Day 1 - session 5**

2.30pm            **Producing structured summaries of appraised evidence**

**5.1 Aim:** To practice producing structured summaries of appraised evidence

**5.2 Individual activity:** [corresponds with worksheet 1f(i)-(iv) below]

5.2.1 Each participant will receive a fresh piece of appraised evidence, together with its appraisal sheet and a blank template (worksheet 1f) for producing a structured summary.

5.2.2 Read through the evidence and then read through its appraisal sheet, making notes in the blank template of information and assessments (of confidence or relevance) you will want to include under each of the 4 headings in your structured summary.

5.2.3 Use your notes to compose a descriptive narrative of what the piece of evidence contains; how confident the reviewer who appraised it was that the information was accurate, reliable and appropriate; and any limitations which might be remedied by examining additional pieces of evidence or by conducting additional research.

**Feel free to ask the Workshop facilitators for help when compiling your structured summary. Remember that the template can accommodate differences in style between different summaries and there is no 'right' or 'wrong' way to write a structured summary – just try to include all the information requested in a style that is succinct and simple yet easy to read.**

4:00pm            **Break for feedback on the first day of the Workshop**

4:15pm            **One-to one surgeries and private study**

### Workshop 3: What evidence have we appraised and how can we use it?

## HIVSA Structured Summary Template

A structured summary should take the form of a **descriptive narrative** that helps someone unfamiliar with the evidence to quickly grasp what information it contains, and how this information might be applied in 'evidence-informed decision-making'.

Use the answers to questions contained in the appraisal sheet to inform the summary. The questions in the appraisal sheet can be divided into 'Information Questions' [1-12] and the 'Confidence Questions' [1-33]. The structured summary template below includes references to these two sections to help guide you to where you might find the answers you need.

When summarising what the evidence contains it may be helpful to refer back to the piece of evidence to expand on the information in the keywording and appraisal sheet. For the reflections on confidence and applicability, refer primarily to the answers found in the keywording and appraisal sheet.

The structured summary template contains 4 separate sections:

#### 1. What does the evidence contain?

*Start with the HIVSA evidence ID number [at the start of the keywording and appraisal sheet], followed by the author(s)' name and the date the evidence was published or produced<sup>1</sup> – so that it is possible to identify the precise piece of evidence being summarised. Then identify whether the evidence was a 'first/second-hand' account or a set of 'guidelines'<sup>1</sup>, and referring back to the piece of evidence **describe**, in as much detail as you need, the characteristics of the settings, people and activities referred to by the evidence.<sup>1</sup> Focus on what the evidence **actually contains** rather than what the author(s) of the evidence (**cl**)aim to provide in their account.*

*Summary:*     **HIVSA ID; Author(s)' names; Date published/produced; First/second-hand account or guidelines; Sorts of settings, people and/or activities considered.**

#### 2. What data collection techniques and methodological designs were used?

*This section of the structured summary should **describe** how the author(s) of the evidence collected and analysed the information contained in the evidence. If your piece of evidence is a set of guidelines, this should focus on the evidence on which these guidelines are based. The keywording and appraisal sheet provides detailed information on data collection techniques<sup>1</sup> and on the overall design(s) of the evidence examined<sup>1</sup>. Refer to the piece of evidence if more detail is required.*

*Summary:*     **Data collection techniques; Overall methodological design.**

---

<sup>1</sup> These sections can be completed from the Information Questions in the keywording and appraisal Sheet.

**Workshop 3: What evidence have we appraised and how can we use it?**

**3. Reviewer's reflections on their confidence in the information provided.**

*This section of the structured summary should **summarise** the answers to those questions in the appraisal sheet that establish whether the techniques and methodologies used by the author(s) of the evidence were appropriate to their (c)aims.<sup>2</sup> Additionally, consider whether these techniques and methodologies were adequately reported. Describe how the evidence might support 'evidence-informed decision-making' about the **effectiveness** and/or **acceptability** of a particular intervention or service, or about the **design, implementation** and/or **evaluation** thereof. **Describe** any reservations the reviewer had about the source of the evidence<sup>2</sup> and any concerns the reviewer had about the author(s)' selection of and/or reliance on other up-to-date sources of information.<sup>2</sup> Finally, focus on those aspects of the evidence in which the reviewer had most confidence, to identify how the evidence might be confidently used in 'evidence-informed decision-making'*

**Summary:** **Inappropriate approach for author(s)' (c)aims; Inadequate information on techniques and methodology; Applicability of evidence for establishing effectiveness, acceptability, design, implementation and/or evaluation; Reservations on source of information; Reservations on use of previous evidence; Most confident information.**

**4. Within the context of our Review question, reviewer's reflections on the applicability and limitations/qualifications of the information provided.**

*This section of the structured summary should describe the extent to which the information contained in the evidence can be applied to help answer our review question. It should examine whether or not the people, settings and activities are applicable and the extent to which the evidence it contains might be limited and might need to be qualified in some way (for example through the use of additional supporting evidence). Refer to section 1 of the structured summary (above) and examine the answers to those questions in the appraisal sheet that explored the characteristics of the settings, people and activities examine.<sup>1</sup> Refer to the answers of those questions in the appraisal sheet that sought to establish the applicability and relevance of the information provided by the evidence to the Review Question set by your group<sup>2</sup>, **describe** any reservations the reviewer had about applicability. Finally, describe what additional information (such as alternative techniques and methodologies applied to different settings, people and activities) might be sought – either from other pieces of evidence or from new studies<sup>2</sup> – to address the limitations identified.<sup>2</sup>*

**Summary:** **Applicable settings, people and/or activities; Reservations on applicability; Additional desirable information (first- or second-hand).**

---

<sup>1,2</sup> These sections can be completed from the Confidence Questions in the keywording and appraisal sheet.

Workshop 3: What evidence have we appraised and how can we use it?

**HIVSA Structured Summary Template – Example 1**

1. What does the evidence contain?

**Summary:** HIVSA ID; Author(s)' names; Date published/produced; First/second-hand account or guidelines; Sorts of settings, people and/or activities considered; authors' conclusions (where applicable)

**A227 Wilson et al. (1993+)**<sup>1</sup> provide a first-hand account of a peer-led sex education programme conducted through “approximately 40 informal leaders among sex workers” and “marginal women” in Kariba, Zimbabwe. The programme involved weekly six-hour training meetings throughout 1991 at which the participants were provided with “STD/HIV information, educational and counselling techniques and community mobilisation”. Some (“the most experienced”) peer educators also received additional training as STD prevention and partner referral counsellors in Kariba’s major STD centres. The Kariba district was separated into zones, each with a “senior peer educator or group leader” responsible for “organising, motivating and supervising (local) peer educators”, who met “frequently” with the (project) coordinator to “review and plan” activities. Each peer educator was given “large supplies of condoms” for distribution in their own social networks and “at bars, selected workplaces and STD centres”. Peer educators also had “free STD treatment cards” for their own use and for distribution to sex workers and marginal women. Each peer educator arranged two or more weekly “community meetings” in their social networks. For the period May 1991 to December 1993 the report describes 11,186 health education meetings, 309,596 persons contacted face-to-face and 1,195,108 condoms distributed, at a unit cost of US\$3.10, US\$0.2423 and US\$0.274 respectively. The report also describes the declining prevalence of RPR seropositivity from March 1990 to June 1993 among women attending antenatal care in Kariba, from around 40-45% to around 10-20%. The authors suggest that the approach described “can achieve high coverage and impact for modest resources” and “represent what may be an effective and economical approach to STD/HIV prevention yet (sic) developed in Zimbabwe”.

2. What data collection techniques and methodological designs were used?

**Summary:** Data collection techniques; Overall methodological design;

The authors mention that the peer educators had diaries and “monitoring forms” in which they recorded all the community meetings held, men and women reached and condoms, “brochures” and free STD treatment cards distributed. The overall methodological design is both an *experiment implementation* and *experiment impact* (as defined by the HIVSA Keywording Framework), where a comparison group was not used or described. The evidence provides a sketch of the design, content, implementation, cost and impact (cf “coverage”) of introducing this peer education programme.

---

<sup>1</sup> A completed appraisal of this piece of evidence is available via the HIVSA database, which can be found at <http://hivsa.ioe.ac.uk/hivsa>

**Workshop 3: What evidence have we appraised and how can we use it?**

**3. Reviewer's reflections on their confidence in the information provided.**

**Summary:** **Inappropriate approach for author(s)' (cl)aims; Inadequate information on techniques and methodology; Applicability of evidence fore establishing effectiveness, acceptability, design, implementation and/or evaluation; Reservations on source of information; Reservations on use of previous evidence: Most confident information.**

The authors' description of the broad management framework through which the programme was implemented is the most detailed aspect of this brief report. Nonetheless, the reviewer has reservations concerning the detail of the information provided on the design, implementation and evaluation of the programme – for instance, the report contains no detailed information on the content or composition of peer educator training or the public meetings held. The lack of detail would make it difficult to replicate the programme, particularly because the report does not mention any difficulties encountered by the programme. Although there are no major or obvious errors in the report, the absence of any information on the source(s) of the other data presented (particularly those on cost and RPR prevalence) undermines the reviewer's confidence in these data and the applicability of the report's findings to other contexts. Issues of reliability and validity were not discussed and the data collection may have been prone to bias. The authors' claims of evidence on effectiveness (cf "impact" and "effective") is derived from data presented on RPR seroprevalence amongst women in Kariba attending antenatal care, but it is unclear whether it was the peer education programme had any influence on the decline in RPR seroprevalence or other factors were responsible. The theoretical framework of the programme described is recognisable, and the target group is explicitly mentioned. The information is up to date in describing the past implementation of this programme.

**4. Within the context of the Review question, the reviewer's reflections on the applicability and limitations/qualifications of the information provided.**

**Summary:** **Applicable settings, people and/or activities; Reservations on applicability; Additional desirable information (first- or second hand)**

The content of the report is directly relevant to the Review question, as it describes an HIV education programme delivered by peer educators in a SADC country. The information provided is primarily applicable to peer education programmes involving similar lay workers ("sex workers" and "marginal women") and/or similar (Kariba = rural?) contexts as those described. The reviewer has reservations regarding the absence of detailed information on the content and implementation of the programme, and on its acceptability and effectiveness – all of which would make it difficult to apply a similar programme elsewhere or assess whether such a programme would be acceptable or effective (in this setting or) elsewhere. First-hand accounts containing additional information on the programme itself, or a second-hand account reviewing the content, implementation and evaluation of comparable programmes would improve its value for evidence-informed decision-making.

## HIVSA STRUCTURED SUMMARY TEMPLATE

HIVSA ID \_\_\_\_\_

Your name \_\_\_\_\_

1. What does the evidence contain?

*Summary:* **HIVSA ID; Author(s)' names; Date published/produced; First/second-hand account or guidelines; Sorts of settings, people and/or activities considered.**

## **HIVSA STRUCTURED SUMMARY TEMPLATE**

HIVSA ID \_\_\_\_\_

Your name \_\_\_\_\_

2. What data collection techniques and methodological designs were used?

*Summary:*     **Data collection techniques; Overall methodological design.**

## HIVSA STRUCTURED SUMMARY TEMPLATE

HIVSA ID \_\_\_\_\_

Your name \_\_\_\_\_

3. Reviewer's reflections on their confidence in the information provided.

*Summary:* **Inappropriate approach for author(s)' (cl)aims; Inadequate information on techniques and methodology; Applicability of evidence for establishing effectiveness, acceptability, design, implementation and/or evaluation; Reservations on source of information; Reservations on use of previous evidence; Most confident information.**

## HIVSA STRUCTURED SUMMARY TEMPLATE

HIVSA ID \_\_\_\_\_

Your name \_\_\_\_\_

4. Within the context of our Review question, reviewer's reflections on the applicability and limitations/qualifications of the information provided.

*Summary:* **Applicable settings, people and/or activities; Reservations on applicability; Additional desirable information (first- or second-hand).**

**Workshop 3: What evidence have we appraised and how can we use it?**

**FEEDBACK SESSION – DAY 1, WORKSHOP 3**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

<b>What did you think of the today's sessions? (circle one on each line)</b>				
Very helpful				Unhelpful
1	2	3	4	5
not challenging enough		just right		Too difficult
1	2	3	4	5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**



## **DAY 2 – Schedule**

---

- 8.30am **Session 1**  
Sharing our structured summaries of appraised evidence
- 9.30am **Session 2**  
How to synthesise several pieces of evidence (part 1)
- 10.15am **Break for tea and coffee**
- 10.45am **Session 3**  
How to synthesise several pieces of evidence (part 2)
- 12.00pm **Break for lunch**
- 1.00pm **Session 4**  
Mapping the evidence
- 2.00pm **Session 5**  
Mapping the evidence to identify topics and themes
- 4.00pm **Feedback on the second day of the Workshop**
- 4.15pm **One-to-one surgeries and (optional)  
continued use of the computer lab**
-

## **DAY 2 – Session 1**

### **8.30 a.m. Sharing our structured summaries of appraised evidence**

- 1.1 Aims:**
- (i) To share our experiences of developing structured summaries of appraised evidence
  - (ii) To highlight any difficulties with using each of the four headings in the structured summary template
  - (iii) To identify successful strategies for summarising pertinent information from both the evidence itself and its appraisal sheet

### **1.2 Small group activity:**

1.2.1 Each pair or threesome of Workshop participants who worked together on Day 1 to prepare a structured summary of the **same** piece of appraised evidence, should join up with another pair to form a small group of four participants, covering **two different** pieces of evidence.

1.2.2 Photocopies will be made of any progress towards structured summaries which participants have compiled since yesterday afternoon, so that these can be distributed to members of their small group together with a copy of the evidence itself and its appraisal sheet.

**Do not be alarmed if you did not complete your structured summary - it will still be helpful to other participants to reflect on what you tried to do and what difficulties you encountered – while they can help by providing constructive feedback.**

1.2.3 Take time to read the original report and associated appraisal form of the evidence that other participants in your small group summarised. Take notes of the information **you** feel might be pertinent to include in the structured summary – particularly those aspects of **confidence** and **applicability** contained in the appraisal form.

**Remember, if you disagree with anything written in the appraisal form make a note of it!**

1.2.4 Participants in each small group should give one another **constructive** feedback on the summaries, suggesting any areas that could be improved to make them easier to read for someone who has not read the full article.

1.2.5 Discuss any difficulties you faced when preparing the summaries (these can be practical or intellectual!), and any strategies you adopted for tackling these.

1.2.5 If any difficulties remain, try as a group to find solutions to these problems. A facilitator will be on hand to help.

## **DAY 2 – Session 2**

9.30 a.m. **How to synthesise several pieces of evidence (part 1)**

- 2.1 Aims:**
- (i) To illustrate the second stage of producing a synthesis.
  - (ii) To produce a synthesis of evidence relevant to educational interventions for HIV prevention in southern Africa using the structured summaries of appraised evidence compiled during the first day of the Workshop.

### **2.2 Overview:**

- Synthesis involves bringing together information from more than one piece of evidence to produce a systematic and concise overview or ‘review’ of the information and issues the various pieces of evidence raise.
- So far you have identified the key information contained within a piece of evidence and produced a structured summary. To produce a synthesis you must now bring together common themes and differences across different pieces of evidence.
- You should at this stage have seen summaries of three pieces of evidence (the one prepared by the facilitators yesterday, and the two discussed in your group this morning).
- The following task should allow you the opportunity to use the information contained in summaries to create some brief, but evidence-informed ‘bullet points’ relating to educational interventions for HIV prevention in southern Africa.

### **2.3 Paired activity:** [corresponds with worksheet 2a below]

- 2.3.1 In pairs, consider all the summaries you have read this morning – what common themes can you find in the different accounts? Brainstorm all possible similar angles – be they people, contexts, settings, methods, etc... List your ideas on worksheet 2a.
- 2.3.2 Which one theme is most apparent across the summaries? Choose one from your list of brainstormed themes.
- 2.3.3 Are there any of the summaries that appear to be more or less useful when considering the one main theme?

10.15am **Break for tea and coffee**

**Workshop 3: What evidence have we appraised and how can we use it?**

WORKSHEET 2a [corresponds with section 2.3]

**SYNTHESISING DIFFERENT PIECES OF EVIDENCE**

1. What **key** themes can you find that are common to **all** reports?

Information: \_\_\_\_\_  
\_\_\_\_\_

Confidence/applicability: \_\_\_\_\_  
\_\_\_\_\_

2. What **key** differences can you find across the different reports?

Information: \_\_\_\_\_  
\_\_\_\_\_

Confidence/applicability: \_\_\_\_\_  
\_\_\_\_\_

3. Which **key information theme** is **most** common across the different reports?

Information: \_\_\_\_\_  
\_\_\_\_\_

Confidence/applicability: \_\_\_\_\_  
\_\_\_\_\_

4. Are there any reports that you and the reviewer(s) felt provided a more confident and or applicable contribution to evidence on this main theme?

\_\_\_\_\_  
\_\_\_\_\_

## **DAY 2 – Session 3**

11.45a.m. **How to synthesise several pieces of evidence (part 2)**

### **3.1 Small group activity:**

- 3.1.1 Each pair from the previous exercise will join up with two other pairs who have been considering the summaries of the same pieces of evidence.
- 3.1.2 Discuss the brainstormed ideas of common themes and share the main theme you selected.
- 3.1.3 Consider the main themes selected: what questions might be answered by the evidence supplied?
- 3.1.4 What are the main points from each of the summaries that can help provide an answer to those questions? List these on a flip chart for each theme.
- 3.1.5 Keep track of any difficulties encountered in identifying themes, proposing relevant questions or extracting information from the summaries to help answer the questions.

### **3.2 Main group discussion:**

- 3.2.1 Each small group will be given the chance to feedback their discussion and share their flipchart with the main group.
- 3.2.2 Any difficulties you have encountered will be discussed.
- 3.2.3 The 'projects' for the next two days will be explained, so that participants can begin to think about where their interests lie as a group.

12.00noon **Break for lunch**

## **DAY 2 – Session 4**

1.00pm **Mapping the evidence**

- 4.1 Aims:**
- (i) To introduce the group task of mapping the critically appraised evidence contained on the HIVSA database
  - (ii) To assign tasks for this afternoon's computer session

### **4.2 Overview:**

- We can use our database of appraised evidence to draw out information about HIV/AIDS education in southern Africa.

### **Workshop 3: What evidence have we appraised and how can we use it?**

- This afternoon we will be using this information in two ways:
  - (i) Firstly to allow us to scope the range of information we have found
  - (ii) Secondly to identify key topic areas, of interest to the group as a whole, which we can concentrate on over the next couple of days.

## **DAY 2 – Session 5**

2.00 pm     **Mapping the evidence to identify themes and topics**

- 5.1 Aims:**
- (i) To demonstrate the use of the database of appraised evidence
  - (ii) To strengthen participants' internet skills and in particular their knowledge of the HIVSA database of keyworded and appraised evidence
  - (iii) To scope out the information contained on our database

### **5.1 Group activity:**

- 5.1.1 Examine the way the mapping exercise is reported in the example of the EPPI-Centre synthesis discussed yesterday.
- 5.1.2 What kind of information did the authors use to illustrate their map?
- 5.1.3 Which areas of the HIVSA appraisal sheet would be most useful to map our literature of HIV/AIDS education in southern Africa?

4.00 pm     **Break for feedback on the second day of the Workshop**

**Workshop 3: What evidence have we appraised and how can we use it?**

**FEEDBACK SESSION – DAY 2, WORKSHOP 3**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

<b>What did you think of the today's sessions?</b> <i>(circle one on each line)</i>				
Very helpful 1	2	3	4	Unhelpful 5
not challenging enough 1	2	just right 3	4	Too difficult 5

<b>What about the content and/or format of today did you enjoy the MOST?</b>
--

<b>What about the content and/or format of today did you enjoy the LEAST?</b>
---

<b>Was there anything about the content and/or format of today that you hadn't expected?</b>
--

<b>If you could change just ONE thing about the content and/or format of today, what would it be?</b>
---



## **DAY 3 – Schedule**

---

- 8.30am **Session 1**  
An introduction to the small group syntheses
- 10.00am **Break for tea and coffee**
- 10.30am **Session 2**  
Searching for evidence on the database
- 12.00noon **Break for lunch**
- 1.00pm **Session 3**  
Selecting and summarising the evidence
- 2.00pm **Break for tea and coffee**
- 2.30pm **Session 4**  
Summarising the evidence
- 4.00pm **Feedback on the third day of the Workshop**
- 4.15pm **One-to-one surgeries and (optional)  
continued use of the computer lab**
-

### Feedback Session – Day 3, Workshop 3

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

**What did you think of the today's sessions?** *(circle one on each line)*

Very helpful 1	2	3	4	Unhelpful 5
not challenging enough 1	2	just right 3	4	Too difficult 5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

## **DAY 4 – Schedule**

---

8.30am **Session 1**  
Summarising critically appraised evidence from each group's map

10.00am **Break for tea and coffee**

10.30am **Session 2**  
Summarising/ synthesising appraised evidence from each group's map

12.00noon **Break for lunch**

1.00pm **Session 3**  
Approaches for presenting syntheses of appraised evidence

2.00pm **Break for tea and coffee**

2.30pm **Session 4**  
Producing written reports of documents and syntheses; preparing presentations for Friday morning

4.00pm **Feedback on the third day of the Workshop**

4.15pm **One-to-one surgeries and (optional) continued use of the computer lab**

---

**Workshop 3: What evidence have we appraised and how can we use it?**

**FEEDBACK SESSION – DAY 4, WORKSHOP 3**

Please answer the following questions, and then place your answers in a sealed envelope (which you will be able to open again on the last day of the Workshop). You do not have to share this information with the Workshop facilitators, but, if you decide to, it will help us to evaluate the Workshops.

**What did you think of the today's sessions?** *(circle one on each line)*

Very helpful	1	2	3	4	Unhelpful	5	
not challenging enough	1	2	just right	3	Too difficult	4	5

**What about the content and/or format of today did you enjoy the MOST?**

**What about the content and/or format of today did you enjoy the LEAST?**

**Was there anything about the content and/or format of today that you hadn't expected?**

**If you could change just ONE thing about the content and/or format of today, what would it be?**

## **DAY 5 – Schedule**

---

- 8.30am **Session 1**  
Evidence informed decision making - a review of the HIVSA workshops
- 10.00am **Break for tea and coffee**
- 10.30am **Session 2**  
Presentations of small groups' 'decision-making syntheses'
- 12.30pm Evaluation and looking ahead
- 1.00pm **Farewell lunch**
- 2.30pm **Recreational activities (optional)**
- 7.00pm **Dinner**
-

**Workshop 3: What evidence have we appraised and how can we use it?**

**End of Workshop 3 – The FINAL Evaluation form!**

We would like to ask for your views on all the different aspects of the Workshops. **Please be honest with us** – we need you to be clear with us about the things that you liked and the things that you didn't, so that these workshops can be improved if we get the opportunity to run them again.

**WORKSHOP 3**

**Overview sessions**

What did you think of the **Overview sessions** in Workshop 3 (*where George, Ruth, James and Meg presented introductions to activities or led group discussions*)? (circle one on each line)

Very helpful  
1                      2                      3                      4                      Unhelpful  
5

Not challenging  
enough                      just right                      Too difficult  
1                      2                      3                      4                      5

Were there any things about the overview sessions that you particularly liked?

Were there any things about the overview sessions that you particularly disliked?

Do you have any suggestions for how we could make the overview sessions better?

**Workshop 3: What evidence have we appraised and how can we use it?**

**Small group, paired and individual activities**

Overall, what did you think of the **small group, paired and individual activities** in Workshop 3? (circle one on each line)

Very helpful  
1                      2                      3                      4                      Unhelpful  
5

Not challenging  
enough  
1                      2                      just right  
3                      4                      Too difficult  
5

Were there any of these sessions or tasks that you particularly liked?

Were there any sessions or tasks that you particularly disliked?

Do you have any suggestions for how we could make the small group, paired or individual activities better?

**Workshop 3: What evidence have we appraised and how can we use it?**

**Computer session**

What did you think of the **Computer sessions** in Workshop 3? (circle one on each line)

Very helpful  
1                      2                      3                      4                      Unhelpful  
5

Not challenging  
enough  
1                      2                      just right  
3                      4                      Too difficult  
5

Were there any things about the computer sessions that you particularly liked?

Were there any things about the computer sessions that you particularly disliked?

Do you have any suggestions for how we could make the computer sessions better?

**Workshop 3: What evidence have we appraised and how can we use it?**

**Learning materials**

What did you think of the **learning materials** (*background reading, and worksheets*) that we provided for Workshop 3?

Very helpful

1

2

3

4

Unhelpful

5

Not challenging  
enough

1

2

just right

3

4

Too difficult

5

Were there any learning materials that you found particularly useful?

Were there any learning materials that you didn't think were useful?

Are there any other materials that you would have found useful for us to provide?

**Workshop 3: What evidence have we appraised and how can we use it?**

**Overall in Workshop 3**

How did you feel about the balance of time given to overview sessions, small group/paired work, computer sessions and individual work in workshop 3? Would you have liked more or less time spent on *any* of these types of activities?

**Practical issues**

What did you think of the **guest house** where you stayed?

Excellent

1

2

3

4

Terrible

5

Were there any things that could have made your accommodation better?

Overall, how did you feel about the arrangements we had for **dinner** in the evenings this week?

**Workshop 3: What evidence have we appraised and how can we use it?**

**Overall**

Overall, what did you like best about Workshop 3?

Overall, what did you like least about Workshop 3?

Overall, how much do you feel that you learned from Workshop 3?

Not very much

A great deal

1

2

3

4

5

Overall how useful do you think the things you've learned in workshop 3 will be to your work?

Not at all useful

Very useful

1

2

3

4

5

**Workshop 3: What evidence have we appraised and how can we use it?**

**The next questions are about the entire training programme of HIVSA Workshops - *all three Workshops you have attended.***

Have you enjoyed working in this group of participants from such a variety of disciplines and experiences?

Do you think we should adopt a similarly mixed-group approach for further training programmes?

How have you felt about the participatory nature of these workshops?

Was a participatory approach appropriate for the subject areas covered?

Have the workshops been participatory enough?

**Workshop 3: What evidence have we appraised and how can we use it?**

Are there things that you hoped you would learn in these Workshops that we did not cover?

Are there any **practical** things that you think should be changed to improve the experience of being a participant (timing of the workshops, guest houses, eating arrangements etc...)?

Overall, how satisfied have you been with the training programme?

Very satisfied  
1                      2                      3                      4                      Not at all satisfied  
5

Honestly, have the workshop been worth the time you have had to take off work and away from your family/home?

Very worthwhile  
1                      2                      3                      4                      Not at all worthwhile  
5

Would you recommend a course of this nature to other colleagues?

Yes, definitely  
1                      2                      Maybe  
3                      4                      No  
5

**Workshop 3: What evidence have we appraised and how can we use it?**

Why?

If there is anything else you'd like to share with us about the Workshops, please do so here.