

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: