Testing a Novel Format for Systematic Reviews

Thank you for taking the time to learn more about this study! Please review the following information before deciding to participate.

What is this project about?

A systematic review is a review that summarizes evidence from all research studies that address a particular clinical or policy issue.

Despite advances in the conduct and reporting of systematic reviews (and recognition of their importance in knowledge translation (KT)), current evidence suggests that they are used infrequently by health care managers and policy makers in decision making.

In consultation with health care managers and policy makers, we have developed a new format for presentation of systematic reviews.

The purpose of this study is to compare the impact of the newly formatted systematic review with a traditional systematic review presentation.

Health care managers and policy makers in Canada and the UK will be invited to consider participating in this research study. We aim to recruit and enroll a total of 308 participants (i.e., 154 health care managers and 154 policy makers).

What is expected of me if I participate?

If you choose to participate you will be randomly assigned to **1) view** one systematic review format.

After viewing the systematic review format, you will be asked to **2) read** a brief health scenario and **3) answer** some questions.

The questions will be divided into **two sections**. In the first section, you will be asked to answer two questions related to the systematic review format. This will take approximately 10-15

minutes to complete. Upon completion, you will have the option of either a) stopping at this point in the survey or b) continuing to section two of the survey and answering an additional set of questions related to the systematic review. Section two will take approximately 15-20 minutes to complete.

Once you have consented to participate, you will be given access to the systematic review format and questions.

You do not need to complete the questions in one sitting. You will be asked to provide us with your name and email so we can send you your unique ID and a link to return to the survey.

Will I be harmed in any way if I participate?

There are no known harms associated with this project. If a question is not applicable to you or you feel uncomfortable answering you may stop at any time.

Your name and email will not be shared with anyone outside our study research team. This information will also be kept in a password protected database. You will be assigned a unique ID number for the remaining duration of the study.

Will I be compensated for my participation in this study?

To compensate you for your participation you will be given an honorarium of **$50.00** or the maximum dollar amount of an honorarium based on your organization's guidelines (whichever is less).

You will be asked to fill out a reimbursement form with your name and address so that we can mail you a cheque.

Are there any other personal benefits to participating?

This project will not benefit you directly. However, we hope that the information learned from this study will help to develop a template for reporting systematic reviews that will help increase uptake of systematic review results in health care management policy decision-making, ultimately leading to more optimal decisions and positively impacting the health of Canadians.

What steps will be taken to ensure confidentiality?

All information obtained during the study will be held in strict confidence.

Data collected from the online study will be stored on our secure servers and will be analysed and reported in an aggregate (grouped together so that no one can be identified) fashion only.

Information regarding participants i.e. names and emails for the purpose of the study will be collected by the study research assistant and stored in a secure location at St. Michael's Hospital, Knowledge Translation Program, 209 Victoria Street, 7thfloor, East Building. The information will be destroyed once the study is complete. Study data will be locked in a cabinet, in a locked

room in the same location for 7 years.

Can I get a copy of the results?

You will be provided with a copy of the report upon the completion of this project.

What if I want to skip questions?

Participation in any project is voluntary. You can choose not to participate or you may withdraw at any time. If you withdraw early from the project, any data collected up to that point will be used in the analysis portion of this project.

Who can I contact if I have questions?

Research Ethics Board Contact

If you have any questions regarding your rights as a research participant, you may contact Dr. David Mazer, Chair, St Michael's Research Ethics Board, at 416-864-6060 ext. 2557 during business hours. For individuals that reside in British Columbia, you may also contact one of the following research ethics boards: (1) the Chair of the Interior Health Research Ethics Board at researchethics@interiorhealth.ca or call 250-870-4602, (2) the Island Health's HREB at research.Ethics@viha.ca or call 250-519-6726, or (3) the Fraser Health Research Ethics Board co-Chair by calling 604-587-4681.

This study is being conducted by a research team at St. Michael's Hospital. For further information or if you have any general questions about the project please contact any of the following individuals.

Principal Investigator: Sharon E. Straus, MD MSc FRCPC

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Study Coordinator: Christine Marquez, BSc

Position: Research Coordinator, Knowledge Translation Program, St. Michael's Hospital

Tel: (416) 864-6060 ext. 77523 (available Monday to Friday 9:00am – 5:00pm)

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Study Assistant: Camellia Dinyarian, BScH

Position: Research Assistant, Knowledge Translation Program, St. Michael's Hospital

Tel: (416) 864-6060 ext. 77367 (available Monday to Friday 9:00am – 5:00pm)

How do I give my consent to participate in this study?

Please read the following statements and indicate if these are true of you.

1) I have read all the information on this project and my questions have been answered to my satisfaction. I have been informed of the alternatives to participation in this project. I have the right not to participate and the right to withdraw without affecting my future and current employment or relationship at St. Michael's, as well as quality of medical care at St. Michael's Hospital for me and for other members of my family. As well, the potential harms and benefits (if any) of participating in this project have been explained to me.

2) I have not waived my legal rights nor released the investigators, sponsors, or involved institutions from their legal and professional responsibilities. I know that I may ask now, or in the future, any questions I have about the project. I have been told that records relating to me and my care will be kept confidential and that no information will be disclosed without my permission unless required by law. I have been given sufficient time to read the above information.

☐ Yes, both of the above statements are true of me and I consent to participate.

☐ No, these statements are not true of me and I am not interested in participating.