

2022 Annual Report

MESSAGE FROM THE CENTRE DIRECTOR

We are delighted to present the 2022 annual report for the JBI Adelaide GRADE Centre, showcasing the achievements, progress and highlights of the past year. This report serves as a comprehensive overview of our centre's activities and celebrates the collective efforts and dedication of all our centre staff, members and collaborators.

In this report, you will find a detailed analysis of our centre's educational programs, highlighting the impact that our centre staff have had in educating the Australian research community (and beyond) about GRADE methods. Furthermore, the report offers valuable insights into the collaborative efforts and professional development initiatives undertaken by our members, with a highlight being their participation in the INGUIDE program.

We also provide a detailed account of our research initiatives, highlighting the diverse range of disciplines and fields that our talented centre members have engaged in. This report also sheds light on the invaluable partnerships and collaborations we have forged with academic institutions, industry leaders, government agencies and other stakeholders. This has enabled us to continue to support a range of systematic reviewers and guideline developers with GRADE and promote GRADE across Australia and the global JBI Collaboration.

A highlight of the year has been the opportunity to meet in-person in Kraków, Poland, for the GRADE Working Group Meeting. The previous in-person meeting was hosted by our centre in Adelaide in 2019, so it was a fantastic chance to finally meet with colleagues and friends once again to discuss the advancement of GRADE approaches.

As we celebrate the accomplishments of the past year, we remain steadfast in our commitment to continuous improvement. This annual report serves as an opportunity to reflect on achievements, but also to look forward to new endeavours for our GRADE Centre. As we reflect on the accomplishments of the past year, we look toward the future with great anticipation and determination.

We extend our heartfelt gratitude to the entire JBI Adelaide GRADE Centre community for your unwavering support, partnership and collaboration throughout this journey. Together, we will continue to support, mentor and collaborate with researchers and decision-makers to continue to apply GRADE methods in their work.

Thank you for joining us in recognising the achievements of our GRADE Centre for 2022.



Professor Zachary Munn
JBI Adelaide GRADE Centre Director

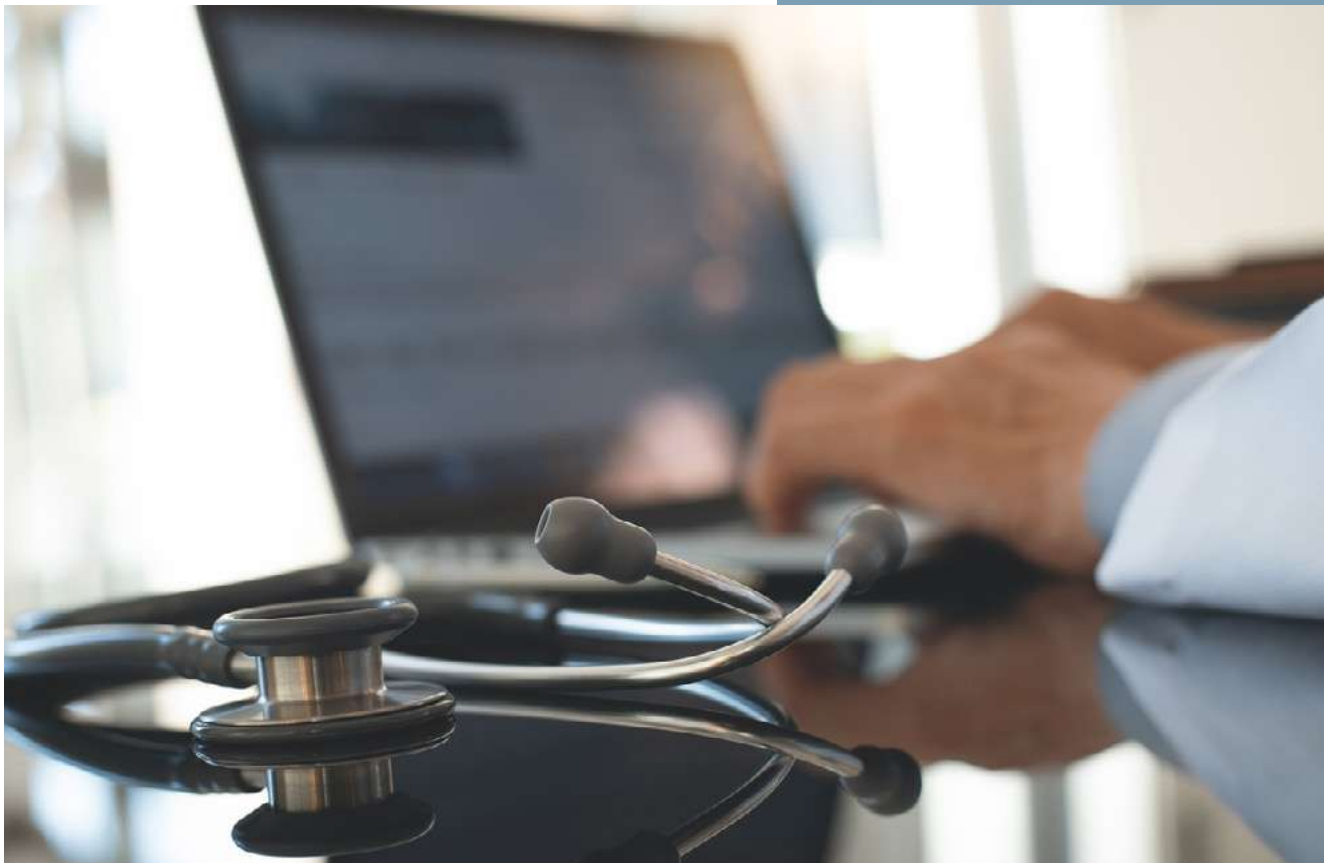
CONTENTS

2	MESSAGE FROM THE CENTRE DIRECTOR
3	INTRODUCTION
4	SUMMARY OF FINDINGS TABLES IN JBI SYSTEMATIC REVIEWS
5	USING GRADE IN GUIDELINES, SYSTEMATIC REVIEWS AND HEALTH TECHNOLOGY ASSESSMENTS
6	LEADERSHIP AND CENTRE STAFF CHANGES
7	TEACHING REPORT
	7 Training Highlights
	7 Systematic Review Training (including GRADE)
	7 INGUIDE
8	CZECH VISITING FELLOW, GRADE MENTORSHIP AND VISIT TO MASARYK UNIVERSITY GRADE CENTRE
9	METHODOLOGICAL AND SCHOLARLY PROJECT WORK
10	SELECTED TEAM PUBLICATIONS FROM 2022
12	JBI ADELAIDE GRADE CENTRE MEMBERS
13	PROMOTION AND SUPPORTING THE USE OF GRADE WITHIN AUSTRALIA AND THE JBIC
14	ARTICLE ON GRADE IN AUSTRALIA COLLEGE OF PARAMEDICINE 'RESPONSE' MAGAZINE

INTRODUCTION

The JBI Adelaide GRADE Centre, established in November 2016, was the first GRADE Centre in Australia and New Zealand and has acted as a central hub of GRADE-related research and teaching in the region. In addition, it was the first GRADE Centre to be established within the JBI Collaboration, and as such supports and promotes the use of GRADE amongst this group. The centre offers training in GRADE methods, methodological review of guidelines following GRADE methods, and contributes to the scientific development of GRADE methods, focusing on promoting the use of GRADE for systematic reviews and guideline development. For more information, visit <https://jbi.global/grade>.

This report outlines the activities of the centre during its sixth full year of operation in 2022.



SUMMARY OF FINDINGS TABLES IN JBI SYSTEMATIC REVIEWS

GRADE Summary of Findings (SoF) tables are a requirement for JBI systematic reviews of interventions and are also recommended for other types of JBI reviews in our journal, JBI Evidence Synthesis. As can be seen in Table 1, all reviews assessing the effectiveness of an intervention published in the journal in 2022 included a GRADE SoF table. Encouragingly, we see that GRADE approaches have been used for other types of systematic reviews, including measurement properties and risk and aetiology.

Review Type	2022 (n)	SoF GRADE n
Total Reviews	34	5
Measurement	1	1
Mixed	1	0
Prevalence	2	0
Prognostic	0	0
Risk and Etiology	2	2
Diagnostic Test Accuracy	0	0
Qual	15	0
Effectiveness	1	1
Text and Opinion	1	0
Scoping	3	0
Umbrella	2	1

In addition, the JBI Evidence Synthesis editorial team continues to offer opportunity for GRADE SoF tables in an interactive format (iSoF), where appropriate. The interactive version of GRADE SoF tables presents key information from systematic reviews in several formats that vary in content and graphical layout. Four JBI reviews with GRADE now also have an iSoF.

- Vincze L, Rollo M, Hutchesson M, Hauck Y, MacDonald-Wicks L, Wood L, et al. [Interventions including a nutrition component aimed at managing gestational weight gain or postpartum weight retention: a systematic review and meta-analysis](#). JBI Database Syst Rev Implement Rep. 2019;17(3): 297-364.
- Dol J, Richardson B, Tomblin Murphy G, Aston M, McMillan D, et al. [Impact of mobile health \(mHealth\) interventions during the perinatal period for mothers in low- and middle-income countries: a systematic review](#). JBI Database Syst Rev Implement Rep. 2019;17(8):1634-67.
- Ellwood L, Torun G, Bahar Z, Fernandex R. Effects of flavonoid-rich fruits on hypertension in adults: a systematic review. JBI Database Syst Rev Implement Rep. 2019;17(10):2705-105.
- Dol J, Richardson B, Tomblin Murphy G, Aston M, McMillan D, et al. [Impact of mobile health interventions during the perinatal period on maternal psychosocial outcomes: a systematic review](#). JBI Evid Synth. 2020;18(1):30-55.

Table 1: Total systematic reviews published in JBI Evidence Synthesis and number of Summary of Findings tables 2022



Figure 1: The iSoF tables are linked from the standard SoF and contents of a systematic review

USING GRADE IN GUIDELINES, SYSTEMATIC REVIEWS AND HEALTH TECHNOLOGY ASSESSMENTS

GRADE Centre members are actively using GRADE methods in guidelines and systematic reviews. Selected highlights from 2022 include projects for various guideline groups, including Society of Obstetric Medicine of Australia and New Zealand, St Vincent's Hospital, Flinders University, as well as collaborations developing guidelines for foetal alcohol spectrum disorder and whiplash, amongst others.

In 2021, we began a collaboration with the Vector Control and Insecticide Resistance Unit within the Global Malaria Programme of the World Health Organization. The project consisted of three systematic reviews focusing on various aspects of residual insecticide surface treatment and insecticide treated nets (ITNs) as a measure to prevent malaria. This work was completed in late 2022, with the potential for additional projects following the completion of the current work. [The publication associated with this work can be viewed online here.](#)

Some of these [guidelines](#) were released in 2023 and included new recommendations encouraging the use of two new classes of dual ingredient ITNs with different modes of action:

- Pyrethroid-chlorfenapyr nets: that combine a pyrethroid and a pyrrole insecticide to enhance the killing effect of the net;
- Pyrethroid-pyriproxyfen nets: that combine a pyrethroid with an insect growth regulator (IGR); the IGR disrupts mosquito growth and reproduction.

These recommendations, supported by evidence synthesised by the JBI Adelaide GRADE Centre, will have greater impact on insecticide-resistant mosquitoes and provide novel strategies to continue the battle against malaria in malaria-endemic countries.

We continue to consult as methodologists and advisors for a number of guideline development projects. Currently we are supporting the following groups/projects in their guideline development:

- Australian Extracorporeal Membrane Oxygenation Guidelines
- Australian Fetal Alcohol Spectrum Disorder Diagnostic Criteria Guidelines
- Society of Obstetric Medicine of Australia and New Zealand Hypertension in Pregnancy Guidelines
- Australian Recommendations for Older Adults' Physical Activity and Sedentary Behaviour During Hospitalisation for an Acute Medical Illness
- Australian Whiplash Guidelines
- Brain Injury: Developing Guidelines for physical activities (BRIDGES)

Additionally, we are involved in the Canadian Institutes for Health Research-funded project: [COVID-19 Living Evidence and Recommendations](#) (co-investigator, Zachary Munn). We have also provided advice for the group developing Australian guidelines on spinal cord injury.

THE EVIDENCE SYNTHESIS TAXONOMY INITIATIVE

In line with our focus on evidence-based health care (EBHC) scholarly work and development, a National Health and Medical Research Council (NHMRC) investigator Grant of \$645,205 over five years was formally awarded to Prof Zachary Munn. Work began at the start of 2021 to advance the science of evidence synthesis. This project is a collaborative initiative with key stakeholders across many scientific fields to establish an online, interactive and scalable evidence synthesis taxonomy in the form of an online wiki. A significant amount of meta-research (including scoping reviews), surveys, validation studies and Delphi approaches will be required to determine the current approaches, methodologies and methods in the field of evidence synthesis and to generate a taxonomy for guidance purposes. Two important publications have arisen from this work that relate to the needs for rigorous evidence synthesis and the use of GRADE: [The Pandora's Box of Evidence Synthesis](#) and [The Dark Side of Rapid Reviews](#).

EBM opinion and debate

 **OPEN ACCESS**

The Pandora's Box of Evidence Synthesis and the case for a living Evidence Synthesis Taxonomy

Zachary Munn ¹, Danielle Pollock,¹ Timothy Hugh Barker,¹ Jennifer Stone,¹ Cindy Stern,¹ Edoardo Aromataris,¹ Holger J Schünemann,^{2,3} Barbara Clyne,⁴ Hanan Khalil,⁵ Reem A Mustafa,⁶ Christina Godfrey,⁷ Andrew Booth ⁸, Andrea C Tricco,^{9,10} Alan Pearson¹

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Introduction

Have we, as an evidence-based health community, opened the Pandora's box of evidence synthesis? There now exists a plethora of overlapping evidence synthesis approaches and duplicate, redundant and poor-quality reviews.¹⁻⁴ After years of advocating for the need for systematic reviews of the evidence, there is a risk that this message has been disseminated too widely and has been misinterpreted in this process. We have reached a point where in some fields more reviews exist than clinical trials, where some topic reviews are being conducted in parallel, and evidence syntheses possess limited utility for decision-making because of their poor quality or poor reporting. To paraphrase the late Douglas Altman,⁵ it is possible we are now at a stage where we need less reviews, better reviews and reviews done for the right reason—as opposed to the current state of mass multiplication ([fastturnoversub01-reviews-see-dual](#))⁶

supervisors encouraging increasing numbers of novice researchers to undertake systematic reviews (fuelled by the misplaced idea of a quick or easy publication that requires little [if any] infrastructure support for ethics approval or as a requirement of doctorate studies or grant applications), and funders and frameworks rightly promoting interventional research be developed based on the evidence, we are likely to encounter further proliferation of misplaced, misconducted and redundant evidence synthesis projects.¹¹

We are concerned about this current state of affairs within the field of evidence synthesis, but believe we have not yet reached the point of no return. As such, this article discusses some of the pitfalls associated with an ever-expanding toolkit for evidence synthesis (likened to the opening of Pandora's Box) and discuss potential solutions for improving the cohesiveness of evidence synthesis.

IDEAS AND OPINIONS Annals of Internal Medicine

The Dark Side of Rapid Reviews: A Retreat From Systematic Approaches and the Need for Clear Expectations and Reporting

Zachary Munn, PhD; Danielle Pollock, PhD; Timothy Hugh Barker, PhD; Jennifer Stone, PhD; Cindy Stern, PhD; Edoardo Aromataris, PhD; Alan Pearson, PhD; Sharon Straus, MD, MSc; Hanan Khalil, PhD; Reem A. Mustafa, MD, MPH, PhD; Andrea C. Tricco, PhD; and Holger J. Schünemann, MD, PhD

Systematic reviews require substantial time, resources, and energy from author teams, taking anywhere from 6 months to 2 years to complete, with an average development time of 67.3 weeks (1). "Rapid reviews" have been proposed to shorten the completion time frame of a systematic review. During the COVID-19 pandemic, approximately 3000 rapid reviews were published (2). The benefits and utility of rapid reviews that abbreviate, omit, or simplify traditional systematic review methods to address knowledge users' (patients and public partners, health care providers, funders, and policymakers) needs in a timely fashion are discussed elsewhere (3). In this paper, we aim to highlight some risks and concerns associated with rapid reviews that do not follow a systematic approach or involve relevant knowledge users—and to reflect on the frequently overlooked "dark side" of rapid reviews.

RAPID, RESTRICTED, OR PARTIAL REVIEWS?

Rapid reviews have been defined as "a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review through streamlining or omitting a variety of methods to produce evidence in a resource-efficient manner" (4). This definition highlights both streamlining or omission, thereby missing an opportunity to clarify and distinguish between systematic and rapid reviews. Streamlining (which we define as making a process more efficient) systematic review methods, such as through the use of automation, support software, or of standard steps. As such, perhaps the clearest way to distinguish rapid reviews is through their omission of processes, or as a "systematic review with shortcuts" or a "partial" or "restricted" review (8). In addition, removing the issue of timing from the labeling of evidence synthesis products will also resolve any confusion regarding products labeled "rapid systematic review," which are full systematic review products conducted over a short time frame. Including timing to describe the methodology makes little sense, because any author is unlikely to refer to their review as a "slow systematic review."

If the most accurate definition of rapid reviews is that of a systematic review with shortcuts or a restricted review characterized by omissions and divergence from traditional systematic review methods, we must be clear on the standards and expectations for systematic reviews that are nonnegotiable because the opportunities for modifications are seemingly endless. As no clear thresholds distinguish what is currently called a "rapid" versus "systematic" review, we suggest that the quality and rigor of evidence synthesis is better described as a spectrum, from nonsystematic products to full systematic reviews that meet and go beyond the most stringent standards. Authors should transparently report their methods and ensure knowledge users can assess the quality or risk of bias of the review with validated instruments—which will help distinguish between high- or low-quality reviews (regardless of their rapidity) and where they sit on the methodological spectrum of reviews.

LEADERSHIP AND CENTRE STAFF CHANGES

We are particularly pleased to announce that **Dr Tim Barker** has been appointed as co-deputy director of the JBI Adelaide GRADE Centre, and joins the centre's formal governance structure, alongside Assoc Prof Edoardo Aromataris. Dr Tim Barker is a research fellow within Health Evidence Synthesis, Recommendations and Impact (HESRI) and was previously the lead researcher of the JBI Adelaide GRADE Centre. He is a research methodologist, clinical epidemiologist and animal welfare researcher. Tim has significant experience in systematic review and clinical guideline conduct and development. He has previously led an evaluation of Australian clinical practice guidelines and their use of GRADE, identifying substantial issues in how Australian guideline developers apply GRADE methods. We congratulate Tim on his appointment and welcome him to this new role.



Dr Barker will be joining Associate Professor Edoardo Aromataris as co-deputy director of the GRADE Centre

We also welcome **Sabira Hasanoff** to the GRADE Centre core staff, taking on the role of secretary and coordinator. Sabira is a research officer within the HESRI research group in the School of Public Health at The University of Adelaide. She is a current master of philosophy candidate, evaluating risk of bias tools for evidence synthesis.



Sabira Hasanoff has been appointed as secretary and coordinator of the GRADE Centre

TEACHING REPORT

In Australia, New Zealand and across the JBI Collaboration, JBI Adelaide GRADE staff and members conduct workshops on GRADE using the JBI Adelaide GRADE teaching materials, which have been developed by centre staff. These teaching and training activities serve to promote the use of GRADE across Australia and New Zealand. These materials are regularly reviewed and updated by centre members.

A brief summary of our training activities during 2022, including the number of participants registered, is included below.

TRAINING HIGHLIGHTS

- 3 external one-day workshops by remote attendance (49 participants);
- 1 internal workshop for JBI/The University of Adelaide students, Adelaide, SA, Australia (24 participants);
- 1 workshop for Queen's Collaboration for Health Care Quality: A JBI Centre of Excellence. Queen's University, Kingston, Ontario, Canada (17 participants);
- 1 training session for Therapeutic Guidelines Limited Australia online (approximately 20 participants);
- 1 workshop for University of Melbourne, Melbourne, Victoria, Australia (approximately 20 participants).

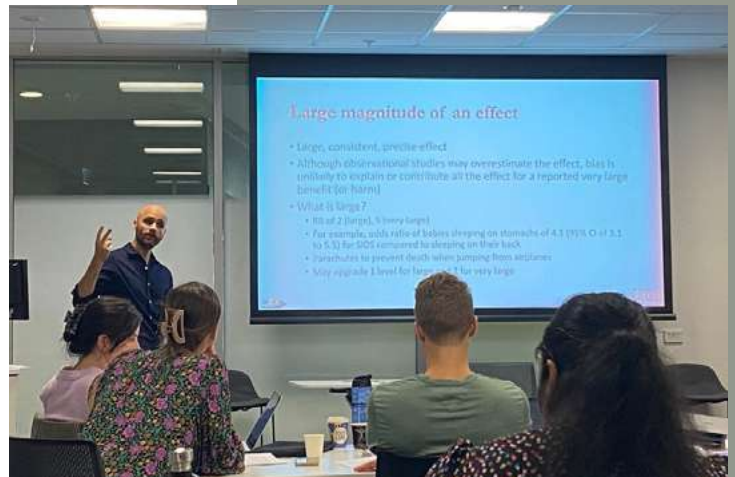
In addition to these presentations, we have also presented on GRADE and guideline development for the [Talking Research series](#) for the Australasian College of Paramedicine.

SYSTEMATIC REVIEW TRAINING (INCLUDING GRADE)

In addition to the dedicated GRADE training mentioned previously, a GRADE module has been incorporated into the JBI Comprehensive Systematic Review Training Program. In 2022, 38 of our centres hosted courses across the globe (including in Australia, Brazil, Cameroon, Canada, China, Czech Republic, England, Ethiopia, Finland, India, Japan, Kenya, Myanmar, Portugal, Romania, Scotland, South Africa, Switzerland, Taiwan, Thailand, the USA and Wales) for 1276 participants, all who were introduced to GRADE methods.

INGUIDE

INGUIDE is a comprehensive, evidence-based training program for guideline recommendation and development. It is the product of a joint partnership between leaders in the field of guideline development: [Guidelines International Network \(GIN\)](#), a global network of guideline-producing organisations and guideline participants, and world-renowned experts in guideline research, development and implementation at [McMaster University's Department of Health Research Methods, Evidence, and Impact](#). JBI Adelaide GRADE Centre staff, Dr Timothy Barker and Dr Jennifer Stone, have now completed up to level 3 of the INGUIDE training program, and Prof Zachary Munn was involved in recording some for the narration for the course [Methods, Evidence, and Impact](#). JBI Adelaide GRADE Centre staff are now planning to undertake the INGUIDE program.



Dr Barker teaching at JBI Adelaide GRADE Centre workshop in Adelaide



Participants of INGUIDE Training, including Dr Timothy Barker and Dr Jennifer Stone

CZECH VISITING FELLOW, GRADE MENTORSHIP AND VISIT TO MASARYK UNIVERSITY GRADE CENTRE

In July and August 2022, Prof Zachary Munn embarked on a Researcher Mobility Program, funded by the European Union, to visit research groups in the Czech Republic. The main purpose was to train the team of the Center of Evidence-based Education and Arts Therapies: A JBI Affiliated Group, and the academic employees and students who participate in the development of guidelines and GRADE methodology. During this trip, Prof Munn mentored and supported the team to plan their strategy for their group, conduct various guideline projects and plan for sustainable success. He also conducted workshops and presented lectures on these topics to staff and invited guests.

This mobility also allowed Prof Munn to visit the Masaryk University GRADE Centre, where he presented to staff and affiliates and discussed collaboration between the two GRADE centres. He also was the keynote speaker at the Evidence Implementation in Clinical Practice Conference.



Visiting colleagues in Olomouc, Czech



Presenting at Masaryk University GRADE Centre



Visiting colleagues in Olomouc, Czechia

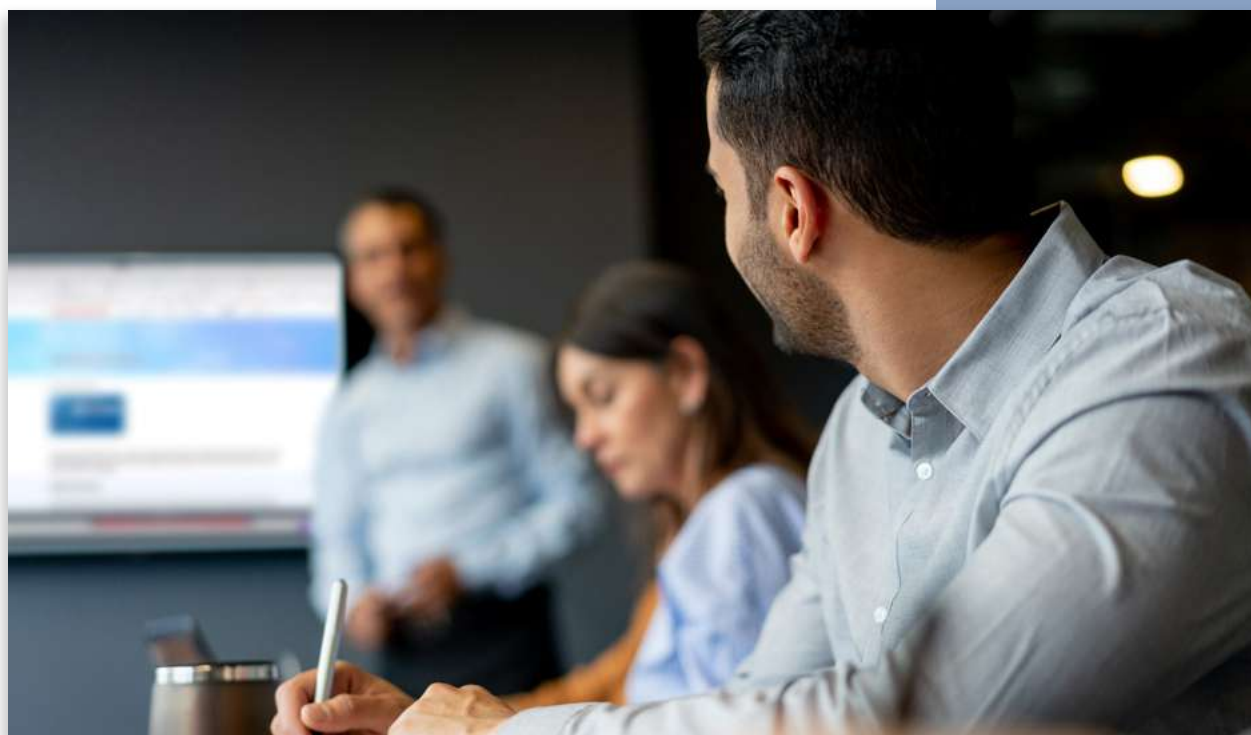
METHODOLOGICAL AND SCHOLARLY PROJECT WORK

The JBI Adelaide GRADE Centre is involved in a number of methodological and scholarly projects related to GRADE. This includes methodological development work as part of the GRADE project groups as well as other JBI-related implementation and use of GRADE projects. Members work on projects relating to the development of GRADE methods, evaluation of GRADE, experiences of using GRADE and any other GRADE-related scholarly work. Members also generate their own projects for scholarly consideration and these are discussed within the GRADE Centre and, where appropriate, with the broader GRADE Working Group.

JBI Adelaide GRADE Centre staff contribute to, or are members of, the following GRADE working groups: Overviews, CERQual, Training and Credentialing, Prognosis, Stakeholders, Wording of Recommendations, Rapid Guidelines, Implementation, Technology, Evidence to Decisions, Public Health, GRADE NRS and GRADE Multiple Comparisons.

Our team has increasingly been involved in research and methodological developments over the last 12 months. Areas of particular strength amongst the team include evidence synthesis, guideline development methods, GRADE, EBHC education, evidence implementation and predatory publishing.

Please find a list of recent publications of scholarly and research work completed by the team on p10.



SELECTED TEAM PUBLICATIONS FROM 2022

- Lotfi T, Hajizadeh A, Moja L, ... Munn Z, et al. A taxonomy and framework for identifying and developing actionable statements in guidelines suggests avoiding informal recommendations. *Journal of Clinical Epidemiology*. 2022;141:161-71.
- Kantorová L, Friessová T, Slezáková S, ... Munn Z, et al. Addressing challenges when applying GRADE to public health guidelines: A scoping review protocol and pilot analysis. *International Journal of Environmental Research and Public Health*. 2022;19(2):992.
- Barker TH, Stone J, Hasanoff S, et al. Dual-active-ingredient, insecticidal nets for preventing malaria: a systematic review protocol [version 1; peer review]. *F1000Research*. 2022;11:1020.
- Opio JN, Munn Z, Aromataris E. Prevalence of mental disorders in Uganda: a systematic review and meta-analysis. *Psychiatric Quarterly*. 2022;93:199–226.
- Foroutan F, Guyatt G, Trivella M,... Munn Z, et al. GRADE concept paper 2: Concepts for judging certainty on the calibration of prognostic models in a body of validation studies. *Journal of Clinical Epidemiology*. 2022;143:202-11.
- Gagliardi AR, Malinowski J, Munn Z, Peters S, et al. Trends in guideline implementation: an updated scoping review protocol. *JBHI Evidence Synthesis*. 2022;20(4):1106-12.
- Pollock D, Tricco AC, Peters MDJ, ... Khalil H, ... Munn Z. Methodological quality, guidance, and tools in scoping reviews: a scoping review protocol. *JBHI Evidence Synthesis*. 2022;20(4):1098-105.
- Tricco AC, Khalil H, Holly C, ... Aromataris E, ... Barker TH, Pollock D, McArthur A, Munn Z. Rapid reviews and the methodological rigor of evidence synthesis: a JBI position statement. *JBHI Evidence Synthesis*. 2022;20(4):944-9.
- Twaddle S, Harrow E, Service D, ... Munn Z. Guideline registries and libraries: a mixed-methods approach identified issues to be addressed with content. *Journal of Clinical Epidemiology*. 2022;144:121-6.
- Alam M, Getchius TSD, Schünemann H, ... Munn Z, et al. A memorandum of understanding has facilitated guideline development involving collaborating groups. *Journal of Clinical Epidemiology*. 2022;144:8-15.
- Peters MDJ, Godfrey C, McInerney P, ... Pollock D, ... Munn Z. Best practice guidance and reporting items for the development of scoping review protocols. *JBHI Evidence Synthesis*. 2022;20(4):953-68.
- Munn Z, Pollock D, Khalil H,... Peters M, et al. What are scoping reviews? Providing a formal definition of scoping reviews as a type of evidence synthesis. *JBHI Evidence Synthesis*. 2022;20(4):950-2.
- Pollock D, Alexander L, Munn Z, Peters M, Khalil H, et al. Moving from consultation to co-creation with knowledge users in scoping reviews: guidance from the JBI Scoping Review Methodology Group. *JBHI Evidence Synthesis* 2022;20(4):969-79.
- Aromataris E, Stern C, Lockwood C, Barker TH, Klugar M, ... Stephenson M, McArthur A, Jordan Z, Munn Z. JBI series paper 2: tailored evidence synthesis approaches are required to answer diverse questions: a pragmatic evidence synthesis toolkit from JBI. *Journal of Clinical Epidemiology*. 2022;150:196-202.
- Migliavaca CB, Stein C, Colpani V, Barker TH, ... Munn Z, et al. Meta-analysis of prevalence: I2 statistic and how to deal with heterogeneity. *Research Synthesis Methods*. 2022;13(3):363-7.
- Song Y, Alonso-Coello P, Ballesteros M, ... Klugar M, ... Munn Z, et al. RIGHT-Ad@pt Working Group. A Reporting Tool for Adapted Guidelines in Health Care: The RIGHT-Ad@pt Checklist. *Annals of Internal Medicine*. 2022;175(5):710-19.
- Johal J, Han CY, Joseph R, Munn Z, et al. Dietary Supplements in People with Metastatic Cancer Who Are Experiencing Malnutrition, Cachexia, Sarcopenia, and Frailty: A Scoping Review. *Nutrients*. 2022;14(13):2642.
- Peters S, Sukumar K, Blanchard S., ... Munn Z, et al. Trends in guideline implementation: an updated scoping review. *Implementation Science*. 2022;17(1), 50.
- Lockwood C, Munn Z, Jordan Z,... Khalil H, McArthur A, Porritt K, et al. JBI series paper 3: The importance of people, process, evidence, and technology in pragmatic, healthcare provider-led evidence implementation. *Journal of Clinical Epidemiology*. 2022;150:203-9.
- Pilla B, Jordan Z, Christian R,... Porritt K, ... Munn Z, et al. JBI series paper 4: the role of collaborative evidence networks in promoting and supporting evidence-based health care globally: reflections from 25 years across 38 countries. *Journal of Clinical Epidemiology*. 2022;150:210-215.
- Jordan Z, Lockwood C, Aromataris E, ... Porritt K, Klugar M, Riddle D,... Munn Z. JBI series paper 1: Introducing JBI and the JBI Model of EHBC. *Journal of Clinical Epidemiology*. 2022;150:191-5.
- Putnikovic M, Jordan Z, Munn Z, et al. Use of electrocardiogram monitoring in adult patients taking high-risk QT interval prolonging medicines in clinical practice: systematic review and meta-analysis. *Drug Safety*. 2022;45(10):1037-48.
- Munn Z, Barker TH, Aromataris E, Klugar M, et al. Including nonrandomized studies of interventions in systematic reviews: principles and practicalities. *Journal of Clinical Epidemiology*. 2022;152:314-15.
- Dewidar O, Lotfi T, Langendam M, ... Munn Z, et al. Which actionable statements qualify as good practice statements in Covid-19 guidelines? A systematic appraisal. *BMJ Evidence-Based Medicine* 2022;27(6):361-9.
- Khalil H, Peters MDJ,... Munn Z, Pollock D. The role of scoping reviews in reducing research waste. *Journal of Clinical Epidemiology*. 2022;152:30-5.
- Lee TJ, Krishnan G, Ooi EH, Barker TH. Effectiveness of reduced-versus standard-dose radiotherapy on survival and radiation-associated toxicity in patients with human papillomavirus-associated oropharyngeal squamous cell carcinoma: a systematic review protocol. *JBHI Evidence Synthesis*. 2022;20(4):1135-41.
- Semendric I, Pollock D, Haller OJ, et al. Impact of “chemobrain” in childhood cancer survivors on social, academic, and daily living skills: a qualitative systematic review protocol. *JBHI Evidence Synthesis*. 2022;20(1):222-8.
- Bakbakh D, Fraser A, Siasakos D, ... Pollock D, ... et al. Protocol for the development of a core outcome set for stillbirth care research (iCHOOSE Study). *BMJ Open*. 2022;12:e056629.
- Medeiros P, Bailey C, Andrews C, ... Pollock D, et al. Effectiveness of neonatal “near miss” audits in reducing perinatal morbidity and mortality: a systematic review protocol. *JBHI Evidence Synthesis*. 2022;20(3):847-53.
- Cleary A, Dean J, Pollock D, et al. Nature-based interventions for bereavement care: a scoping review protocol. *JBHI Evidence Synthesis*. 2022;20(5):1344-52.

SELECTED TEAM PUBLICATIONS FROM 2022

Davies EL, Pollock D, Graham, A, et al. Reporting of patient journey mapping in current literature: a scoping review protocol. *JBHI Evidence Synthesis*. 2022;20(5):1361-8.

Maina G, Pollock D, Lockwood C, et al. Effectiveness of ventilation tube insertion for conductive hearing loss in children with chronic otitis media with effusion and non-syndromic cleft palate: a systematic review protocol. *JBHI Evidence Synthesis* 2022;20(6): 1560-7.

Cooper M, Pollock D, Warland J, et al. The development of the WA+ ER (water immersion agency plus expectations and relief) scale. *Midwifery*. 2022;109:103298.

Pollock D, Shepherd CCJ, Adane AA, et al. Knowing your audience: Investigating stillbirth knowledge and perceptions in the general population to inform future public health campaigns. *Women and Birth*. 2022;35(4):e389-e396.

Lizarondo L, Stern C, Apostolo J ... Pollock D, et al. Five common pitfalls in mixed methods systematic reviews: lessons learned. *Journal of Clinical Epidemiology*. 2022;148:178-83.

Maina G, Pollock D, Lockwood C. Poor reporting quality of observational studies in children with non-syndromic cleft palate makes evidence synthesis difficult. *Research Methods in Medicine and Health Sciences*. 2022;4(3).

Gaston S, Porritt K, Jordan Z. Correctional nurse education and training to care for and support prisoners with dementia: a systematic review of text and opinion. *JBHI Evidence Synthesis*. 2022;20(5):1275-323.

Lockwood C, Jordan Z, Heikkilä K. Partnership to drive implementation science and practice. *JBHI Evidence Implementation*. 2022;20(4):248-9.

Kousholt BS, Præstegaard KF, Stone JC, et al. Reporting quality in preclinical animal experimental research in 2009 and 2018: a nationwide systematic investigation. *PLoS One*. 2022;17(11):e0275962.

Min M, Hancock DG, Aromataris E, et al. Experiences of living with juvenile idiopathic arthritis: a qualitative systematic review. *JBHI Evidence Synthesis* 2022;20(1):60-120.

Smith J, Secombe P, Aromataris E. Reply to letter to the editor: Conservative management of occult pneumothorax in mechanically ventilated patients—A systematic review and meta-analysis. *Journal of Trauma and Acute Care Surgery*. 2022;92(6):e141-e142.

Nowicki J, Harding M, Aromataris E. Clinical outcomes of microvascular clipping compared to endovascular coiling for ruptured anterior communicating artery aneurysms: a systematic review protocol. *JBHI Evidence Synthesis*. 2022;20(8):2032-9.

Aromataris E. Compounding conflicts of interest: including an author's own work in a systematic review. *JBHI Evidence Synthesis*. 2022;20(8):1869-70.

Morey T, Stern C, Foreman A, et al. Accuracy of imaging modalities at detecting extracapsular spread of cervical lymph node metastases in HPV-associated oropharyngeal cancer: a systematic review protocol of diagnostic test accuracy. *JBHI Evidence Synthesis*. 2022;20(1):189-95.

Morey T, Hodge JC, Stern C, et al. Correlation between radiologic and pathologic extranodal extension in HPV-associated oropharyngeal cancer: Systematic review. *Head and Neck*. 2022;44(12):2875-85.

JBI ADELAIDE GRADE CENTRE MEMBERS

- Prof Zachary Munn, Centre Director
- Assoc Prof Edoardo Aromataris, Centre Co-deputy Director
- Dr Timothy Barker, Centre Co-deputy Director
- Ms Sabira Hasanoff, Centre Secretary and Coordinator
- Dr Adel Aref
- Dr Patraporn Bhataraskoon
- Dr Nagendra Dudi-Venkata
- Ms Victoria Freeman
- Dr Judith Gomersall
- Dr Sasja Jul Hakonsen
- Dr Rasika Jayasekara
- Dr Denny John
- Prof Zoe Jordan
- Dr Hanan Khalil
- Adj Assoc Prof Dr Miloslav Klugar
- Adj Assoc Prof Dr Jiktra Klugarová
- Dr Kate Kynoch
- Mrs Alexa McArthur
- Assoc Prof Motohide Miyahara
- Adj Prof Kim Moretti
- Dr Clifford Mwita
- Ms Bronwyn Overall
- Mr Robin Pap
- Dr Micah Peters
- Dr Danielle Pollock
- Dr Kylie Porritt
- Dr Mary-Anne Ramis
- Dr Emily Reeve
- Assoc Prof Dru Riddle
- Ms Melanie Rosella
- Dr Wendell Santos
- Dr Praba Sekhar
- Dr Matthew Stephenson
- Dr Cindy Stern
- Dr Jennifer Stone
- Dr Annalise Synnot
- Ms Chelsea Valenzuela
- Dr Nilakshi Waidyatillake
- Dr Ashley Whitehorn

PROMOTING AND SUPPORTING THE USE OF GRADE WITHIN AUSTRALIA AND THE JBIC

The JBI Adelaide GRADE Centre aims to promote and support the use of GRADE throughout Australia, New Zealand and the JBI Collaboration. Since its launch, the centre has received numerous inquiries regarding GRADE work. Meetings and teleconferences have been held with various guideline developers and professional societies to introduce them to GRADE and to highlight the benefits of this approach. We regularly receive emails asking for help or clarification, which we respond to and, when needed, have meetings with various groups to provide direction.

GRADE NEWSLETTER

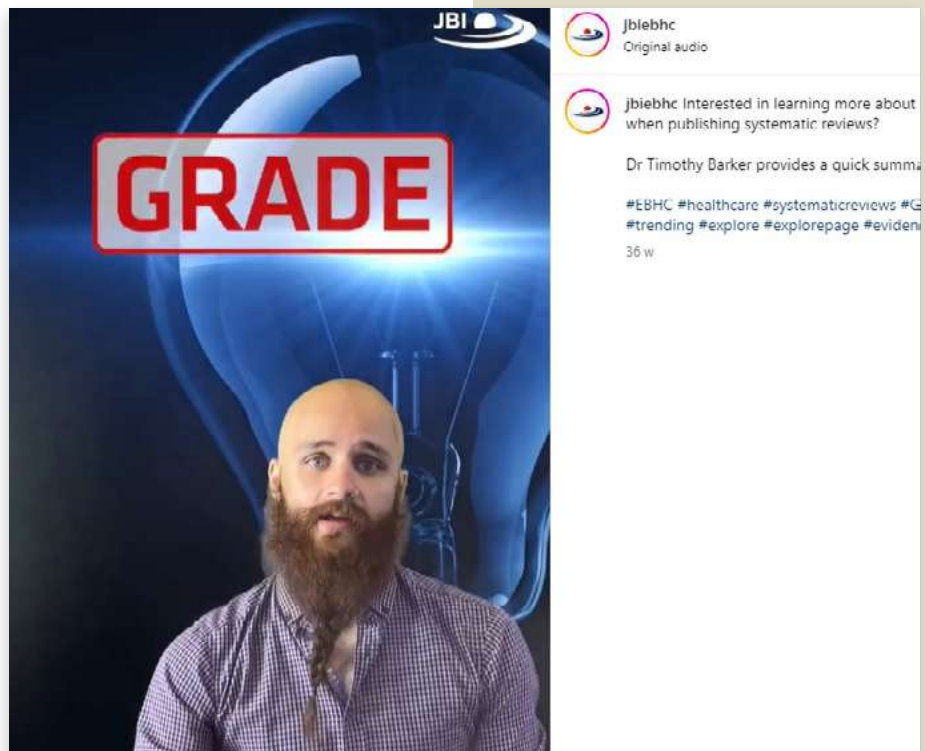
We have established a newsletter for our GRADE Centre in collaboration with the Melbourne GRADE Centre. This work has been led by Sabira Hasanoff, Dr Danielle Pollock and Dr Timothy Barker, JBI Adelaide GRADE Centre members. [Subscribe](#)



Figure 4: The Australian GRADE Newsletter

SOCIAL MEDIA

We were able to increase the number of centre members over the last year and now have 875 followers on Twitter (@JBI_GRADE). We were also featured in reels on JBI social media accounts.



Dr Timothy Barker on Instagram

ARTICLE ON GRADE IN AUSTRALIAN COLLEGE OF PARAMEDICINE RESPONSE MAGAZINE

JB Adelaide GRADE Centre member Robin Pap and JBI postgraduate research degree student Michelle Thomson published an introductory article on GRADE in the Australian College of Paramedicine Response magazine. This magazine has a wide circulation and the simple explanation of GRADE in the article received a warm reception.

GRADE NEWSLETTER

We have established a newsletter for our GRADE Centre in collaboration with the Melbourne GRADE Centre. This work has been led by Sabira Hasanoff, Dr Danielle Pollock and Dr Timothy Barker, JBI Adelaide GRADE Centre members.

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RESEARCH

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GRADE – A SYSTEMATIC APPROACH TO DEVELOPING CLINICAL PRACTICE GUIDELINES

Most paramedics are familiar with clinical practice guidelines (CPGs) and have used them in one form or another. The Institute of Medicine (IOM) defines CPGs as "statements that include recommendations, intended to optimise patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options".¹ (p.4) CPGs form a fundamental part of modern clinical practice. Rigorously developed guidelines based on the best available evidence enhances patient safety and can assist clinicians and patients in shared decision-making. Additionally, well-designed CPGs improve patient outcomes and reduce unwarranted variations in care and control cost.² But how should they be developed? In this article we talk about Grading Recommendations, Assessment, Development and Evaluations (GRADE) - a systematic approach to developing CPGs.

What is GRADE?

The development of CPGs is often inconsistent, particularly in the way the body of literature is rated in terms of the quality of the studies undertaken and the certainty of the results, which in turn informs the strength of recommendations. GRADE offers a methodological process that can be used to systematically summarise evidence and rate the certainty in that evidence and then develop recommendations to inform CPGs. GRADE is used by more than 100 organisations worldwide, including the International Liaison Committee On Resuscitation, UpToDate®, and the World Health Organization, and has become the most widely adopted approach for assessing and grading the quality of evidence and for making clinical practice recommendations.³ Knowing about GRADE and how it works is important not only for guideline developers and researchers, but also for clinicians who use and rely on CPGs for their clinical decision-making.

How does GRADE work?

Developing CPGs is a team effort, and as such the process starts with assembling a guideline panel. The panel should include experts and key stakeholders, including clinicians, academics, methodologists, and patient and community representatives. The GRADE approach begins with the formulation of a PICO question.⁴ In other words, the panel considers who is the population of interest, what are the alternative management strategies (intervention and comparator), and what are the desirable outcomes.⁵ Each outcome is then rated according to its importance as either critical, important but not critical, or of limited importance.⁶ A systematic literature search is then conducted, aimed at identifying all applicable studies. If appropriate, a meta-analysis is performed. In other words, a statistical analysis is done that combines the results of multiple studies. As a final step in synthesising the evidence, the quality of evidence for each outcome across all included studies is rated.⁷ Next, the process of formulating recommendations starts.

What is "quality of evidence"?

In the GRADE framework, there are four levels of evidence, better described as quality of evidence. Although a starting point, study design is not the only determinant of the quality of evidence. GRADE recognises the traditional hierarchy of study designs and their potential to produce varying levels of evidence. Generally, randomized control trials (RCTs) provide more robust evidence than observational studies, and rigorous observational studies deliver better evidence than uncontrolled case series.⁸ But the quality of evidence is also determined by the certainty that the panel has in it. Certainty is influenced by several factors. Some of these decrease certainty in the evidence⁹, whereas others may increase confidence.¹⁰

43
Response | Autumn 2022



FOR FURTHER ENQUIRIES

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<https://jbi.global/grade>

twitter.com/JBI_GRADE

[GRADE Australia Newsletter](#)

[youtube.com/JBIEBHC](https://www.youtube.com/JBIEBHC)

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