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			faculty staff and students	Se	arch this Guide Sea		
RLC Home	Reference Ma	nagement Tools					
Systematic Reviews	Effective resea	irch needs effective tools. R	eference management tools/prog	grams are crucial for research work. Ti	ne primary purpose of each tool is to		
Research Impact	The followings	are some of the reference	management programs/software				
Citation Management	EndNote: It ca	n be downloaded for free by	/ UTHSC faculty, student, and stat	f with a valid NetID. EndNote has three	e platforms: Desktop (need to download)		
Librarian House Calls	EndNote Basi	c (free Web version) (need t	o create an account), and iPad ap	p. The library created an EndNote Gui	de to show you how to use the program		
FAQ	several videos	about it's features and how	v to use the program.	version (need to sign up for an accour	it), and iPad app. Mendeley has created		
	Zotero (Free):	It helps collect, manage, ar	nd cite research sources.				
Contact the Library							
Phone: 901-448-5634	Choosing a Re	Choosing a Reference Management Tool					
Toll-Free: 877-747-0004 Fax: 901-448-7235 Text: 901-730-6733		A General Information Comparison about Selected Bibliographic Management Tools Accessible to UTHSC Users (Updated May 2017)					
Email: library@uthsc.edu		EndNote Desktop	EndNote Basic	Mendeley	Zotero		
Email: library@uthsc.edu	Developer	EndNote Desktop Thomson Reuters	EndNote Basic Thomson Reuters	Mendeley	Zotero George Mason University		
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Email: IIbrary@uthsc.edu	Developer Released Cost Free Storage	EndNote Desktop Thomson Reuters 1988 Free to UTHSC users Unlimited	EndNote Basic Thomson Reuters Free / Open Source 2G	Mendeley Mendeley 2008 Free / Open Source 2G (Web)	Zotero George Mason University 2004 Free / Open Source 300MB (Web)		
Email: IIbrary@uthsc.edu	Developer Released Cost Free Storage Platform	EndNote Desktop Thomson Reuters 1988 Free to UTHSC users Unlimited Desktop & App for iOS devices	EndNote Basic Thomson Reuters Free / Open Source 2G Web & App	Mendeley Mendeley 2008 Free / Open Source 2/2 (Web) Cosstop, Web-based, & App for 1/03 devices	Zotero George Mason University 2004 Free / Open Source 300MB (Web) Web-based, Standalone (Desktop), & Add-on to Firefox		
Email: IIbrary@uthsc.edu	Developer Released Cost Free Storage Platform OS	EndNote Desktop Thomson Reuters 1988 Free to UTHSC users Unlimited Desktop & App for iOS devices Windows, Mac	EndNote Basic Thomson Reuters Free / Open Source 2G Web & App Windows, Mac	Mendeley Mendeley 2008 Free / Open Source 2G (Web) Desktop, Web-based, & App for 103 devices Windows, MAC, Linux	Zotero George Mason University 2004 Free / Open Source 300MB (Web) Web-based, Standalone (Desktop), & Add-on to Firefox.		
Email: <u>Itbran/@uthsc.edu</u>	Developer Released Cost Free Storage Platform OS Tutorials	EndNote Desktop Thomson Reuters 1988 Free to UTHSC users Unlimited Desktop & App for IOS devices Windows, Mac EndNote tutorials	EndNote Basic Thomson Reuters Free / Open Source 2G Web & App Windows, Mac EndNote tutoriats	Mendeley Mendeley 2008 Free / Open Source 2G (Web) Desktop, Web-based, & App for ICS devices Windows, MAC, Linux Mendeley Tutoriats	Zotero George Mason University 2004 Free / Open Source 300MB (Web) Web-based, Standalone (Desktop), & Add-on to Firefox Windows, MAC, Linux, Unix Zotero tutorials		

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		SRABCH	Cochrane Library
Journal Search			+ PubMed
		(STARCH)	UpToDate
eBook Search			Expential Evidence Plus
		STARO	Search Preston Library Holdings
			Research Guides
Vision Mission & Values	Location		
Vision, Mission, & Values The Presen Medical Library's mission is to assist the University of Tennessee Medical Center in providing accellence in healing, education, and discovery. The library is committed to ensuring access to clinical information through the accellation, organization and management of collections. We provide exceptional reference, research and instruction for faculty, tailents and physicians and ourseach to the community.	Location 1924 Alcoa Hwy Knoxville, TN 37 Phone: 865-305 Fax: 865-305-95 Text: 865-305-95 Text: 865-262-8 library@utmck.c	, -9525 527 920 920 edu	News We have made some changes to off campuls access for non-UTMC users to improve security. Please see <u>Preston Medical Library News</u> for updates. Off Campus Access Users instead of having to log in prort to using the Iclary's resources from of campos you can now simply use the same time you exold use on- camous, and will goly be convended that a low mem vac-
Vision, Mission, & Values The Pretan Medical Library's mation is to assist the University of Transace Medical Center in providing accellence in healing, education, and discovery. The library is committed to sensiring access to clinical information through the acquittion, organization and management of collections. We provide exceptional reference, research and naturaction for faculty, residents, students and physicians and outreach to the community.	Location 1924 Alcoa Hwy Knoxville, TN 37 Phone: 865-305 Fax: 865-305 Fax: 865-262-8 library@utmck. Hours:	- 1920 -1925 527 920 edu	News We have made some changes to off campuls access for non-UTBC users to improve security. Please see <u>Preston Medical Johann News</u> for updates. Off Campus Access Users instead of having to log in profe to using the Icoarys resources thom of campus, sou can now simply use the same links you exult size on- campus, and will only be promided for a log in when you attempt baccess a protected resource.
Vision, Mission, & Values The Preston Medical Library' mission is to assist the University of Transace Medical Center in providing excellence in healing, education, and discovery. The library is committed to remaring access to clinical information through the acquisition cognitation and management of collections. We provide exceptional reference, research and instruction for faculty, residents, students and physicional and outroach to the community.	Location 1924 Alcoa Hwy Knoxville, TN 37 Phone: 865-305 Fax: 865-305 F	9220 -9525 527 920 edu 8.30 am - 9.00 pm	News We have made some changes to off campus access for non-UTMC users to improve security. Please use Prestor Medical Liberary News for underse. Off Campus Access Users instead of having to log in proc to using the totary's resources from off campus you can now umply use the same their syou would use on- campus, and will only be prompted for a log in when you altempt to access a protected resource.
Vision, Mission, & Values The Preston Medical Library's mation is to assist the bulkering of The Mission Conter in providing excellence in healing, education, and discovery. The library is committed to survirging access to clinical information through the acquisition, argunization and management of collections. We provide acceptional reference, research and instruction for foulty, residence, students and physicians and outreach to the community.	Location 1924 Alcoa Hwy Knosville, TN 37 Phone: 865-305 Fax: 865-305 Ibbrary@utmcko Hours: Mon?Thurs Pri Sat	9200 9525 527 920 8.30 am - 9.00 pm 8.30 am - 5.00 pm 9.00 am - 5.00 pm	News We have made some changes to off campus access for non-UTAC users to improve security. Please use Preston Medical Universe News for underse. Off Campus Access Users instead of having to log in prote to using the Usary's resources from off campus, poor can now simply use the same thes you want use on- campus, and will not yoe prompted for a log in when you attempt to access a protected resource. Looking for print material? Try the "Search Preston
Vision, Mission, & Values The Preston Medical Library's mitation is to assist the biniverity of Transace Medical Center in providing excellence in healing, education, and discovery. The library is committed to ensuring access to clinical information through the acquisition, organization and management of collections. We provide acquisition and management of and extraction for faculty, residents, students and physicians and outreach to the community.	Location 1924 Alcoa Hwy Knoxville, TN 37 Phone: 865-305 Fax: 865-305-9 Ibbrary@utmck. Hours: Mon:Thurs Ph Sat Sun	920 9525 527 920 8.30 am - 9.00 pm 8.30 am - 5.00 pm 9.00 am - 5.00 pm	News We have made some changes to off campus access for non-UTMC users to improve security. Please use <u>Preston Medicial Library News</u> for update. Off Campus Access Users instead of having to log in pror to using the Exary's resources thom off campus, you can now service use the same finise you access campus, and will only be prompted for a log in when you attempt to access a protected resource. Looking for print material? Try the "Search Preston Lobrary Hotsings" line. The search how at the log of the page will use you to the theory open material and much

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Access Medicine, Books Quick Reference + Drugs Matti	nodia • Cases • Study Tools • Patient Ed Hi	Annu Providel by Preston Medical Ubrary uplat Conver	
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he Impact of Library Resources ar	d Services on the Scho	larly Activity of Medical Faculty	and Residents	
lexandria C. Quesenberry, Sandy Oelschlegel, Martha Ear	I, Kelsey Leonard & Cynthia J. Vaughn			
ttps://doi.org/10.1080/02763869.2016.1189778		PUBLISHED ONLINE: 08 July 2016		
Table 1 of 1 Table 1. Use of services/resources by purpos	e.			
Table 1 of 1 Table 1. Use of services/resources by purpos	ië. Percent "yes"	Service/resource utilization	Percent residents	Percent faculty
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Table 1 of 1 Table 1. Use of services/resources by purpos Purpose Published article(s) or book chapter(s)	ie. Percent "yes" 46	Service/resource utilization Requested a literature search Accessed online material myself Requested articles from PML	Percent residents 66.7 100 66.7	Percent faculty 70.8 87 75
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Table 1 of 1 Table 1. Use of services/resources by purpos Purpose Published article(s) or book chapter(s) Presented poster(s) or paper(s)	Percent "yes" 46 0 0 0 59	Service/resource utilization Requested a literature search Accessed online material myself Requested articles from PML Requested a literature search Accessed online material myself Requested articles from PML	Percent residents 66.7 100 65.7 65.7 65.7 65.7 83.3 83.3	Percent faculty 70.8 87 75 58.6 98 62.1

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The Impact of Libr	ary Resources and Services on the	Scholarly Activity of M	edical Facult	ty and Residents	25.4
https://doi.org/10.1080/0276	ndy Oelschlegel, Martha Ean, Kelsey Leonard & Cynthia 3	PUBLISHED ONLINE:			
		08 July 2016			
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Figure 1 of 1 Figure 1. How do you	ccess journals articles?				
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	Searching the library causing				
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	Contacting the Heary descrip				
	Pressan Medical Library Looks in database				
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		in 20 in 40			





Research Guides		Search this Guide	Search	
Preston Medical Library is now using Libr	uldes to prepare Library Resource Guides to help our users find the best content for their needs that the libra	y has		
access to				
Harte	General Resources			
Physicians and Dentists	Bachboard			
Residents & Follows	Book Request Form			
Faculty	Have a suggestion for a book that the library should purchase? Send your request directly t	o the librarian handling that area.		
Difference Surveyor	Copyright and Fair Use			
CONTRACTOR OF THE OWNER	Faculty Handbook (UTHSC)			
Students	Mode Resources The library has a full reference guide on resources for mobile devices.			
Barsan	Publishing Support			
Patients & the Public	UT Medical Center			
Staff & Administrators				
Services	Subject Specific Resources by Department			
Waitors				
	Anesthesia			
	Parky Medone Cantral Deferry			
	Internal Medicine			
	Obstatrics & Gynecology			
	Oral & Masiliofacial Surgery			
	- Pathology			
	Radologi			
	Surpery			
	Medical Explorations Resources			
	Evidence-Based Healthcare			





























Dr. Wilson's Search

I need a randomized control trial about the utility of nasal atomizers, specifically with Midazolam, for conscious sedation of men getting vasectomies.



From Google link:	ay not be able to access	what you hild	1
Publiced.gov US National Library of Medicine National Institutes of Health	Med V Advanced	Search	
Format: Abstract - <u>Cochrane Database Syst Rev.</u> 2016 Me Midazolam for sedatio <u>Conway A¹, Rolley J, Sutherland JR</u> Author information	ay 20.(5):CD009491. doi: 10.1002/14651858.CD009491.pub2. on before procedures.	Send to 🗸	Full text links Cochrane Library Save items Add to Favorites
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- Save and revisit recent activity
- Save search strategies and have them run automatically (daily, weekly, monthly)
- NCBI Site Preferences: Highlight search words, set up Result Display Settings, show Abstract Supplemental Data
 - Outside Tool (full text links): can use University of Tennessee Health Science Center















Patient Care and using SNAPPS –PLUS to generate questions

• Summarize history and exam.

- Narrow differential diagnosis to a few possibilities (commit your learner)
- Analyze the differential by comparing and contrasting
- Probing by asking about ambiguities, different approaches
- Planning patient management
- Select a topic for further learning PLUS frame the topic question as a PICO, as an educational prescription.

Nixon et al, 2014.

Bedside SNAPPS Univ	Question Categories S-Plus Presentations (190) on Internal Medicine Cl versity of Minnesota Medical School, 2006-2010	erkship,
Topic	Definition	No. (%)
Clinical diagnosis Data Acquisition Data Interpretation	How to properly gather findings; H+P; tests How to interpret findings from H+P; tests	37 (19%)
Therapy	How to select treatment	112 (59%)
Harm		5 (3%)
Patient Safety	Preventable medical errors	
Complications	Complications from treatment/tests/exposure	
Prognosis	Estimate patient's likely course and anticipate complications	11 (6%)
Prevention	How to reduce the chance of disease by identifying/modifying	8 (4%)
	risk factors and diagnosing earlier by screening.	
Cost Analysis	Cost comparisons	0 (0%)
Basic Science/Other	Basic Science, Physiology, Pharmacokinetics, Other Nixon et al 2014: S	7 (4%)

PICC) – creating an effe	ective search
	Broad Search	Narrow Search
Patient	Leave Blank	Age range, Age descriptor, Sex, Ethnicity
Intervention	General descriptor/category	Specific intervention
Comparison	Leave Blank or general descriptor	Comparison intervention
Outcome	General outcome/mortality/morbidity	Specific diagnosis, clinical outcome, cost

Pattern• Score Example> [P?] 1 What is celiac sprue? [I] 2 Is a D-dimer useful? [P] [I?] 3 What therapy is best for patients with pulmonary embolism?	
[P?]1What is celiac sprue?[I]2Is a D-dimer useful?[P][I?]3What therapy is best for patients with pulmonary embolism?	
[I]2Is a D-dimer useful?[P] [I?]3What therapy is best for patients with pulmonary embolism?	
[P] [1?] 3 What therapy is best for patients with pulmonary embolism?	
[P] [?][O?] 4 What is the best treatment for analgesic rebound headaches?	
[P] [I] [O?] 5 Could stimulants be useful for chronic fatigue syndrome?	
[P] [I] [O] 6 What antibiotics eradicate Helicobacter pylori?	
[P] [I] [C] [O?] 7 Do acetaminophen and an NSAID combined improve osteoarthritis better either one alone?	than
[P] [I] [C] [O] 8 In patients with suspected PE is CT Pulm Angio vs VQ scan more sensitive t PE?	o r/o
GRADING RUBRIC PICO elements clearly stated 0=no, 1=somewhat, 2=yes	





50 year old Southern Asian male presents to the Family Practice Department requesting a vasectomy. His wife is 8 years younger and they have completed their family. He is completing antibiotics for a recent sinus infection. He tell you he is a bit anxious about the procedure which he would like to be minimally invasive without an IV, if possible.

Past Medical History: Hepatitis C, treated 3 years ago. Hypertension. GERD

Meds: Diltiazem XR 240 mg daily, Tagamet HB 200 mg daily as needed (OTC), Clarithromycin NKDA PE: 145/85, 70, 16 5' 9" Weight 280 lbs Cardiac – RRR no m/g/r Pulmonary – CTA Abdomen – Obese, soft, NT, no organomegaly Ext exam – mild edema.

Your colleague does office vasectomy and you have heard that nasal midazolam is used at ETCH. You are considering this for him

QUESTIONS?????









		Article Year			
Characteristics	Total	1990 (n = 133)	2000 (n = 122)	2010 (n = 106)	p-value*
Study Design					< 0.001
Descriptive [†]	55 (15.2%)	34 (25.6%)	9 (7.4%)	12 (11.3%)	
Cross-sectional	52 (14.4%)	24 (18.0%)	21 (17.2%)	7 (6.6%)	
Case control [‡]	19 (5.3%)	10 (7.5%)	5 (4.1%)	4 (3.8%)	
Cohort	56 (15.5%)	9 (6.8%)	23 (18.9%)	24 (22.6%)	
Meta-analysis/systematic review	25 (6.9%)	3 (2.3%)	5 (4.1%)	17 (16.0%)	
RCT	67 (18.6%)	14 (10.5%)	30 (24.6%)	23 (21.7%)	
Other	87 (24.1)	39 (29.3)	29 (23.8)	19 (17.9)	
Statistical software					
SAS	90 (24.9%)	7 (5.3%)	31 (25.4%)	52 (49.1%)	< 0.001
SPSS	23 (6.4%)	3 (2.3%)	6 (4.9%)	14 (13.2%)	0.002
STATA	41 (11.4%)	0 (0.0%)	7 (5.7%)	34 (32.1%)	< 0.001
Not specified	152 (42.1%)	90 (83.3%)	61 (52.6%)	1 (1.0%)	< 0.001
Biospecimen data	124 (34.3%)	50 (37.6)	44 (36.1)	30 (28.3)	0.287
Lab values used/ measured	130 (36.0%)	54 (40.6)	45 (36.9)	31 (29.2)	0.186
*Chi-square for difference by year, ¹ Ind doi:10.1371/journal.pone.0077301:001 Arnold LD, Braganza M, Salih Implications for Training acros https://doi.org/10.1371/journal https://journals.plos.org/plosor	udes case studies, compar R, Colditz GA (2013) : s the Continuum of Me pone.0077301 ie/article?id=10.1371/ji	ative studies; [‡] InIcudes ne Statistical Trends in the edical Education. PLOS ournal.pone.0077301	sted case control. 9 Journal of the Ameri 8 ONE 8(10): e77301.	can Medical Associat	tion and

Level of Evidence	Type of Study	
1a	Systematic review of randomized controlled trials (RCT's)	
1b	One well-designed RCT (multi-centered, well powered)	
2a	Systematic Review of cohort studies	
2b	Individual cohort studies and low-quality RCT's	
3a	Systematic reviews of case-controlled studies	
3b	Individual case-controlled study	
4	Case Series, poor quality cohort and case-control studies	
5	Expert opinion based on clinical experience: bench research	









	Article Year				
Characteristics	1990 (n = 133)	2000 (n = 122)	2010 (n = 106)	p-value	
Descriptive statistics	124 (93.2%)	122 (100%)	106 (100%)		
Low-level statistical measures [†]	108 (81.2%)	116 (95.1%)	105 (99.1%)	< 0.001	
Morbidity & mortality	76 (57.1%)	60 (49.2%)	73 (68.9%)	0.011	
ANOVA	26 (19.5%)	24 (19.7%)	18 (17.0)	0.844	
Chi square	54 (40.6%)	51 (41.8%)	51 (48.1%)	0.471	
Fisher exact	19 (14.3%)	18 (14.8%)	20 (18.9%)	0.583	
Mantel-Haenszel	11 (8.3%)	15 (12.3%)	7 (6.6%)	0.301	
Epidemiologic statistics [‡]	28 (21.1%)	34 (27.9%)	33 (31.1%)	0.190	
t-test	28 (21.1%)	31 (25.4%)	28 (26.4%)	0.577	
Power	7 (5.3%)	7 (5.7%)	28 (26.4%)	< 0.001	
p-trend	6 (4.5%)	17 (13.9%)	14 (13.2%)	0.023	
Pearson correlation coefficient	13 (9.8%)	10 (8.2%)	5 (4.7%)	0.340	
Logistic regression	27 (20.3%)	42 (34.4%)	28 (26.4%)	0.039	
Simple linear regression	12 (9.0%)	17 (13.9%)	13 (12.3%)	0.460	
Poisson regression	0 (0.0%)	11 (9.0%)	8 (7.5%)	0.003	
Log-rank test	2 (1.5%)	9 (7.4%)	15 (14.2%)	0.001	
Multi-level modeling	3 (2.3%)	11 (9.0%)	34 (32.1%)	<0.001	
Multiple comparison	7 (5.3%)	8 (6.6%)	9 (8.5%)	0.609	
Multiple regression	32 (24.1%)	52 (42.6%)	51 (48.1%)	<0.001	
Non parametric test	17 (12.8%)	19 (15.6%)	23 (21.7%)	0.173	
Wilcoxon Rank	13 (9.8%)	14 (11.5%)	19 (17.9%)	0.150	
Survival analysis	19 (14.3%)	27 (22.1%)	46 (43.4%)	< 0.001	
Cox models	10 (7.5%)	17 (13.9%)	34 (32.1%)	<0.001	
Kaplan Meier	5 (3.8%)	13 (10.7%)	24 (22.6%)	< 0.001	
Sensitivity analysis	30 (22.6%)	44 (36.1%)	52 (49.1%)	<0.001	
intention to treat	6 (4.5%)	18 (14.8%)	24 (22.6%)	<0.001	
Transformation	9 (6.8%)	12 (9.8%)	10 (9.4%)	0.6374	Arnold et al, 2013.





Section/Topic	ltem No	Checklist item	Reported on page No	
Title and abstract				
	1a	Identification as a randomised trial in the title		
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)		
Introduction	0	Online the two second and an elementary of extremely		
background and objectives	2a 2h	Scientific background and explanation of rationale Specific objectives or bypotheses		
	20			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio		
	35	Important changes to methods after trial commencement (such as aligibility criteria), with reasons		
Participants	4a	Eligibility criteria for participants		
	4b	Settings and locations where the data were collected		
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered		
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed		
	6b	Any changes to trial outcomes after the trial commenced, with reasons		
Sample size	7a	How sample size was determined		
	7b	When applicable, explanation of any interim analyses and stopping guidelines		
Randomisation:				
Sequence	8a	Method used to generate the random allocation sequence		
generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)		
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned		
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions		

Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	
	115	Assessing outcomes) and how	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
Poculte		, , , , , , , , , , , , , , , , , ,	
Participant flow (a	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and	
diagram is strongly			
recommended)	13h	For each group, losses and exclusions after randomisation, together with reasons	
Recruitment	14a	Dates defining the periods of recruitment and follow-up	
	14b	Why the trial ended or was stopped	
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was	
		by original assigned groups	
Outcomes and	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its	
estimation		precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Other information			
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	





CATs (Critically Appraised Topics) Your Teaching Cheat Sheet

 ACP Journal Club (uses same rubric as critical appraisal worksheets) Impact scores rated by volunteer doctors in different specialties Standard approach for analysis Calculates NNT, Sensitivity and Specificity for you.

• Other Suggestions for sources of CAT's from other specialties?



Journal Clubs

Traditional

- One Article chosen by faculty
- Can be lecture format
- Everyone faces front of room.
- Distribute articles 1 week in advance
- Food!

Best/Newer Practices

- Learner driven topics/articles with Mentorship/preset goals and objectives.
- Multiple articles/pro-con debates/ voting cards/divide work with critical appraisal worksheets
- Best to distribute articles 1 week/but real time done too.
- Food!

Gottlieb et al, 2018











ANALYSIS OF THE DATA – EACH FIGURE/TABLE CAN BE ASSIGNED TO A GROUP
**Review the methods
1. Describe the figures as if to a blind person, recreate the meaning in words.
1. If relevant, compare/contrast the data sets or parameters.
2. Discuss the findings and their meaning.
A. Experimental Method
B. Scientific Findings
C. Relevance and Veracity
4. Relate the findings to previous figures
5. What would you do next?

Summary 1. Did the authors prove what they claimed in the title? 2. If you were to summarize this study for a colleague, what are the major lessons (limit to 3) learned from the article? 3. What would you have done differently?





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