

Example II

JOURNAL CLUB PRESENTATIONS

OBJECTIVES

- A. To share information on current therapeutic issues.
- B. To provide experience in critically evaluating and concisely summarizing articles.
- C. To encourage students to develop critical reading habits.

ARTICLE SELECTION

- 1. In most instances, only trials published within the last few months are acceptable.
- 2. Articles should be human studies.
- 3. Preferably, randomized, double-blind, controlled clinical trials should be presented. It is recognized not all trials lend themselves to this format and that occasionally studies may be presented which are conducted using a different study design or are less than optimal, but are worth reading and discussing.
- 5. Any question concerning whether an article is acceptable for presentation should be addressed to your preceptor.
- 6. A list of journals (following) which may aid the presenter in selection of an article.

PRESENTATION

- 1. Each student will give a short (approximately 15 minute) oral synopsis of the trial.
- 2. Include: study objective(s), study design, patient selection, statistical analysis, results.
- 3. While the investigator's summary should be presented, the presenter should also analyze the data and draw his/her own conclusions.
- 4. After presenting the study, each student should critique the study design and results. The student doesn't have to reiterate the whole study, but should mention the pros/cons of the paper. At this point, mention of the investigator's critique of his/her work is appropriate.
- 5. The presenter should be familiar with the study — it is unacceptable to read from a prepared text of the presentation, although referring to notes periodically is acceptable.

QUESTIONS

- 1. After the presentation, other journal club members may ask the presenter questions in order to clarify certain points of the study or to bring up points for discussion.
- 2. The presenter should be prepared to answer questions pertaining to the disease states mentioned in the study, other drug therapy of the disease, statistical design, etc.
- 3. The critique/question/answer period should last approximately 15 minutes.

HANDOUT

- 1. A one-page handout (one or two sides) covering the pertinent points of the article should be provided to each member.
- 2. Include: full bibliographic reference of the article in proper format; objectives in proper format; patient population, selection; pertinent study design points; results; presenter's critique of article.
- 3. Every graph, chart, table in the study does NOT have to be copied for the handout. Each point presented does not have to be on the handout; it is acceptable to place some points in outline format and then discuss them in more detail during the presentation.

JOURNAL LIST

Infectious Disease

J Inf Dis
Antimicrob Agents
J Antimicrob Chemother
Pediatr Infect Dis J

Hematology/Oncology

Blood
J Clin Oncol
Semin Hematol
Cancer
Sem Oncol
J Natl Can Inst
Pain
Anaesthesia

Endocrine

Diabetes
Diabetes Care

Immunology

J Immunol
Immunology
J Allergy Clin Immunol

Mental Health

J Clin Psych
Am J Psych
Acta Psychiatr Scand
Psychopharmacol Bull
Br J Psychiatry

Pediatrics

J Pediatr
Pediatrics
Am J Dis Child
Arch Dis Child
Clin Pediatr
Clin Perinatal

Gastroenterology

Gastroenterology
Am J Gastroenterol
J Can Gastroenterol
Scand J Gastroenterol
Gut
Dig Dis Sci
Eur J Gastroenterol
Digestion

Pharmacology

J Pharm Pharmacol
J. Pharmacol Exp Ther
Clin Pharmacol Ther
J Clin Pharmacol
Pharmacology
Eur J Clin Pharmacol
Br J Clin Pharmacol

Pharmacy

Clin Pharm
Pharmacotherapy
DICP Ann Pharmacother

Pharmacokinetics

Clin Pharmacokinet

Epilepsy

Neurology
Epilepsia

Neurology

Stroke
Neuropharmacology
J Neurol

Respiratory

Chest
Lung
Am Rev Resp Dis

Nutrition

JPEN
Am J Clin Nutr

Renal/Liver

Liver
Kidney
Am J Kid Dis
Hepatology

Cardiology

Am J Cardiol
Am Heart J
Hypertension
Chest
Circulation
J Am Coll Cardiol

Medicine

JAMA
Ann Intern Med
N Engl J Med
Am J Med
Lancet
Science
Nature
Mayo Clin Proc
Med J Aust
Postgrad Med
Postgrad Med J
South Med J
Br Med J
Arch Intern Med

CHECKLIST FOR EVALUATING PUBLISHED DATA

Citation: _____

Objectives: Major _____

Secondary _____

I. RESEARCH PROBLEMS

Attribute	Quality Rating	Rating Problems & Explanation
A. Background and Rationale Appropriate presentation of previous relevant research findings; justification of research need and basis/rationale for hypothesis to be tested	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
B. Objectives and/or Hypothesis Clarity of objectives, clinically meaningful, and relevance of research question.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
C. Control of Treatment-Related Bias Adequacy of treatment and assessor blinding (e.g., double or triple blind); comparability of dosage schedule, dosage form, time of administration; provision to break blind for individual patient without breaking blind for all patients; utilization of explicit rules or criteria for dealing with marked improvement of subject illness or occurrence of treatment-emergent side effects of toxicity.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
D. Control of Extraneous Variables Suitability of research environment, e.g., absence of marked investigator bias, "Hawthorne Effect," hopeless atmosphere, etc.; reduction of pretreatment bias, e.g., the use of stratification, avoidance of carry-over effects, etc.; limitation or control of other concurrent therapies including drugs other than those under study; utilization of explicit rules or criteria for dealing with such problems as intercurrent illness, change of residence, etc.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation

COMMENTS:

II. TREATMENT CHARACTERISTICS

Attribute	Quality Rating	Rating Problems & Explanation
A. Description Specification of relevant characteristics of experimental and control treatments, e.g., presumed clinical actions, side effects, duration of actions, pharmacological profile; rationale for choice of comparison agent, i.e. standard drug or placebo.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
B. Dosage Adequacy of dosage levels, equivalence of dosage across standard and test drugs, criteria for dosage adjustment; appropriateness of schedule and pattern (fixed or variable) of administration with respect to duration of action, research design and phase of the trial; appropriateness of form or route of administration, degree of consistency with pharmacological properties.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
C. Duration Necessity for and appropriate length of drying-out (pre-treatment) period, drug administration (treatment) period, and follow-up (post-treatment) period.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation

COMMENTS: — — — — —

III. SUBJECT CHARACTERISTICS

Attribute	Quality Rating	Rating Problems & Explanation
A. Sample Representative of Clinical Population Correspondence between sample and population in terms of illness-related characteristics (e.g., pattern and severity of pathology) and demographic/situation-related characteristics (e.g., age, sex, acuteness of illness, inpatient/outpatient status, etc.)	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation
B. Subject Compliance Adequacy of techniques to check for and assure medication ingestion as well as compliance with assessment procedures and schedule.	☐ Not Applicable ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	☐ Poor Documentation

COMMENTS:

IV. DATA COLLECTION

Attribute	Quality Rating	Rating Problems & Explanation
A. Scope of Assessment	☐ Not Applicable	☐ Poor Documentation

Adequacy of breadth of measures for assessing areas such as: sample (identification and recording of degree of illness, demographic information, etc.); efficacy (assessment to demonstrate improvement or worsening of patient illness); side effects (assessment to detect expected and unexpected treatment-emergent symptoms); dosage (recording of dosages actually administered); safety (use of appropriate laboratory tests which are specific to drug under study, general for assessing bodily functions, etc.); other relevant areas (depending upon illness, drug, or special assessment techniques, e.g., EEG, blood levels, behavioral measures, etc.).	☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory
B. Assessment Measures Appropriateness of measures and instruments selected with respect to areas being assessed; extent that rating scales and recording forms have been previously shown to be sensitive, reliable, and valid; degree to which measures have been generally used and accepted.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory
C. Assessment schedule Appropriateness of frequency and schedule of ratings, collection of baseline measures prior to start of trial, etc.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory
D. Conduct of Assessment Consistency throughout trial of application of rating and assessment techniques; attempt to maintain same rates for any given patient throughout trial; evidence to establish interrater reliability and rating validity within context of this trial.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory

COMMENTS:

V. DATA ANALYSIS

Attribute	Quality Rating Rating Problems & Explanation
A. Data Presentation Clarity, meaningfulness, and utility of data description, organization, and display; appropriate level of data detail or summarization.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory
B. Statistical Analysis Correctness of application of statistical procedures, e.g., data transformations, pooling of data, handling of dropouts, and missing data, etc.; use of statistical model appropriate to research design, e.g., parametric vs. nonparametric, analysis of variance vs. analysis of	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

covariance, etc.; degree of statistical follow-through, e.g., use of multiple comparisons after finding a significant F-ratio, etc.	☐ Totally Unsatisfactory
C. Data Synthesis Demonstration of systematic approach to answering research question; appropriate analysis of functional relationships (e.g., dose-response curves).	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory

COMMENTS:**VI. CONCLUSIONS AND INTERPRETATION**

Attribute	Quality Rating	Rating Problems & Explanation
A. Focus Degree that conclusions (findings) and interpretation (explanation) presented are specific and clear; meaningful correspondence between conclusions and research hypothesis.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	
B. Logic Extent that conclusions are unambiguously supported both logically and statistically by the data collected in the study.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	
C. Application Appropriateness of generalization of conclusions from sample in study to the larger population (i.e. claims are not over-stated or over-generalized beyond the supporting data); appropriateness of interpretation with regard to other published findings.	☐ Not Applicable ☐ Poor Documentation ☐ Exceptional ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Totally Unsatisfactory	

COMMENTS: