What is a Rapid Review?

A Rapid Review is a streamlined version of a systematic review designed to provide timely evidence for decision-making. It follows the key principles of a systematic review but employs methods that simplify or expedite the process. By speeding up the planning, execution, or sharing of results, rapid reviews aim to deliver actionable insights in a shorter time frame—often in under five weeks—making them a valuable tool in urgent or emerging situations.

This process follows predefined boundaries, such as limiting searches to articles published within a certain period and is typically conducted by a multidisciplinary team skilled in systematic review methods.

The Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness defines a Rapid Review as:

> *"a type of evidence synthesis that brings together and summarises information from different research studies to produce evidence for people such as the public, healthcare providers, researchers, policy makers, and funders in a systematic, resource efficient manner. This is done by speeding up the ways we plan, do, and/or share the results of conventional structured (systematic) reviews, by simplifying or omitting a variety of methods that should be clearly defined by the authors"*
>
> *BMJ 2024; 384 doi: https://doi.org/10.1136/bmj-2023-076335 (Published 06 February 2024)*

This efficiency allows rapid reviews to produce reliable evidence for healthcare providers, policymakers, researchers, and the public in less time than traditional systematic reviews.

Rapid reviews are particularly useful in:

- Responding to new and emerging issues
- Updating previously completed reviews
- Supporting policy development or evaluation

Types of Rapid Review

Rapid reviews may also be known as:

Rapid systematic reviews	Rapid evidence reviews	Evidence summaries

Expedited reviews	**Rapid evidence summaries**	**Evidence reviews**
Rapid evidence synthesis	**Rapid evidence assessment**	**Restricted reviews**

Excerpt from Rapid Review Guide by James Cook University Library (March 2025)

Steps Involved:

Step 1: Needs assessment, topic selection, and topic refinement

Step 2: Develop a Review Protocol

Step 3: Set Inclusion/Exclusion Criteria Define Parameters

Step 4: Search the Literature

Step 5: Screen and Select Studies

Step 6: Data Extraction

Step 7: Assess Quality of Studies Risk of Bias Assessment

Step 8: Summarise and Synthesise Evidence

Step 9: Write the Review

Engagement with Knowledge Users

Rapid reviews are usually carried out in response to a specific request from a decision-maker, who plays a crucial role in formulating the question, establishing the review's scope, and determining the timeline. Early and ongoing involvement of the requester and other relevant stakeholders is essential to grasp their needs, understand the intended purpose of the review, and clarify the expected timeline and outcomes. (King et al., 2022)

Cochranes Updated Guidance on Rapid Reviews first recommendation is to:

> *"Involve knowledge users to set and refine the review question, eligibility criteria, and outcomes of interest, with consultation at various stages of the review." They define knowledge users as "individuals or groups responsible for, or affected by, health and healthcare related decisions that rapid reviews can inform. The term knowledge user includes but is not limited to healthcare*

providers and their professional associations, policy makers, patients, caregivers, patient groups, government agencies, and the public". (Garritty et al., 2024a)

The ***STARR*** (*SelecTing Approaches for Rapid Reviews*) tool developed by researchers in the University of Sheffield helps authors in planning approaches to rapid reviews and obtaining structured input from knowledge users through targeted questions. This practical decision tool is designed to help select an appropriate rapid review approach. Acknowledging the difficulties in collaboration between rapid review producers and policymakers, the tool seeks to gain validation by fostering consensus between these two groups through the use of the Delphi method.

- Rapid Review (STARR) Decision Tool

Define the Question

Before you start, it is important to have a well-constructed question. Frameworks can be used to both develop your research question and your search strategy. There are many ways of framing questions depending on the topic, discipline, or type of questions some of these frameworks are shown below.

Type of Research Question	Framework	Disciplines
Clinical questions	PICO (variants: PIO, PICOT, PICOS)	Health
Quantitative	PEO, PICO (variants: PIO, PICOT, PICOS), PCC	Health; Social Sciences; Business and Policy; Environment
Qualitative	PEO, PICo, CLIP, ECLIPSE, PCC, SPICE, SPIDER,	Social Sciences; Management; Health
Mixed methods	PCC, SPICE, SPIDER	Health; Social Sciences
Methodological or theoretical	BeHEMoTH	Health

Adapted from Advanced literature search and systematic reviews guide from City University of London

This list is not exhaustive, click here to view additional Frameworks for research questions from the *University of Maryland*.

Select a Framework

The **PICO** question framework is very popular and is effective at answering quantitative questions particularly for health disciplines.

Example of a PICO question: In adult patients undergoing surgery, does music therapy compared to no music therapy reduce preoperative anxiety?

PICO element	Definition	Scenario
P (Patient / Population / Problem)	Describe your patient, population or problem	Adult patients undergoing surgery
I (Intervention / Indicator)	What intervention is being considered?	Music therapy
C (Comparison / Control)	What is your comparison or control?	No music therapy or standard care
O (Outcome)	What outcome are you looking for?	Reduced anxiety levels

Variations to PICO

PIO - Use when there is no **C**omparison or **C**ontrol

PICOS - S stands for **study design.** Use this framework if you are only interested in examining specific designs of study.

PICOT - T stands for **timeframe.** Use this framework if your outcomes need to be measured in a certain amount of time, e.g. 24 hours after surgery.

PICOC - **C** stands for **context.** Use this framework if you are focussing on a particular organisation or circumstances or scenario

Check the Topic / Scoping Search

Once you have defined your review question, you should begin by searching for previously conducted reviews in your area of interest.

PEO

For quantitative and qualitative questions evaluating experiences, and meaningfulness.

Example of a PEO question: What are the experiences of parents caring for a child with autism?

PEO element	Definition	Scenario
P (Patient / Population / Problem)	Describe your patient, population or problem	Parents of children with autism
E (Exposure)	What is the issue you are interested in?	Caring for a child with autism
O (Outcomes or themes)	What (in relation to the issue) do you want to examine?	Experiences and perceptions

ECLIPSE

Used for questions relating to cost effectiveness, economic evaluations, and service improvements.

Example of a ECLIPSE Question: What is the impact of introducing an online appointment booking system on patient satisfaction in an Irish general practice?

ECLIPSE element	Definition	Scenario
E (Expectation)	Purpose of the study - what are you trying to achieve?	To improve patient satisfaction
C (Client group)	Who is the information needed for?	Patients at a general practice
L (Location)	Where is the client group based?	General practice clinic in Ireland
I (Impact)	If your research is looking for service improvement, what is it? How is it measured?	Introduction of an online appointment booking system
P (Professionals)	What professional staff are involved?	Administrative and reception staff

ECLIPSE element	Definition	Scenario
SE (Service)	For which service are you looking for information?	Appointment scheduling service

SPIDER

Framework used for qualitative questions evaluating experiences and meaningfulness.

Example of a Spider Question: How do undergraduate nursing students perceive simulation-based learning in their clinical education?

SPIDER element	Definition	Scenario
S (Sample)	Describe the group you are focussing on	Undergraduate nursing students
PI (Phenomenon of interest)	The behaviour or experience your research is examining	Perceptions of simulation-based learning
D (Design)	How was the research carried out?	Qualitative interviews or focus groups
E (Evaluation)	Which outcome are you measuring?	Perceived value, realism, or engagement
R (Research type)	Qualitative? Quantitative? Or mixed methods?	Qualitative Research

SPICE

Used for qualitative questions evaluating experiences and meaningfulness.

Example of a SPICE question: In rural healthcare settings, how do telehealth consultations compared to in-person consultations affect patient satisfaction from the perspective of rural patients?

SPICE element	Definition	Scenario
S (Setting)	Where is the study set?	Rural healthcare settings

SPICE element	Definition	Scenario
P (Population / Perspective)	From which population / perspective is the study done?	Patients living in rural areas
I (Intervention)	Describe the intervention being studied	Telehealth consultations
C (Comparison)	Is the intervention being compared with another?	In-person consultations
E (Evaluation)	How well did the intervention work?	Patient satisfaction

BeHEMoTH

The BeHEMoTh framework is used for theory-based evidence in health and social sciences. It's particularly helpful when you're looking for literature on theoretical models or conceptual frameworks.

Example of BeHEMoTh Question: What behavioural theories are used to explain uptake of national cancer screening programmes, excluding purely biomedical or technical evaluations?

BeHEMoTH element	Definition	Scenario
Be (Behaviour of interest)	Way population or patient interacts with health context, for example access for a service, compliance, attitude to policy.	Uptake and participation in cancer screening programmes
H (Health Context)	i.e.: the service, policy, programme or intervention	National cancer screening programmes
E (Exclusions)	To exclude non-theoretical/technical models (depends on volume)	Exclude technical screening protocols, biomedical studies without theoretical framing
MoTH (Model or Theories)	Operationalized as a generic 'model* or theor* or concept* or framework*' strategy together with named models or theories if required	Behavioural or social theories explaining screening uptake

Check the Topic / Scoping Search

Once you have defined your review question, you should begin by searching for previously conducted reviews in your area of interest.

This has three main purposes:

1. Verify that your research question has not already been answered recently.

2. Verify that there are no other review protocols registered with researchers already asking the same question

3. Identify related systematic reviews so that you can review their reference lists to scope out primary studies that were used.

Here are some databases that would be useful to search

Cochrane Collaboration

The Cochrane Collaboration is a not-for-profit organisation with collaborators from over 120 countries working together to promote evidence-informed health decision-making by producing high-quality, relevant, accessible systematic reviews and other synthesised research evidence.

Campbell Library

The Campbell Collaboration maintains and disseminates systematic reviews in education, crime and justice, social welfare, and international development.

PROSPERO

PROSPERO is an international database of prospectively registered systematic reviews in health and social care. Key features from the review protocol are recorded and maintained as a permanent record. PROSPERO aims to provide a comprehensive listing of systematic reviews registered at inception to help avoid unplanned duplication and enable comparison of reported review methods with what was planned in the protocol.

PubMed Clinical Queries

Clinical Queries offers a user-friendly approach to evidence-based searching on the Medline database. This tool uses predefined filters to help you quickly refine searches on clinical or disease-specific topics.

Database of Abstracts of Reviews of Effects (DARE)

The Database of Abstracts of Reviews of Effects (DARE) contains details of systematic reviews that evaluate the effects of healthcare interventions and the delivery and organisation of health services. DARE also contains reviews of the wider determinants of health such as housing, transport, and social care where these impact directly on health, or have the potential to impact on health.

Epistemonikos

Epistemonikos is a collaborative, multilingual database of health evidence. It is the largest source of systematic reviews relevant for health-decision making, and a large source of other types of scientific evidence.

JBI Evidence Synthesis

JBI Evidence Synthesis seeks to disseminate rigorous, high-quality research that provides the best available evidence to inform policy and practice through the science and conduct of systematic and scoping reviews.

Set Inclusion / Exclusion Criteria

When you formulate a research question you also need to consider your inclusion and exclusion criteria. These are a list of pre-defined characteristics the literature must have, if they are to be included in a study, or must not have to be excluded from a study.

Common inclusion / exclusion criteria include time period, language, geographic location, age range, animal or human studies, setting, type of study.

Cochranes updated guidance on Rapid Review states that "to ensure rapid reviews are timely, various restrictions can be applied to eligibility criteria " and further outlined in the table below.

3 Clearly define the eligibility criteria, including any restrictions or limits:
3.1 Limit the number of interventions and comparators
3.2 Limit the number of outcomes, focusing on those most important for decision making
3.3 Consider restriction of the search date of the evidence base, with clinical or methodological justification provided
3.4 Limit the setting, with clinical or methodological justification provided
3.5 Limit the publication language to English at study selection, with other languages added when relevant
3.6 Prioritise the inclusion of high quality study designs relevant to the review question or objective

Adapted from Table 1 in Garritty, C., Hamel, C., Trivella, M., Gartlehner, G., Nussbaumer-Streit, B., Devane, D., Kamel, C., Griebler, U. and King, V.J., 2024a. Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness. BMJ : British Medical Journal (Online), 384

The importance of developing a protocol

Before you start your search, it is important to develop a protocol outlining the methodology behind your study. A rapid review protocol seeks to describe the rationale, hypothesis as well as the planned methods which will be used throughout the review process.

The protocol should be prepared before the review starts and should be consulted regularly by members of the review team throughout the entire review process.

Detailed protocols should be developed based on theoretical deduction rather than observation or experience.

Rapid review protocols are often written as internal documents for organisations and are often not published or registered. Registration is still recommended if the review is to be published and it aids in a decrease of research waste and allows both requesters and review authors to avoid duplication. It is advised to include the term “rapid review” or another similar term in the registered title, "as this will assist tracking the use, validity, and value of rapid reviews" (King et al., 2022)

How to Write a Protocol

There are a number of guides on how to write protocols. Check any specific guidelines relevant to the discipline to see whether they provide guidelines for protocols as well as reviews.

Guidelines

- PRISMA for systematic review protocols (PRISMA-P)
- Cochrane Hanbook: Part 1 - Chapter 4 (Cochrane Collaboration)
- Campbell systematic reviews: Policies and guidelines

Protocol templates

- PRISMA-P checklist
- Sample Protocol Template (Maritimes SPOR SUPPORT Unit)

- Protocol Template (University of Warwick)
- Review protocol template and example (World Health Organisation)

Excerpt from Rapid Review Guide by James Cook University Library (March 2025)

Registering your Protocol

By registering your review, you are letting other researchers know that your review is underway. Many journal publishers now insist on registration to ensure that the reviews follow the pre-defined criteria for conducting a systematic review.

Completed protocols should be registered on any of the following platforms depending on your particular discipline.

PROSPERO is an international database of prospectively registered systematic reviews in health and social care, welfare, public health, education, crime, justice, and international development, where there is a health related outcome

Open Science Framework

The Open Science Framework is an open-source software project created by the Centre for Open Science to increase reproducibility in research. The OSF allows users to create project folders, pre-register study protocols, and store data and code files for public access.

Examples of Rapid Review Protocols

- *Thomas Iverson, Emaan Abbasi, Elham Esfandiari, Maureen Ashe. A Rapid Review of the Effect of Volunteers for Diabetes Self-Management. PROSPERO 2024. Available from https://www.crd.york.ac.uk/PROSPERO/view/CRD42023453506*

- *Sabrina Martinez, Cristina Palacios. A rapid review of additional support provided to primary caregivers to improve infant feeding. PROSPERO 2024 Available from https://www.crd.york.ac.uk/PROSPERO/view/CRD42020151827*

- *Sinead Ahern, Sarah Marshall, Geraldine Wallbank, Danielle Jawad, Sarah Taki, Louise Baur, Li Ming Wen. Communication strategies and effectiveness of early childhood obesity related prevention programs for linguistically diverse communities – A Rapid Review. Open Science Framework. Available from https://osf.io/uekw6*

- *Lerner, A.H., Klein, E.J., Hardesty, A. et al. Comparison of COVID-19 outcomes in organ transplant recipients (OTr) and non-transplant patients: a study protocol for rapid review. Syst Rev **10**, 299 (2021). https://doi.org/10.1186/s13643-021-01854-8. Available from https://rdcu.be/egmYL*

Defining Your Search Terms

Search terms are usually derived from key concepts in the review question and from the inclusion and exclusion criteria that are specified in the research protocol, or the question being asked by the review team.

Keywords

It is important to find all the relevant keywords for the topic to ensure the search is comprehensive by identifying

- different spellings, tenses and word variants of keywords
- synonyms
- related concepts

There are many ways to locate these terms, including background reading, dictionaries, regular and database thesauri or subject headings and text mining tools. The process of searching will also help identify more terms.

Keywords will be searched for in the **title** or **abstract** of the records in the database. They are often truncated

- For example, a search for ***therap**** to find ***therapy***, ***therapies***, ***therapist***.

They might also use wildcards to allow for spelling variants and plurals

- For example, ***wom#n*** to find ***woman*** and ***women***.

Note: The symbols used to perform truncation and wildcard searches can vary from database to database, so it's always best to check the 'Search Help' option within each of the databases that you're using.

Note: It's also worth noting that some databases may limit the number of search terms and truncations that can be used in any given search

Index Terms / Controlled Vocabulary

- Using index terms (also know as controlled vocabulary) such as **MeSH** and **Emtree** in a health sciences related search can improve performance. Subject experts in your group should work through databases and tag each record with subject terms from a prespecified controlled vocabulary.

- This indexing can save your systematic review team a lot of time that would otherwise be spent sifting through irrelevant records.

- Using index terms in your search, for example, can help you find the records that are specifically related to the topic of interest (tagged with the index term) but ignore those that contain only a brief mention of it (not tagged with the index term).

- Check to see if the database that you're using uses controlled vocabulary (subject headings), examples. MeSH (Medical Subject Headings) in Medline Complete and APA PsycArticles.

- Check your search terms to see if they have a corresponding control term and add them to your search strategy. You will need to use both keywords and controlled vocabulary to be thorough when searching.

Note: The *Columbia University Health Sciences Library* provides a very useful guide to the use of Control Terms when searching. View the full guide here.

- Please remember that different databases have their own index terms / controlled vocabulary, which means that you will need to remap your terms as you switch between databases. Click on the below factsheet to see how you can adapt searches between databases.

- Transforming Searches between Databases & Downloading Searches & Results Factsheet

A factsheet outlining how transform searches between different databases and downloading searches and results in these databases

> *"Look at the help screens on the database you are using to work out the best strategy. Keep a record of the searches you run on each database to help you develop your search and to include in your write up. If you are doing a systematic review for publication your strategies need to be clearly and accurately recorded so that someone else could reproduce them"*
>
> **(University of Reading, Apr 18, 2023, URL: https://libguides.reading.ac.uk/systematic-review)**

Use a Combination of Index Terms & Keywords

- It's generally not a good idea to rely on index terms by themselves. By doing this, you could miss a relevant record. Good search strategies normally include both index terms and keywords.

- Records containing **Key Words** and records containing **Index Terms** will help you to find more **Relevant Records.**

- The three most commonly used operators are **AND**, **OR**, **NOT**.

- These are known as Boolean operators. They can be used to broaden or narrow a search and to exclude unwanted search terms and concepts.

Example 1. *Antidepressant drugs* OR *antidepressive agents*

Example 2. *Eating disorders* AND *cognitive therapy*

Note: *"The NOT operator should be avoided where possible to avoid the danger of inadvertently removing from the search set records that are relevant. For example, when searching for records indexed as female, 'NOT male' would remove any record that was about both males and females."*

Excerpt from *Cochrane Handbook for systematic reviews of interventions Section 6.4.7 Boolean operators*

Search strategy

Always document your search strategy as you develop it. This will prevent confusion when you start searching. You may find it helpful to use the following blank Word document template to help plan your search strategy.

- Template for Planning Search Strategy

Blank template to help you plan your search strategy

Note: Always visit the **Search Help option** in each database to view detailed instructions on the most effective ways to search and retrieve results.

Each database is different and has its own set of tools and features. If you are using truncation, wildcards or phrase searching you might need to adapt your search to ensure it works correctly on that particular database. This **Transforming Searches between Databases Fact Sheet** outlines the difference in a number of key databases. Always visit the **Search Help option** in each database to view detailed instructions on the most effective ways to search and retrieve results

It is recommended by Cochrane that the primary rapid review search strategy should be peer reviewed using the PRESS checklist when possible. PRESS stands for the Peer Review of Electronic Search Strategies. Research indicates that using a structured tool like the PRESS 2015 Guideline to peer review electronic literature search strategies can improve both the quality and thoroughness of the search.

PRESS 2015 Evidence-Based Checklist

Updated PRESS Guideline. Table 9 from: PRESS – Peer Review of Electronic Search Strategies: 2015 Guideline Explanation and Elaboration (PRESS E&E). Ottawa: CADTH; 2016 Jan.

Databases

Rapid reviews typically involve searching fewer databases compared to systematic reviews. Instead of covering all relevant databases, searches often focus on just two or three.

Selecting sources to search

The database selection will depend on the research question and the discipline in which relevant research may be conducted. Here is a full list of all MTU library databases across all disciplines, which will help you find source material for your rapid review.

Examples of Database Sources for Health Related disciplines

- Pubmed *PubMed is a freely available database that comprises of more than 35 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full text content from PubMed Central and publisher web sites.*
- Cinahl Ultimate *This link opens in a new window The world's most comprehensive source of full text for nursing & allied health journals, providing full text for more than 560 journals indexed in CINAHL*
- Health Research Premium Collection *This link opens in a new window The Health Research Premium Collection from Proquest provides access to the latest medical information essential for medical students and researchers . The collection includes over 4,500 full text health and medical journals, grey literature, instructional videos and more, offering a central access point to a variety of essential medical resources.*
- MEDLINE Complete *This link opens in a new window MEDLINE Complete includes more than 2,200 full-text online journals as well as MeSH (Medical Subject Headings) for more than 5,200*

current biomedical journals. Coverage dates back to 1916 and many journals included are available with no embargo, allowing users to access the information as soon as it is published.

- ClinicalKey Student Nursing *This link opens in a new window An interactive, education platform offering student nurses a wide range of images, books and videos to enhance their studies.*

Examples of Database Sources for Humanistic Social Sciences

- APA PsycArticles *This link opens in a new window Coming from the American Psychological Association (APA), PsycArticles is a definitive source of full-text, peer-reviewed scholarly and scientific articles in psychology, containing over 100,000 articles from 59 journals. Coverage runs from 1894 to present.*
- Social Science Premium Collection *This link opens in a new window The Social Science Premium Collection provides comprehensive subject coverage across the social sciences. Content includes indexing, and full-text coverage of journal articles, books, dissertations and more. Disclipines covered include: Applied Social Sciences, Sociology, Political Science, Criminal Justice, Education, and Linguistics and Language Behaviour.*
- SocINDEX with Full Text *This link opens in a new window SocINDEX with Full Text is often referred to as the world's most comprehensive database for sociology research. The database offers extensive coverage of the scholarly literature from all sub-disciplines of sociology, including: Criminal Studies, Gender Studies, Ethnic and Racial Studies, Family Studies, Politics, Religion, Rural Sociology, Social Policy, Social Psychology, Social Work, Sociology of Education, Substance Abuse and Urban Studies and many more. SocINDEX contains more than 620 full text journals, more than 600 of which are Peer reviewed and more than 300 have no embargo – so users can access the information as soon as it is published. Access is also provided to full-text, peer-reviewed books and conference papers.*
- Taylor & Francis Online *This link opens in a new window Access to thousands of high-quality peer-reviewed journal articles from the Social Sciences and Humanities (SSH) Library and Medical Library. The SSH library covers content in the following subject areas : Arts & Humanities, Business, Management & Economics, Criminology & Law, Education, Geography, Planning, Urban & Environment, Library & Information Science, Media, Cultural & Communication Studies, Mental Health & Social Care, Politics, International Relations & Area Studies, Psychology, Sociology & Related Disciplines, Sport, Leisure & Tourism and Strategic, Defense & Security Studies. Key subject areas covered by the Medical Library are: Allied & Public Health, Clinical Psychiatry & Neuroscience, General Medicine & Dentistry, Oncology, Obsterics & Gynaecology, Opthalomology, Orthopedics, Endocrinology, Pharmaceutical Science & Toxicology.*

- Sage Premier Journals *This link opens in a new window SAGE Research Methods provides material to guide users through every step of the research process.It also features a Methods Map to help those less familiar with research methods to find the best technique to use in their research. Content includes reference works, journal articles, instructional videos, books (including the largest collection of qualitative methods books available online from any scholarly publisher) and more.*

View MTU Library's full list of online databases to see what resources are most applicable to your Rapid Review.

Grey Literature

Rapid reviews generally exclude grey literature unless the topic necessitates it, such as guidelines or policy-related subjects.

Even when grey literature is included, follow-ups with authors to obtain missing or incomplete data are rare.

> Grey literature can be defined as *"an important primary source of information and is published in diverse formats and levels. It includes various information resources that are either unpublished or published in non-commercial form. Grey literature is mainly produced and published by government agencies, research and development institutions, organizations and associations. The literature produced by these bodies is available in the form of articles, reports, working papers, newsletters, government documents, speeches/lectures, white papers, plans, fact sheets, maps, newsletters, policy documents, conference proceedings, theses/dissertations and other formats"* (O'Connor, S, & Gupta, D. 2021 p.69)

Grey literature refers to materials and research produced by organizations outside of the traditional commercial or academic publishing and distribution channels. Common grey literature publication types include Reports (annual, research, technical, project, etc.), Working Papers, Government Documents and White Papers.

Organizations that produce grey literature include government departments and agencies, civil society or non-governmental organizations, academic centres and departments, and private companies and consultants.

Handsearching

Handsearching is not always included in a rapid review. Some reviews may only involve checking reference lists rather than conducting more extensive handsearching activities.

'Hand searching refers to 'a manual page-by-page examination of the entire contents of a journal issue or conference proceedings to identify all eligible reports of trials' (Cochrane Manual, section 1.3. 1 Handsearching).

Manage Your Results

Managing Search Results in Databases

Databases offer various tools to help organize and track new literature effectively.

- **Accounts:** Set up a personal account in databases to access advanced features. This account is separate from your MTU login. Visit MTU Library's Creating Personal Database Account guide for more details
- **Saving Searches**: Save searches that yield relevant results to your database account. This allows you to record your search strategy and retrieve it later.
- **Alerts** : Set up search alerts to receive notifications when new relevant studies are added to the database.

Keep a search log of your Searches

Use a spreadsheet or Word table to track each search in the Databases. You should note the Database name, the full search string, number of results retrieved and notes on any changes or filters. This is essential for transparency and for your PRISMA. You may find it helpful to use the following blank Excel spreadsheet template to help log your searches.

- Database Search Log

Blank template to help you log your database searches

Bibliographic Reference Managers

Referencing software will save you a lot of time when carrying out your Rapid Review. Programs like *Endnote, Zotero* or *Mendeley* will store and organize the citations collected throughout the review process. They will also allow you to de-duplicate the results and automatically format in-text citations and bibliographies for your final report.

Other suitable Referencing software can of course be used for citation management during your review.

Note: Search results will likely be needed to be exported to either/both selection software or referencing software. As well as that each library database may set it's own limits on how many citations can be exported at any one time, so if you have a large number of results, you may need to export all results in stages.

Visit MTU Library's Guide to Referencing Software for a useful overview of these free Referencing software programs.

Article Screening

After conducting your literature search to identify studies relevant to your research question, the next step is to analyse and interpret them. This process includes:

- Selecting the studies from your search results that you will include in your review.
- Evaluating the quality of each selected study.
- Extracting and synthesising the findings (data) from all studies in an objective and unbiased manner.

Article screening enables reviewers to remove studies that are not related to the research topic.

There are two key stages in screening and selecting studies for inclusion in a review:

1. Initial Screening
In this stage, many results can be excluded by quickly assessing the title and abstract to determine their relevance to the topic.

2. Full-Text Screening
Articles that pass the initial screening are reviewed in greater detail by examining the full text. At this stage:

- Studies are selected or excluded based on the predetermined inclusion and exclusion criteria.
- Reasons for exclusion should be documented.

Note: If you experience difficulty accessing the full text of a particular article(s), please remember that the MTU Library can acquire material on your behalf through our inter-library loan service.

Rapid reviews often rely on a single reviewer for screening to expedite the process. In some cases, a second reviewer may assess a small portion of the results to verify validity against the selection criteria. "If time and resources allow, we recommend that dual screening of all excluded studies, at both the title and full-text stages, be used to minimize the risk of selection bias through the inappropriate exclusion of relevant studies".(King et al., 2022) Cochrane in their updated advice recommend that at least 20% of the records should be screened by two reviewers to check the level of agreement, and discuss any discrepancies.(Garritty et al., 2024a)

Note: Visit the Cornell University Library's Guide to Article Screening. This guide provides useful information on how reviewers can remove studies that are clearly not related to the research topic.

Article Screening Tools

There are a number of free and subscription-based resources that are designed to assist during the Systematic Review process. Many of these tools are designed to assist with the key stages of the process, including title and abstract screening, data synthesis, and critical appraisal. Some are designed to assist the review team throughout the entire process, including protocol development, reporting of the outcomes etc.

Rayyan: Rayyan is a web-tool designed to help researchers working on systematic reviews, scoping reviews and other knowledge synthesis projects, by dramatically speeding up the process of screening and selecting studies.

Note: Rayyan offer a subscription-based service and a free version for early career researchers.

Covidence: Covidence is an online software tool designed to streamline the process of conducting a systematic review (or a similarly detailed literature review such as a meta-analysis).

You can use Covidence to collaborate with a team of reviewers to screen results (at both title/abstract and full text stages), complete data extraction and work on risk of bias.

DistillerSR: DistillerSR automates the management of literature collection, screening, and assessment using AI and intelligent workflows. From a systematic literature review to a rapid review to a living review, DistillerSR simplifies the Systematic Review process and helps the review team produce transparent, audit-ready, and compliant results.

Excel - Excel is also an option for article screening.

Reference:

The Cornell University Library provides some very helpful resources for Systematic Review Team Members for carrying out a controlled approach to extracting data. The document covers such software packages such as *Excel*, *Covidence, RevMan, SRDR, DistillerSR* and many others.

Data Extraction

After finalising the list of studies to be included in the review, the next step is to extract the relevant data. Data extraction entails collecting and documenting key characteristics and results from the included studies. As part of the review protocol, a data extraction plan should be developed, including a draft extraction form.

Data items typically extracted include:

- Study details (author, year, title)
- Population characteristics
- Interventions and comparators
- Outcomes measured
- Study design and methods
- Results and key findings

This step can be simplified in rapid reviews by extracting only the most relevant data.

Cochrane in its updated advice has the following recommendations for data extraction in Rapid Reviews (Please see table below).

Data extraction
10Limit data extraction to only the most important data fields relevant to address the review question
11 For data extraction, employ a piloting exercise to allow team members to test this task on a small proportion of records to ensure that all team members perform it consistently and correctly
12 Have one person extract the data, and for critical data that can affect the results or conclusions, have a second person verify the data for accuracy and completeness
13 When available, extract data directly from existing systematic reviews rather than from primary studies

Adapted from Table 1 in Garritty, C., Hamel, C., Trivella, M., Gartlehner, G., Nussbaumer-Streit, B., Devane, D., Kamel, C., Griebler, U. and King, V.J., 2024a. Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness. *BMJ : British Medical Journal (Online)*, 384

A Data Extraction Form can be a useful tool to support the process. Cochrane Collaboration provides a customizable template that you can adapt to meet your specific needs.

Data Extraction Form for the Cochrane Review Group

Assess Quality of Studies

Current guidance for conducting systematic reviews recommends that risk of bias assessments be carried out independently by two reviewers, using established tools such as the Cochrane Risk of Bias Tool 2.0 for randomized controlled trials. It also emphasizes the importance of providing justification for judgments and integrating them into the synthesis. While this approach is ideal, in rapid review processes it may only be feasible if the timeline and number of included studies allow. When constraints exist, several streamlined alternatives can be considered to speed up the process.

One such approach involves using simpler, less time-intensive tools (e.g., Cochrane RoB Tool 1.0 instead of 2.0) and narrowing the assessment to the most critical outcomes, as outlined in the review protocol. Another option is for one reviewer to conduct the Risk of Bias assessment, with a second reviewer verifying the decisions. However, completely omitting Risk of Bias assessment is discouraged, as it plays a key role in interpreting the evidence and determining the review's conclusions. (Nussbaumer-Streit et al., 2023)

Risk of Bias Assessment Tools

Risk of bias (RoB) assessment tools recommended by Cochrane

Study design	Risk of Bias tool
Randomised controlled trials	Cochrane RoB 2.0
Non-randomised studies of interventions	ROBINS-I
Non-randomised studies of exposures	ROBINS-E
Diagnostic studies	QUADAS 2
Prognostic studies	PROBAST
Systematic reviews	ROBIS

PROBAST, Prediction model Risk Of Bias Assessment Tool; QUADAS, Quality Assessment of Diagnostic Accuracy Studies; RoB, risk of bias; ROBINS-E, Risk of Bias in Non-randomised Studies–of Exposures; ROBINS-I, ROBINS-of Interventions; ROBIS, Risk of Bias in Systematic Reviews.

Table adapted from Nussbaumer-Streit, B., Sommer, I., Hamel, C., Devane, D., Noel-Storr, A., Puljak, L., Trivella, M. and Gartlehner, G., 2023. Rapid reviews methods series: Guidance on team considerations, study selection, data extraction and risk of bias assessment. BMJ Evidence-Based Medicine, 28(6), pp.418–423

Summarise and Synthesise Evidence

Once you have selected the most relevant studies the next step involves extracting the relevant data, and synthesising or compiling your findings using textual or statistical methods. Rapid reviews often only include a narrative summary or descriptive synthesis. A meta-analysis is usually not included in a Rapid Review.

"*The synthesis that is conducted is often limited to a basic descriptive summary of studies and their results, rather than the full synthesis that is recommended for systematic reviews. Most rapid reviews present conclusions, recommendations, or implications for policy or clinical practice as another component of the synthesis. Multiple experts also recommend that rapid reviews clearly describe and discuss the potential limitations arising from methodological choices* " (King et al., 2022)

Cochrane in their most recent advise for Rapid reviews recommends using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach to assess certainty of evidence if time and resources allow, using GRADEpro, an open access software tool for rating certainty of evidence in evidence syntheses to apply GRADE. To speed up the process they recommend that this only be applied main intervention and comparator and focus on critical outcomes and have one person complete the GRADE assessment, with a second person to verify the assessment. (Garritty et al., 2024a)

Qualitative Synthesis

A qualitative synthesis is a narrative, textual approach to summarizing, analysing and assessing the body of evidence included in your review. It is a necessary part of all systematic reviews, even those with a focus on quantitative data.

A qualitative synthesis provides the following:

- A general summary of the characteristics and findings of the included studies.
- An analysis of the relationships between studies, exploring patterns and investigating heterogeneity.
- Discusses the applicability of the body of evidence to the review's question within the PICO structure.
- Explains the meta-analysis (if appropriate to the study) and interprets and analyses the strength of results. For more information on the meta-analysis process, please view the paragrap below.
- Critiques the strengths and weaknesses of the body of evidence, including a cumulative assessment of the risk of bias across various studies.
- Discusses any gaps in the evidence, such as patient populations that have been inadequately studied or for whom results differ.
- Compares the review's findings with current conventional wisdom when appropriate.

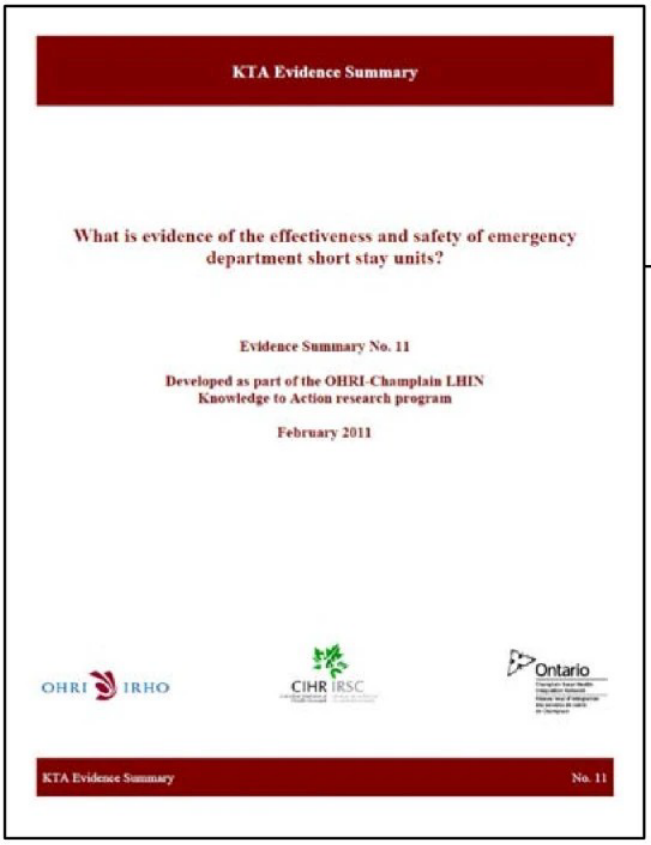
Write The Review

Write a concise and structured report, typically following the **PRISMA guidelines**, including:

- Introduction/Background
- Methods (including search strategy and criteria)
- Results (including study characteristics, findings, and quality assessment)
- Discussion (implications, limitations, and recommendations)
- Conclusion

Formatted section of a Sample Evidence Summary Report

Below is an image showing formatted sections of a sample report that may help in writing an Evidence Summary



KTA Evidence Summary

What is evidence of the effectiveness and safety of emergency department short stay units?

Evidence Summary No. 11

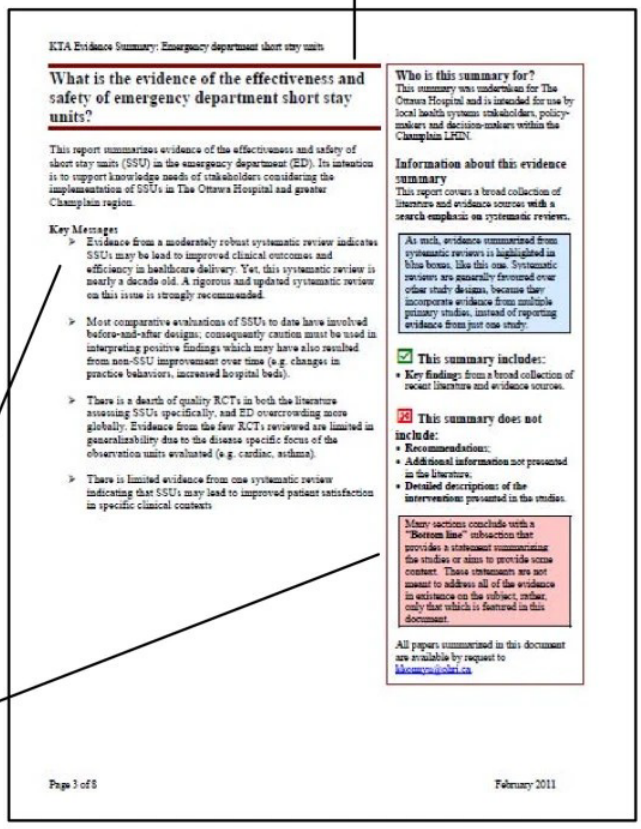
Developed as part of the OHRI-Champlain LHIN Knowledge to Action research program

February 2011

OHRI IRHO CIHR IRSC Ontario

KTA Evidence Summary No. 11

Primary research question as the title



KTA Evidence Summary: Emergency department short stay units

What is the evidence of the effectiveness and safety of emergency department short stay units?

This report summarizes evidence of the effectiveness and safety of short stay units (SSU) in the emergency department (ED). Its intention is to support knowledge needs of stakeholders considering the implementation of SSUs in The Ottawa Hospital and greater Champlain region.

Key Messages

- Evidence from a moderately robust systematic review indicates SSUs may be lead to improved clinical outcomes and efficiency in healthcare delivery. Yet, this systematic review is nearly a decade old. A rigorous and updated systematic review on this issue is strongly recommended.
- Most comparative evaluations of SSUs to date have involved before-and-after designs; consequently caution must be used in interpreting positive findings which may have also resulted from non-SSU improvement over time (e.g. changes in practice behaviors, increased hospital beds).
- There is a dearth of quality RCTs in both the literature assessing SSUs specifically, and ED overcrowding more globally. Evidence from the few RCTs reviewed are limited in generalizability due to the disease specific focus of the observation units evaluated (e.g. cardiac, asthma).
- There is limited evidence from one systematic review indicating that SSUs may lead to improved patient satisfaction in specific clinical contexts

Who is this summary for?
This summary was undertaken for The Ottawa Hospital and is intended for use by local health systems stakeholders, policy-makers and decision-makers within the Champlain LHIN.

Information about this evidence summary
This report covers a broad collection of literature and evidence sources with a search emphasis on systematic reviews.

As such, evidence summarized from systematic reviews is highlighted in blue boxes, like this one. Systematic reviews are generally favoured over other study designs, because they incorporate evidence from multiple primary studies, instead of reporting evidence from just one study.

This summary includes:
- Key findings from a broad collection of recent literature and evidence sources.

This summary does not include:
- Recommendations;
- Additional information not presented in the literature;
- Detailed description of the intervention presented in the studies.

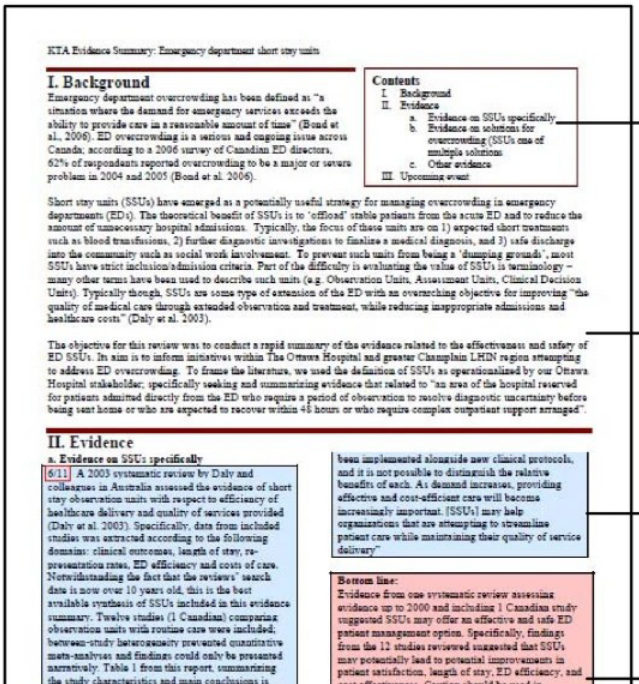
Many sections conclude with a "Bottom line" subsection that provides a statement summarizing the studies or aims to provide some context. These statements are not meant to address all of the evidence in existence on the subject, rather, only that which is featured in this document.

All papers summarized in this document are available by request to kteamyn@ohri.ca

Page 3 of 8 February 2011

"Key messages" section aims to summarize overall findings

Informative sidebar outlines the intended audience and explains the nature of the included content



KTA Evidence Summary: Emergency department short stay units

I. Background

Emergency department overcrowding has been defined as "a situation where the demand for emergency services exceeds the ability to provide care in a reasonable amount of time" (Bond et al., 2006). ED overcrowding is a serious and ongoing issue across Canada; according to a 2006 survey of Canadian ED directors, 62% of respondents reported overcrowding to be a major or severe problem in 2004 and 2005 (Bond et al. 2006).

Contents:
I. Background
II. Evidence
a. Evidence on SSUs specifically
b. Evidence on solutions for overcrowding (SSUs one of multiple solutions
c. Other evidence
III. Upcoming event

Short stay units (SSUs) have emerged as a potentially useful strategy for managing overcrowding in emergency departments (EDs). The theoretical benefit of SSUs is to 'offload' stable patients from the acute ED and to reduce the amount of unnecessary hospital admissions. Typically, the focus of these units are on 1) expected short treatments such as blood transfusions, 2) further diagnostic investigations to finalize a medical diagnosis, and 3) safe discharge into the community such as social work involvement. To prevent such units from being a 'dumping grounds', most SSUs have strict inclusion/admission criteria. Part of the difficulty is evaluating the value of SSUs is terminology – many other terms have been used to describe such units (e.g. Observation Units, Assessment Units, Clinical Decision Units). Typically though, SSUs are some type of extension of the ED with an overarching objective for improving "the quality of medical care through extended observation and treatment, while reducing inappropriate admissions and healthcare costs" (Daly et al. 2003).

The objective for this review was to conduct a rapid summary of the evidence related to the effectiveness and safety of ED SSUs. Its aim is to inform initiatives within The Ottawa Hospital and greater Champlain LHIN region attempting to address ED overcrowding. To frame the literature, we used the definition of SSUs as operationalized by our Ottawa Hospital stakeholder; specifically seeking and summarizing evidence that related to "an area of the hospital reserved for patients admitted directly from the ED who require a period of observation to resolve diagnostic uncertainty before being sent home or who are expected to recover within 48 hours or who require complex outpatient support arranged".

II. Evidence

a. Evidence on SSUs specifically

6/11 A 2003 systematic review by Daly and colleagues in Australia assessed the evidence of short stay observation units with respect to efficiency of healthcare delivery and quality of services provided (Daly et al. 2003). Specifically, data from included studies was extracted according to the following domains: clinical outcomes, length of stay, re-presentation rates, ED efficiency and costs of care. Notwithstanding the fact that the reviews' search date is now over 10 years old, this is the best available synthesis of SSUs included in this evidence summary. Twelve studies (1 Canadian) comparing observation units with routine care were included; between-study heterogeneity prevented quantitative meta-analyses and findings could only be presented narratively. Table 1 from this report, summarizing the study characteristics and main conclusions is

been implemented alongside new clinical protocols, and it is not possible to distinguish the relative benefits of each. As demand increases, providing effective and cost-efficient care will become increasingly important. [SSUs] may help organizations that are attempting to streamline patient care while maintaining their quality of service delivery"

Bottom line:
Evidence from one systematic review assessing evidence up to 2000 and including 1 Canadian study suggested SSUs may offer an effective and safe ED patient management option. Specifically, findings from the 12 studies reviewed suggested that SSUs may potentially lead to potential improvements in patient satisfaction, length of stay, ED efficiency, and

"Contents" section indicates each sub-section pertaining to the question

Brief background information on the subject is presented

Systematic review evidence is highlighted

"Bottom line" summaries aim to summarize

Image Credit: Figure 1 from Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J. and Moher, D., 2012. Evidence summaries: the evolution of a rapid review approach. *Systematic Reviews*, 1(1), p.10. https://doi.org/10.1186/2046-4053-1-10.

Examples of Rapid Reviews in the Health Sciences:

Anawati, A., Fleming, H., Mertz, M., Bertrand, J., Dumond, J., Myles, S., Leblanc, J., Ross, B., Lamoureux, D., Patel, D., Carrier, R. and Cameron, E., 2024. Artificial intelligence and social accountability in the Canadian health care landscape: A rapid literature review. *PLoS Digital Health*, 3(9), pp.1–17.

Edwards-Smith, A., Ajiboye, A., Pywell, S., Kenyon, A., Routh, F., Williams, J. and Dayson, C., 2025. Adult Mental Health, Major Conditions and Social Prescribing: A Rapid Review. *Health & Social Care in the Community*, 2025, pp.1–32.

Roaquin, L., Apsay, K.L., Pangan, C.R., Hangdaan, L. and Lin, Y., 2025. Telemonitoring in Chronic Heart Failure Among the Elderly: A Rapid Review of Literature. *SAGE Open Nursing*, pp.1–13.

Thomas, C.S., Nielsen, T.K. and Best, N.C., 2025. A Rapid Review of Mental Health Training Programs for School Nurses. *Journal of School Nursing*, 41(1), pp.158–171.

Examples of Rapid Reviews in the Social Sciences:

Erwin, J., Burns, L., Devalia, U., Witton, R., Shawe, J., Wheat, H., Axford, N., Doughty, J., Kaddour, S., Nelder, A., Brocklehurst, P., Boswell, S. and Paisi, M., 2024. Co-production of health and social science research with vulnerable children and young people: A rapid review. *Health Expectations*, 27(2), p.e13991.

Pfeiffer, B., Hallock, T., Tomczuk, L. and Kramer, J., 2024. Peer Support Provided by People with Intellectual and Developmental Disabilities: A Rapid Scoping Review to Develop a Toolkit for Inclusive Research. *Social Sciences*, 13(1), p.47.

Schlief, M., Stefanidou, T., Wright, T., Levy, G., Pitman, A. and Lewis, G., 2023. A rapid realist review of universal interventions to promote inclusivity and acceptance of diverse sexual and gender identities in schools. *Nature Human Behaviour*, 7(4), pp.556–567.

Tikkanen, S., Keskimäki, I., Sinervo, T., Räsänen, P. and Sahlström, M., 2023. Searching for alternative health and social care integration measurement tools – a rapid review of the existing systematic models. *Journal of Integrated Care*, 31(5), pp.106–116.

Examples of Rapid Reviews in Science.

Costa, L.F.C., Nascimento, L.M.A., Lima, Y.O. de, Santos, A.M., Barbosa, C.E., Xexéo, G. and de Souza, J.M., 2024. Women's Journey in STEM Education in Brazil: A Rapid Review on Engineering and Computer Science. *IEEE Access*, 12, pp.112576–112593.

Kempton, L., Daly, D., Kokogiannakis, G. and Dewsbury, M., 2022. A rapid review of the impact of increasing airtightness on indoor air quality. *Journal of Building Engineering*, 57, p.104798.

Vainberg, A. and Abakumov, E., 2025. Microplastic Exposure for Pinnipeds (Pinnipedia): A Rapid Review. *Ecologies*, 6(2), p.26.

Vaillancourt, C., Ahmed, M., Kirk, S., Labonté, M.-È., Laar, A., Mah, C.L., Minaker, L., Olstad, D.L., Kent, M.P., Provencher, V., Prowse, R., Raine, K.D., Schram, A., Zavala-Mora, D., Rancourt-Bouchard, M. and Vanderlee, L., 2024. Food environment research in Canada: a rapid review of methodologies and measures deployed between 2010 and 2021. *International Journal of Behavioral Nutrition and Physical Activity*, 21, pp.1–27.

Examples of Rapid Reviews in Business Studies

Ferrell, M.L., Beatty, A. and Dubljevic, V., 2025. The Ethics of Neuromarketing: A Rapid Review. *Neuroethics*, 18(1), pp.1–22.

Lotriet, H., 2024. Community and Large-Scale Digital Transformation for Poverty Eradication and Economic Growth in Africa: A Rapid Review of Existing Research for the Period 2013–2023. In: *Implications of Information and Digital Technologies for Development*. [online] International Conference on Implications of Information and Digital Technologies for Development. Springer, Cham. pp.31–45.

Meis-Harris, J., Klemm, C., Kaufman, S., Curtis, J., Borg, K. and Bragge, P., 2021. What is the role of eco-labels for a circular economy? A rapid review of the literature. *Journal of Cleaner Production*, 306, p.127134.

Pham, L., 2023. Financial Risks and Economic Viability of Water and Sanitation Businesses in Rural Cambodia: A Rapid Review. *Journal of Accounting & Finance (2158-3625)*, 23(4), pp.63–82.

Further Reading on the Rapid Review Process

Here are a list of useful guides, articles and other sources that were consulted during the course of the compilation of this guide. Please view these and other sources to gain a more detailed insight into the Rapid Review process.

- Ahern, S., Marshall, S., Wallbank, G., Jawad, D., Taki, S., Baur, L. and Ming Wen, L., n.d. Communication strategies and effectiveness of early childhood obesity related prevention programs for linguistically diverse communities – A Rapid Review. *Open Science Framework*. [online] Available at: <https://osf.io/uekw6>.
- Anon. 2014. *Campbell Collaboration Systematic Reviews: Policies and Guidelines*. [online] The Campbell Collaboration. https://doi.org/10.4073/cpg.2016.1.
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- Kibbee, M., 2025. *LibGuides: A Guide to Evidence Synthesis: 8. Article Screening*. [online] Available at: <https://guides.library.cornell.edu/evidence-synthesis/screening> [Accessed 30 April 2025].
- King, V.J., Stevens, A., Nussbaumer-Streit, B., Kamel, C. and Garritty, C., 2022. Paper 2: Performing rapid reviews. *Systematic Reviews*, 11(1), p.151. https://doi.org/10.1186/s13643-022-02011-5.
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