It’s WEIRD!

A new tool to assess the limitations of ‘non-conventional’ evidence sources: the ‘Ways of Evaluating Important and Relevant Data’ (WEIRD) tool

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The problem

Programme and implementation descriptions can provide valuable evidence on how interventions work. To include these sources in evidence syntheses, we need to assess the extent to which the evidence they provide is reliable.

A new tool

‘Ways of Evaluating Important and Relevant Data’ (WEIRD) is a new tool to assess the limitations of non-conventional evidence sources such as programme, implementation and systems reform descriptions.

How WEIRD works

WEIRD includes 11 criteria that can be applied to source materials to assess their limitations: 10 criteria are applicable to all sources while one is applicable only to sources that include empirical data. For each criterion, users choose one of YES, NO or UNCLEAR.

Based on the judgements made for each criterion, the user makes an overall assessment of the limitations of the source as: no or very minor concerns; minor concerns; moderate concerns; or serious concerns.

Conclusions

WEIRD supports the use of sources such as programme and implementation descriptions in evidence syntheses. WEIRD assessments can feed into an assessment of how much confidence to place in findings from a synthesis, for example using the GRADE-CERQual approach.

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A draft of the WEIRD tool is available from the EPOC website: https://epoc.cochrane.org/resources/epoc-resources-review-authors

How WEIRD was developed

Stage 1: We reviewed related tools, including the NICE tool for critical appraisal of grey literature, the AACODS checklist for grey literature, and the TIDieR checklist for describing interventions.

Stage 2: Drawing from criteria described in existing tools and discussions, we created a first draft of a set of questions that can be applied to source materials.

Stage 3: We piloted the draft tool in three evidence syntheses and then made further changes.

Stage 4: We conducted group discussions to obtain feedback from potential users and stakeholders, including health systems managers.

Stage 5: We are planning a consensus process with a reference group.