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**August 3, 2018**

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**\*Fagerlind Stahl AC, Stahl C, and Smith P. Longitudinal association between psychological demands and burnout for employees experiencing a high versus a low degree of job resources. BMC Public Health. 2018; 18(1):915.**

<http://dx.doi.org/10.1186/s12889-018-5778-x> [open access]

**Abstract:** BACKGROUND: Exhaustion and burnout are common causes for sickness absence. This study examines the relationship between psychological demands and burnout over time, and if environmental support modifies the longitudinal relationship between psychological demands and burnout at baseline, with burnout measured 2 years subsequently. METHODS: A questionnaire was sent to employees in seven Swedish organizations in 2010-2012 with follow-up after 2 years, n = 1722 responded (64%). Linear regressions were used to examine the associations between burnout and psychological demands at baseline and burnout at follow-up. Stratified regression models examined if relationships between burnout and psychological demands at baseline on burnout at follow-up differed for employees in supportive versus unsupportive work environments. RESULTS: Burnout and psychological demands at baseline were associated with burnout at follow-up, after adjustment for study covariates. No significant differences were observed between estimates for psychological demands and burnout among respondents in supportive work environments versus those in unsupportive work environments. CONCLUSIONS: This study shows that high demands are associated with greater risk of burnout, regardless of level of other work supports. This has implications for prevention of sick leave due to burnout and for rehabilitation, where demands such as work pace, workload and conflicting demands at work may need to be reduced



**\*Furlan AD, Carnide N, Irvin E, Van Eerd D, Munhall C, Kim J, Li CMF, Hamad A, Mahood Q, and Macdonald S. A systematic review of strategies to improve appropriate use of opioids and to reduce opioid use disorder and deaths from prescription opioids. Canadian Journal of Pain. 2018; 2(1):218-235.**

<http://dx.doi.org/10.1080/24740527.2018.1479842> [open access]

Abstract: Background: Abuse of prescription opioids is a serious problem in North America. Aims: The aim of this study was to conduct a systematic review of peer-reviewed and grey literature to examine existing strategies aimed at improving the appropriate use of prescription opioids and/or reducing the misuse, abuse, and diversion of these drugs. Methods: The following electronic databases were searched to September 2015 without language restrictions: MEDLINE, EMBASE, PsycINFO, and CINAHL; the grey literature was searched to May 2014. Reference lists of retrieved papers were also searched. Studies were eligible if a strategy was implemented and its impact on at least one of the primary outcomes of interest (appropriate prescription opioid use; misuse, abuse, opioid use disorder, diversion; overdose) was measured. Standardized, prepiloted forms were used for relevance screening, quality appraisal, and data extraction. Results: A total of 65 studies that assessed 66 distinct strategies were identified. Due to the heterogeneity of the strategies, a qualitative synthesis was conducted. Many studies combined more than one type of strategy and measured various types of outcomes. The strategies with most promising results involved education, clinical practices, collaborations, prescription monitoring programs, public campaigns, opioid substitution programs, and naloxone distribution. We also found strategies that had some unintended consequences after implementation. Conclusions: Our review identified successful strategies that have been implemented and evaluated in various jurisdictions. There is a need to replicate and disseminate these strategies where the problem of prescription opioid misuse and abuse has taken a toll on society

**\*Kosny A, Lifshen M, Yanar B, Tonima S, MacEachen E, Furlan A, Koehoorn M, Beaton D, Cooper J, and Neis B. The role of healthcare providers in return to work. International Journal of Disability Management. 2018; 13:e3.**  
<http://dx.doi.org/10.1017/idm.2018.4>

**Burmeister A, Fasbender U, and Deller J. Being perceived as a knowledge sender or knowledge receiver: a multistudy investigation of the effect of age on knowledge transfer. Journal of Occupational and Organizational Psychology. 2018; 91(3):518-545.**  
<http://dx.doi.org/10.1111/joop.12208>

**Busert LK, Mutsch M, Kien C, Flatz A, Griebler U, Wildner M, Stratil JM, and Rehfuess EA. Facilitating evidence uptake: development and user testing of a systematic review summary format to inform public health decision-making in German-speaking countries. Health Research Policy and Systems. 2018; 16(1):59.**

<http://dx.doi.org/10.1186/s12961-018-0307-z> [open access]

**Abstract:** **BACKGROUND:** Systematic reviews are an important source of evidence for public health decision-making, but length and technical jargon tend to hinder their use. In non-English speaking countries, inaccessibility of information in the native language often represents an additional barrier. In line with our vision to strengthen evidence-based public health in the German-speaking world, we developed a German language summary format for systematic reviews of public health interventions and undertook user-testing with public health decision-makers in Germany, Austria and Switzerland. **METHODS:** We used several guiding principles and core elements identified from the literature to produce a prototype summary format and applied it to a Cochrane review on the impacts of changing portion and package sizes on selection and consumption of food, alcohol and tobacco. Following a pre-test in each of the three countries, we carried out 18 user tests with public health decision-makers in Germany, Austria and Switzerland using the 'think-aloud' method. We analysed participants' comments according to the facets credibility, usability, understandability, usefulness, desirability, findability, identification and accessibility. We also identified elements that hindered the facile and satisfying use of the summary format, and revised it based on participants' feedback. **RESULTS:** The summary format was well-received; participants particularly appreciated receiving information in their own language. They generally found the summary format useful and a credible source of information, but also signalled several barriers to a positive user experience such as an information-dense structure and difficulties with understanding statistical terms. Many of the identified challenges were addressed through modifications of the summary format, in particular by allowing for flexible length, placing more emphasis on key messages and relevance for public health practice, expanding the interpretation aid for statistical findings, providing a glossary of technical terms, and only including graphical GRADE ratings. Some barriers to uptake, notably the participants' wish for actionable recommendations and contextual information, could not be addressed. **CONCLUSIONS:** Participants welcomed the initiative, but user tests also revealed their problems with understanding and interpreting the findings summarised in our prototype format. The revised summary format will be used to communicate the results of Cochrane reviews of public health interventions

**Carlstedt AB, Brushammar G, Bjursell C, Nystedt P, and Nilsson G. A scoping review of the incentives for a prolonged work life after pensionable age and the importance of "bridge employment". *Work*. 2018; 60(2):175-189. <http://dx.doi.org/10.3233/WOR-182728>**

**Abstract:** **BACKGROUND:** With a growing share of older people in almost every population, discussions are being held worldwide about how to guarantee welfare in the immediate future. Different solutions are suggested, but in this article the focus is on the need to keep older employees active in the labor market for a prolonged time. **OBJECTIVE:** The aim was to find out and describe the

incentives at three system levels for older people 1) wanting, 2) being able, and 3) being allowed to work. MATERIAL: The literature search embraced articles from the databases Scopus, PsycInfo, Cinahl, AgeLine and Business Source Premier, from May 2004 until May 2016. After the removal of 506 duplicates, the selection and analysis started with the 1331 articles that met the search criteria. Of these, 58 articles corresponded with the research questions. METHOD: The design was a 'scoping review' of the research area bridge employment and prolonged work life. RESULTS: The results show that most investigations are conducted on individual-level predictors, research on organizational-level predictors is more scattered, and societal-level predictor information is scarce. CONCLUSIONS: Attitudes and behavior according to a prolonged work life could be summarized as dependent on good health, a financial gain in combination with flexible alternative working conditions

**Chiarotto A, Terwee CB, Kamper SJ, Boers M, and Ostelo RW. Evidence on the measurement properties of health-related quality of life instruments is largely missing in patients with low back pain, a systematic review. Journal of Clinical Epidemiology. 2018; 102:23-27.**

<http://dx.doi.org/10.1016/j.jclinepi.2018.05.006>

Abstract: OBJECTIVE: To synthesize the measurement properties of six health-related quality of life (HRQoL) instruments [Short Form 36 (SF-36), Short Form 12 (SF-12), EuroQol 5D-3L (EQ-5D-3L), EuroQol 5D-5L (EQ-5D-5L), Nottingham Health Profile (NHP), PROMIS Global Health (PROMIS-GH-10)] in patients with low back pain (LBP). STUDY DESIGN AND SETTING: Six electronic databases (MEDLINE, EMBASE, CINAHL, PsycINFO, SportDiscus, Google Scholar) were searched (July 2017). Studies assessing any measurement property in non-specific LBP patients were included. Two reviewers independently screened articles and assessed risk of bias (COSMIN checklist). Consensus-based criteria were used to rate measurement properties results as sufficient, insufficient or inconsistent; a modified GRADE approach was adopted for evidence synthesis. RESULTS: High quality evidence was found for insufficient construct validity of SF-36 summary scores and EQ-5D-3L utility and visual analogue scale scores. Moderate evidence was found for inconsistent construct validity of SF-12 physical summary score and inconsistent responsiveness of EQ-5D-3L utility score. Very low quality evidence was found on each instrument content validity; very low to low evidence underpinned the other assessed measurement properties. EQ-5D-5L and PROMIS-GH-10 were not evaluated in LBP patients. CONCLUSION: Documentation of the measurement properties of HRQoL instruments in LBP is incomplete. Future clinimetric studies should prioritize content validity

**Conyers LM. A client-focused considering work model for people with emerging or episodic illnesses. Journal of Vocational Rehabilitation. 2018; 48(3):331-343.**

<http://dx.doi.org/10.3233/JVR-180942>

**Ellen ME, Lavis JN, Horowitz E, and Berglas R. How is the use of research evidence in health policy perceived? A comparison between the reporting of researchers and policy-makers. Health Research Policy and Systems. 2018; 16(1):64.**

<http://dx.doi.org/10.1186/s12961-018-0345-6> [open access]

**Abstract:** BACKGROUND: The use of health policy and systems research (HPSR) to inform health policy-making is an international challenge. Incorporating HPSR into decision-making primarily involves two groups, namely researchers (knowledge producers) and policy-makers (knowledge users). The purpose of this study was to compare the perceptions of Israeli health systems and policy researchers and health services policy-makers regarding the role of HPSR, factors influencing its uses and potential facilitators and barriers to HPSR, and implementation of knowledge transfer and exchange (KTE) activities. **METHODS:** A cross-sectional survey was administered to researchers and policy-makers in Israel. The survey consisted of seven closed questions. Descriptive analyses were carried out for closed-ended questions and comparative analysis were conducted between groups using the chi(2) test. **RESULTS:** A total of 37 researchers and 32 policy-makers responded to the survey. While some views were in alignment, others showed differences. More policy-makers than researchers perceived that the use of HPSR in policy was hindered by practical implementation constraints, whereas more researchers felt that its use was hindered by a lack of coordination between knowledge producers and users. A larger percentage of policy-makers, as compared to researchers, reported that facilitators to the KTE process are in place and a larger percentage of researchers perceived barriers within the KTE environment. A larger percentage of policy-makers perceived KTE activities were in place as compared to researchers. Results also showed large differences in the perceptions of the two groups regarding policy formulation and which organisations they perceived as exerting strong influence on policy-making. **CONCLUSIONS:** This research demonstrated that there are differences in the perceptions of knowledge producers and users about the process of KTE. Future work should focus on minimising the challenges highlighted here and implementing new KTE activities. These activities could include making the researchers aware of the most effective manner in which to package their results, providing training to policy-makers and assuring that policy-makers have technical access to appropriate databases to search for HPSR. These results underscore the need for the groups to communicate and clarify to each other what they can offer and what they require

**Graham CW, Inge KJ, Wehman P, Seward HE, and Bogenschutz MD. Barriers and facilitators to employment as reported by people with physical disabilities: an across disability type analysis. Journal of Vocational Rehabilitation. 2018; 48(2):207-218.**

<http://dx.doi.org/10.3233/JVR-180929>



**Hill J, Koch LyC, and Rumrill PD. Ethical considerations for providing vocational rehabilitation services to individuals with chronic pain. Journal of Vocational Rehabilitation. 2018; 48(3):321-330.**

<http://dx.doi.org/10.3233/JVR-180941>

**Hulsheger UR, Walkowiak A, and Thommes MS. How can mindfulness be promoted? Workload and recovery experiences as antecedents of daily fluctuations in mindfulness. Journal of Occupational and Organizational Psychology. 2018; 91(2):261-284.**

<http://dx.doi.org/10.1111/joop.12206> [open access]

Abstract: While previous work on mindfulness has focused predominantly on the benefits of mindfulness and of mindfulness interventions, the present article addresses the question of how natural experiences of mindfulness can be promoted in the context of work. Accordingly, this article sheds light on day-to-day fluctuations in workload and recovery experiences (psychological detachment and sleep quality) as antecedents of state mindfulness. Furthermore, this study extends extant research that has documented beneficial effects of mindfulness on subsequent recovery experiences by arguing that the relationship between mindfulness and recovery experiences is reciprocal rather than unidirectional. Using an experience-sampling design across five workdays and involving three daily measurement occasions, we found that sleep quality and workload were related to subsequent levels of mindfulness. While not displaying a significant direct relationship with mindfulness, psychological detachment was indirectly related to mindfulness via sleep quality. Fatigue was identified as an important mechanism explaining these relationships. Furthermore, findings confirmed that the relationship between mindfulness and recovery experiences is reciprocal rather than unidirectional. Taken together, this study contributes to an enriched understanding of the role of mindfulness in organizations by shedding light on factors that precede the experience of mindfulness and by pointing to the existence of gain spirals associated with recovery experiences and mindfulness. Practitioner points: Organizations seeking to promote mindfulness among their workforce should try to keep workload to a manageable degree. Organizations may also pay attention to care for employees' day-to-day recovery as it has been shown to facilitate mindfulness

**Jessani NS, Siddiqi SM, Babcock C, Davey-Rothwell M, Ho S, and Holtgrave DR. Factors affecting engagement between academic faculty and decision-makers: learnings and priorities for a school of public health. Health Research Policy and Systems. 2018; 16(1):65.**

<http://dx.doi.org/10.1186/s12961-018-0342-9> [open access]

Abstract: BACKGROUND: Schools of public health (SPHs) are increasingly being recognised as important contributors of human, social and intellectual capital relevant to health policy and decision-making. Few studies within the implementation science literature have systematically examined knowledge exchange experiences within this specific organisational context. The purpose of

this study was therefore to elicit whether documented facilitators and barriers to engaging with government decision-makers resonates within an academic SPH context. We sought to understand the variations in such experiences at four different levels of government decision-making. Furthermore, we sought to elicit intervention priorities as identified by faculty. **METHODS:** Between May and December 2016, 211 (34%) of 627 eligible full-time faculty across one SPH in the United States of America participated in a survey on engagement with decision-makers at the city, state, federal and global government levels. Surveys were administered face-to-face or via Skype. Descriptive data as well as tests of association and logistic regression analyses were conducted using STATA. **RESULTS:** Over three-quarters of respondents identified colleagues with ties to decision-makers, institutional affiliation and conducting policy-relevant research as the highest facilitators. Several identified time constraints, academic incentives and financial support as important contributors to engagement. Faculty characteristics, such as research areas of expertise, career track and faculty rank, were found to be statistically significantly associated with facilitators. The top three intervention priorities that emerged were (1) creating incentives for engagement, (2) providing funding for engagement and (3) inculcating an institutional culture around engagement. **CONCLUSIONS:** The data suggest that five principal categories of factors - individual characteristics, institutional environment, relational dynamics, research focus and funder policies - affect the willingness and ability of academic faculty to engage with government decision-makers. This study suggests that SPHs could enhance the relevance of their role in health policy decision-making by (1) periodically measuring engagement with decision-makers; (2) enhancing individual capacity in knowledge translation and communication, taking faculty characteristics into account; (3) institutionalising a culture that supports policies and practices for engagement in decision-making processes; and (4) creating a strategy to expand and nurture trusted, relevant networks and relationships with decision-makers

**Kushner R, Kramer DM, and Linn HD. Feasibility of clinicians asking patients about their exposure to occupational hazards: an intervention at five primary-care health centres. *Work*. 2018; 60(3):365-384.**

<http://dx.doi.org/10.3233/WOR-182750>

**Abstract:** **BACKGROUND:** Ontario's occupational health and safety prevention system has identified a need for the systematic collection of occupational exposure data for ongoing surveillance and targeted prevention initiatives. **OBJECTIVES:** To examine the feasibility of collecting occupational exposure information within a primary-care clinical setting. **METHODS:** Five healthcare centres were recruited. Working patients answered basic occupational exposure questions. Clinicians reviewed the answers with patients. Answers were entered into the patient's electronic medical records (EMR). A knowledge broker supported the clinics throughout the trial with background information and linking to occupational expertise. Interviews with administrators and clinicians examined the usefulness of the survey to primary care, the barriers and facilitators, and

sought suggestions for sustaining the practice. A cross-case analysis, framed by a conceptual framework, was conducted from the feedback. RESULTS: Themes highlighted the importance of clinicians and administrator buy-in, the perceived relevance of occupational exposures to primary care clinicians and the patient population, and the need for clinicians to feel confident about the health impact and relevance of occupational exposures to presenting clinical problems. CONCLUSION: Clinicians ask work exposure-related questions when patients have a health concern that the clinicians suspect may be related to a work exposure. No clear clinical purpose for routinely asking exposure questions emerged

**Lusk SL and Stipp A. Opioid use disorders as an emerging disability. Journal of Vocational Rehabilitation. 2018; 48(3):345-358.**  
<http://dx.doi.org/10.3233/JVR-180943>

**McAteer J, Di Ruggiero E, Fraser A, and Frank JW. Bridging the academic and practice/policy gap in public health: perspectives from Scotland and Canada. Journal of Public Health. 2018; [Epub ahead of print].**  
<http://dx.doi.org/10.1093/pubmed/fdy127>

Abstract: This article presents a critical commentary of specific organizational models and practices for bridging 'the gap' between public health research and policy and practice. The authors draw on personal experiences of such models in addition to the wider knowledge translation and exchange literature to reflect on their strengths and weaknesses as implemented in Scotland and Canada since the early 1990s

**Moyster M and Mian A. Fertility rates and labour force participation among women in Quebec and Ontario. Insights on Canadian Society. 2018; Jul:1-22. (Statistics Canada catalogue number: 75-006-X201800154976)**  
<https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2018001/article/54976-eng.pdf?st=dXQ5uHt2>

Abstract: Using data from the Canadian Vital Statistics Birth Database and from the Labour Force Survey (LFS), this study examines the relationship between fertility rates and labour force participation among women aged 15 to 44 in Ontario and in Quebec between 1996 and 2016, two provinces that followed different paths with respect to parental leave benefits and affordable child care over the past two decades.

**Porter S, Lexen A, Johanson S, and Bejerholm U. Critical factors for the return-to-work process among people with affective disorders: voices from two vocational approaches. Work. 2018; 60(2):221-234.**  
<http://dx.doi.org/10.3233/WOR-182737> [open access]

Abstract: BACKGROUND: Depression is among the major causes of disability with a negative impact on both daily life and work performance. Whilst depression is the primary cause of sick-leave and unemployment in today's workplace there is a lack of knowledge of the needs of individuals with



depression regarding their return-to-work (RTW) process. OBJECTIVE: To explore which factors are of critical importance for people suffering from depression and who also are unemployed in their RTW-process and to explore the impact of two vocational approaches on the service users' experiences. The study included participants in two vocational rehabilitation approaches; Individual Enabling and Support (IES) and Traditional Vocational Rehabilitation (TVR). METHOD: Qualitative methods were applied to explore critical factors in the RTW-process. Individuals with affective disorders including depression and bipolar disorder were included. RESULTSThree themes emerged as critical factors; Experiencing hope and power, professionals' positive attitudes, beliefs and behaviours, and employing a holistic perspective and integrating health and vocational service. CONCLUSIONThis study has demonstrated critical factors for the return-to-work process as experienced by persons with depression. To experience hope and power, to meet professionals that believe "you can work", who use a person-centred and holistic service approach, are such factors necessary for gaining a real job. In particular, professionals in TVR need to embrace this understanding since their services were not experienced as including these elements

**Sideri S, Papageorgiou SN, and Eliades T. Registration in the international prospective register of systematic reviews (PROSPERO) of systematic review protocols was associated with increased review quality. Journal of Clinical Epidemiology. 2018; 100:103-110.**

<http://dx.doi.org/10.1016/j.jclinepi.2018.01.003>

Abstract: OBJECTIVES: A priori registration of systematic review protocols in international prospective register of systematic reviews (PROSPERO) can help reduce selective reporting of outcomes. The aim of this study was to assess the association between registration of orthodontic systematic reviews in PROSPERO and review quality with the Assessment of Multiple Systematic Reviews (AMSTAR) tool. STUDY DESIGN AND SETTING: Seven databases were searched for systematic reviews with/without meta-analysis in orthodontics published between 2012 and 2016. After duplicate study selection and data extraction, the quality of identified reviews was assessed in duplicate with the AMSTAR tool. Descriptive statistics of medians and interquartile ranges (IQRs) and chi-square/Fisher exact tests were calculated. Univariable/multivariable linear regression modeling was implemented to assess the effect of review registration on %AMSTAR score at alpha of 5%. RESULTS: A total of 182 orthodontic systematic reviews were identified, 37 (20.3%) of which were registered. Considerable differences were seen in AMSTAR between registered (median = 86.4%; IQR = 77.3-95.5%) and nonregistered reviews (median = 72.7%; IQR = 59.1-81.8%). After adjustment, registration in PROSPERO was associated with an average increase in %AMSTAR score of 6.6% (95% confidence interval = 1.0-12.3%). CONCLUSION: Although only a small percentage of orthodontic systematic reviews was registered a priori in

PROSPERO, registered reviews were of higher quality than nonregistered reviews

**Strifler L, Cardoso R, McGowan J, Cogo E, Nincic V, Khan PA, Scott A, Ghassemi M, MacDonald H, Lai Y, Treister V, Tricco AC, and Straus SE. Scoping review identifies significant number of knowledge translation theories, models, and frameworks with limited use. Journal of Clinical Epidemiology. 2018; 100:92-102.**

<http://dx.doi.org/10.1016/j.jclinepi.2018.04.008>

Abstract: OBJECTIVES: To conduct a scoping review of knowledge translation (KT) theories, models, and frameworks that have been used to guide dissemination or implementation of evidence-based interventions targeted to prevention and/or management of cancer or other chronic diseases. STUDY DESIGN AND SETTING: We used a comprehensive multistage search process from 2000 to 2016, which included traditional bibliographic database searching, searching using names of theories, models and frameworks, and cited reference searching. Two reviewers independently screened the literature and abstracted the data. RESULTS: We found 596 studies reporting on the use of 159 KT theories, models, or frameworks. A majority (87%) of the identified theories, models, or frameworks were used in five or fewer studies, with 60% used once. The theories, models, and frameworks were most commonly used to inform planning/design, implementation and evaluation activities, and least commonly used to inform dissemination and sustainability/scalability activities. Twenty-six were used across the full implementation spectrum (from planning/design to sustainability/scalability) either within or across studies. All were used for at least individual-level behavior change, whereas 48% were used for organization-level, 33% for community-level, and 17% for system-level change. CONCLUSION: We found a significant number of KT theories, models, and frameworks with a limited evidence base describing their use

**Sundar V, O'Neill J, Houtenville AJ, Phillips KG, Keirns T, Smith A, and Katz EE. Striving to work and overcoming barriers: employment strategies and successes of people with disabilities. Journal of Vocational Rehabilitation. 2018; 48(1):93-109.**

<http://dx.doi.org/10.3233/JVR-170918>

**Swaen GMH, Langendam M, Weyler J, Burger H, Siesling S, Atsma WJ, and Bouter L. Responsible Epidemiologic Research Practice: a guideline developed by a working group of the Netherlands Epidemiological Society. Journal of Clinical Epidemiology. 2018; 100:111-119.**

<http://dx.doi.org/10.1016/j.jclinepi.2018.02.010> [open access]

Abstract: OBJECTIVES: To develop a guideline on Responsible Epidemiologic Research Practice that will increase value and transparency, increase the accountability of the epidemiologists, and reduce research waste. SETTING: A working group of the Netherland Epidemiological Society was given the task of developing a guideline that would meet these objectives. Several publications

about the need to prevent Detrimental Research Practices triggered this work. Among these were a series in the Lancet on research waste and a subsequent series on transparency in the Journal of Clinical Epidemiology. The reputation and trust in epidemiologic research is still high, and the Netherlands Epidemiological Society wishes to keep it that way. The guideline deals with how epidemiologic research should be conducted, archived, and disclosed. It does not deal with the more technical aspects, such as required sample size, choice of study design, and so forth. The guideline describes each step in the process of conducting an epidemiologic study, from the first idea to the ultimate publication and beyond. METHODS: The working group reviewed the literature on responsible research conduct, including the various existing codes of conduct. It applied the general principles from these codes to the elements of an epidemiologic study and formulated specific recommendations for each of these. Next step was to draft the guideline. Preceding the 2016 annual national epidemiology conference in Wageningen, a preconference was organized to discuss the draft guideline and to assess support. Support was clearly present, and the provided recommendations were incorporated into the draft guideline. In March 2017, a draft version of the guideline was sent to all 1,100 members of the society with the request to review and provide comments. All received responses were positive, and some minor additions were made. The Responsible Epidemiologic Research Practice guideline has now been approved by the board of the Netherlands Epidemiological Society. CONCLUSION: With the Responsible Epidemiologic Research Practice guideline, we hope to contribute to better research practices in epidemiology but perhaps also in adjacent disciplines

**Tricco AC, Zarin W, Ghassemi M, Nincic V, Lillie E, Page MJ, Shamseer L, Antony J, Rios P, Hwee J, Veroniki AA, Moher D, Hartling L, Pham B, and Straus SE. Same family, different species: methodological conduct and quality varies according to purpose for five types of knowledge synthesis. Journal of Clinical Epidemiology. 2018; 96:133-142.**

<http://dx.doi.org/10.1016/j.jclinepi.2017.10.014>

Abstract: OBJECTIVES: The aim of the study was to characterize methodological conduct, reporting, and quality of five knowledge synthesis (KS) approaches. STUDY DESIGN AND SETTING: Retrospective analysis of a convenience sample of five published databases of KS approaches: overview of reviews (n = 74), scoping reviews (n = 494), rapid reviews (n = 84), systematic reviews (n = 300), and network meta-analyses (NMAs; n = 456). Data in the five published databases were abstracted by two reviewers independently, any missing data for this retrospective analysis were abstracted by one experienced reviewer. Methods were appraised using the A MeaSurement Tool to Assess systematic Reviews (AMSTAR) tool. Descriptive analysis was performed. RESULTS: Reporting the use of a protocol ranged from 4% for rapid reviews to 32% for systematic reviews. The use of two reviewers for citation and full-text screening ranged from 20% for scoping reviews to 60% for NMAs. Data abstraction was performed in duplicate for 11% of rapid reviews and 54% of NMAs, and for risk of

bias appraisal, this ranged from 6% for scoping reviews to 41% for NMAs. NMAs had the highest median percentage of maximum obtainable AMSTAR score (64%; Q1-Q3:45-73%), while scoping reviews had the lowest (25%; Q1-Q3:13-38%). CONCLUSION: NMAs consistently scored the highest on the AMSTAR tool likely because the purpose is to estimate treatment effects statistically. Scoping reviews scored the lowest (even after adjusting the score for not relevant items) likely because the purpose is to characterize the literature

\*IWH authored publications.