

# EBM Glossary

## Terms referenced in PowerPoint Slides 1-6 and Lecture Objectives 1-3

### 5 and 20 Rule

See **Follow-Up**.

### ACP Journal Club via Ovid's EBM Reviews

The ACP Journal Club Collection consists of two journals *ACP Journal Club*, a publication of the American College of Physicians, and *Evidence-Based Medicine*, a joint publication with the British Medical Journal Group. The editors of ACP Journal Club screen the top clinical journals on a regular basis and identify studies that are both methodologically sound and clinically relevant. They write an enhanced abstract of the chosen articles and provide a commentary on the value of the article for clinical practice. Using this source, clinicians can quickly understand and apply to their practice important changes in medical knowledge, without having to read and synthesize for themselves thousands of journal articles (Ovid Scope Note for ACP Journal Club).

### Answerable Clinical Question

An information need converted into a structured question. A structured question saves time and increases efficiency when trying to locate the answer. Many answerable clinical questions seek information about diagnosis, therapy, etiology/harm, and prognosis (Sackett, p 3).

### Background Question

Asks for general knowledge about a disorder. Textbooks are good for answering background questions; they consist of two components:

- a question root (who, what, where, when, how, why) with a verb
- a disorder, or an aspect of a disorder
- Example: [What tests are used to diagnose] [intra-abdominal injury]?

### Blind Study (Single, Double, Triple)

A single blind study means that someone (patient or physician) does not know what is going on. Double blind means that at least two people (patient and physician) don't know what's going on. Triple blind might mean that the paper is written before the results are tabulated. The whole point is to prevent bias (<http://www.ebem.org/definitions.html>).

### Boolean Operators (AND, OR, NOT)

Used to combine search sets.

#### AND

Used to ensure that **all** terms appear in the same set. It will retrieve fewer articles.

Example: smoking AND marijuana.

#### OR

Used when **either** term is of interest. It will retrieve more articles. Example: marijuana or cannabis.

#### NOT

Used to exclude a term. It will retrieve fewer articles. Example: smoking NOT marijuana.

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### **CALLCAT**

The online catalog of the Calder Library holdings.

### **Case-Control Study**

A study which involves identifying patients who have the outcome of interest (cases) and control patients without the same outcome and looking back to see if they had the exposure of interest (Sackett, p 245). This study is used to help find the differences in predictor variables that may explain why the cases got the disease and the controls did not (<http://www.oucom.ohiou.edu/randg/handbook/appm.htm>). Needless to say, this is a crude way of doing a study. When the effect of interest is HARM, this may actually be the only way of doing the study (<http://www.ebem.org/definitions.html>).

### **Case Report/Case Study**

Report of a single case of disease.

### **Case Series**

Report of a number of cases of disease (<http://www.med.ualberta.ca/ebm/define.htm>). No control group is involved (<http://www.cebm.utoronto.ca/glossary/>).

### **Clinical Evidence** via Ovid

Clinical Evidence is produced by the BMJ Publishing Group and is frequently updated. It provides a concise account of the current state of knowledge, ignorance, and uncertainty about the prevention and treatment of a wide range of clinical conditions based on thorough searches and appraisal of the literature. In other words, it contains a compendium of evidence on the effects of common clinical interventions. Clinical Evidence aims to cover common or important clinical conditions seen in primary and hospital care (Ovid Scope Note for Clinical Evidence).

### **Cochrane Controlled Trials Register (CCTR)** via Ovid

CCTR contains over 300,000 bibliographic references to controlled trials in health care. Although many reports of trials are included in MEDLINE, others are not easily identified as randomized controlled trials; and as such, researchers may overlook them in the search for relevant studies for systematic reviews. CCTR records are identified through a combination of handsearching and database searching that include all those indexed as controlled trials in MEDLINE (Ovid Scope Note for Cochrane Controlled Trials Register).

### **Cochrane Database of Systematic Reviews (COCH)** via Ovid

The Cochrane Database of Systematic Reviews (COCH) includes the full text of the regularly updated systematic reviews of the effects of healthcare prepared by The Cochrane Collaboration. The reviews are presented in two types:

- Complete reviews - Regularly updated Cochrane Reviews, prepared and maintained by Collaborative Review Groups
- Protocols - Protocols for reviews currently being prepared (all include an expected date of completion). Protocols are the background, objectives and methods of reviews in preparation (Ovid Scope Note for Cochrane Database of Systematic Reviews).

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### **Cohort Study/Prospective Observational Study**

This design follows a group of patients, called a “cohort,” over time to determine general outcome as well as the outcomes of different subgroups (<http://www.ebem.org/definitions.html>).

### **Cointervention**

A therapy or other ancillary treatment, which is NOT under investigation, which is given to study patients (<http://www.ebem.org/definitions.html>). Cointervention is a serious problem when double blinding is absent or when the use of very effective non-study treatments is permitted (<http://www.fammed.ouhsc.edu/robhamm/UsersGuide/define.htm>). If permissible cointerventions were used, they should be described in the methods section and documented to be infrequent occurrences in the results (<http://www.cche.net/usersguides/therapy.asp>).

### **Confidence Interval (CI)**

Expresses the range of values within which we can be sure that our data conclusion(s) is correct. A CI is often expressed at 90%, 95%, or 99%. For example, if a survey has a margin of error of plus or minus 4 % at the 95% level of confidence, then in 95 out of 100 samples like the one used in the survey, the results obtained should be no more than 4% points above or below the figure that would be obtained by interviewing the entire population being sampled (<http://stars.csg.org/reports/1999/science/glossary.pdf>).

### **Control Group**

Participants in a control group are used as a standard for comparison. For example, a particular study may divide participants into two groups - an "experimental group" and a "control group." The experimental group is given the experimental treatment under study, while the control group may be given either the standard treatment for the illness or a placebo. At the end of the study, the results of the two groups are compared (<http://www.washington.edu/healthresearch/definitions.html>).

### **Critical Appraisal**

The process of assessing and interpreting evidence systematically considering its validity, results and relevance (<http://www.ebem.org/definitions.html>). It answers 3 important questions: How well is this study performed? What does it show? Can I use it? (<http://www.uib.no/isf/people/atle/ebm.htm>).

### **Critically-Appraised Topic (CAT)**

A standardized one-page summary of the evidence. It consists of a declarative title, clinical bottom line, the clinical question (PICO), search terms, a summary of the study methods, a table summarizing the key results and additional comments (Sackett, p 87-88).

### **Database of Abstracts of Reviews of Effectiveness (DARE)**

DARE is a full text database containing critical assessments of systematic reviews from a variety of medical journals (Ovid Scope Note for Database of Abstracts of Reviews of Effectiveness).

NOTE: the systematic review itself is not full text; the DARE critical assessment of it is full text.

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### **De-Challenge-Rechallenge Study**

This occurs when the adverse outcome decreases or disappears when the treatment is withdrawn and worsens or reappears when it is reintroduced (Sackett, p 60).

### **Differential Diagnosis**

The distinguishing of a disease or condition from others presenting similar symptoms (<http://www.intelihealth.com/IH/ihtIH/WSIHW000/9276/9276.html?k=navx408x9276>).

### **Dose-response Gradient**

When the risk or severity of the adverse event increases as the duration or dose to the harmful agent increases. In terms of prevention, this relationship means that the greater the quantity or duration of a beneficial exposure, the less likely that an adverse event will occur (<http://www.cebm.utoronto.ca/practise/ca/harm/q4.htm>).

### **EBM Filter/Hedge**

A group of specific **Medical Subject Headings (MeSH)**, unique text words and publication types that can act as a “filter” to find articles of good research design that can answer your clinical question. There are four categories of EBM Filters: Diagnosis, Prognosis, Etiology/harm/risk, and Therapy. The last two lines of any EBM Filter are the comprehensive filter and abbreviated filter components.

#### **Comprehensive Filter**

All the filter elements are OR’ed together.

#### **Abbreviated Filter**

Only the core filter elements are OR’ed together.

### **EBM Search Strategy**

This series of steps helps to locate relevant articles quickly and efficiently. In order, it consists of:

- EBM Filter (consists of the comprehensive filter (all filter elements OR’ed) and the abbreviated filter (only several core filter elements OR’ed))
- Your first search topic (MeSH) (with subheadings, if needed)
- Your second search topic (MeSH) (with subheadings, if needed)
- Combine your search topics (MeSH) with **AND** and limit that set to **human** and **English language**. This is the search topics set.
- Combine the search topics set with the comprehensive filter. This is a search topic/filter set.
- Combine the search topics set with the abbreviated filter. This is a search topic/filter set.
- Use additional strategies to increase or decrease retrieval (limits, truncation, etc.).

### **Evidence-Based Journals**

Journals where someone has read an article, summarized and critically appraised it and given a bottom line (<http://www.uib.no/isf/people/atle/ebm.htm>). As such, an evidence-based journal is considered a secondary source.

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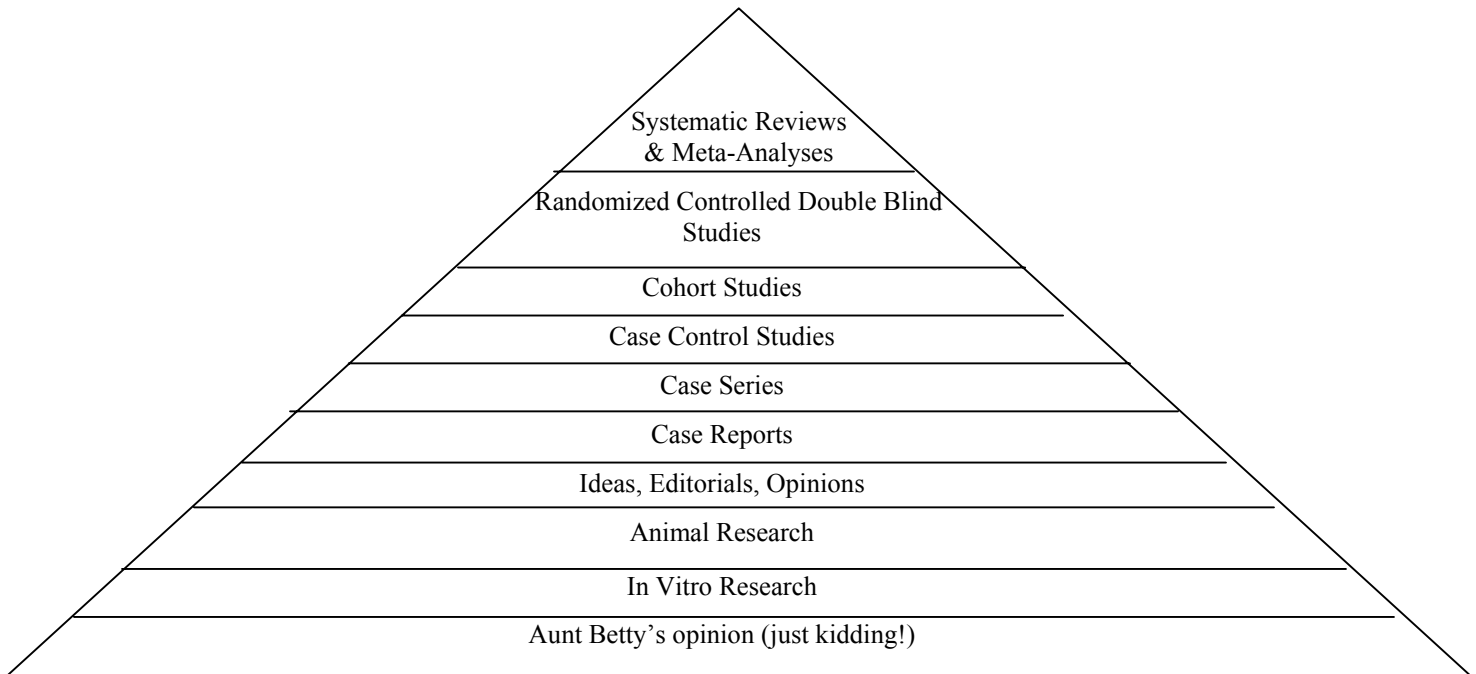
## Terms referenced in PowerPoint Slides 1-6 and Lecture Objectives 1-3

### **Evidence Based Medicine / Evidence Based Health Care / Evidence Based Practice**

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients (Sackett, p 246). It is a blend of your clinical expertise, the patient's unique needs and the best evidence available.

### **Evidence, Levels of**

Typically shown in a pyramid, it indicates the strength of evidence. Look for articles and studies from the top levels of the pyramid—they indicate the best evidence.



(<http://servers.medlib.hscbklyn.edu/ebm/2100.htm>)

### **Experimental Group**

Study participants in the experimental group receive the drug, device, treatment, or intervention under study. In some studies, all participants are in the experimental group. In "controlled studies," participants will be assigned either to an experimental group or to a control group.

(<http://www.washington.edu/healthresearch/definitions.html>).

### **Explode**

Will retrieve any of the conceptually-narrower terms indexed under the main MeSH term. For example, exploding "Antihypertensive Agents" will also retrieve any of the specific antihypertensive drug names. Therefore, your search will retrieve more article citations.

### **Filter**

See **EBM Filter**.

### **5 and 20 Rule**

See **Follow-Up**.

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### Focus

Supposedly, a focused term(s) will be a major topic in the article. Therefore, your search will retrieve fewer article citations. Beware that “focus” is an arbitrary choice made by the person who originally indexed the article and you may end up bypassing some good articles.

### Focus and Explode

You can “focus” and “explode” the same term. Using “Antihypertensive Agents,” you will also retrieve any of the specific antihypertensive drug names; any of these terms will also be a major topic in the article.

### Follow-Up

Fewer than 5% loss (dropouts or deaths) probably leads to little bias, greater than 20% loss seriously threatens validity, and in-between amounts cause intermediate amounts of trouble (Sackett, p 97).

### Foreground Question

Asks for specific knowledge about managing patients with a disorder; consists of three or four components (PICO). Journal articles are good for answering foreground questions. See also **PICO**.

### Full Text

A full text article can be printed from the computer. Always choose PDF format, if offered. If your article is not available in full text from Ovid, look for the journal under E-Journals on the Calder Library website.

### Gold Standard

A method, procedure, or measurement that is widely accepted as being the best available (<http://www.med.ualberta.ca/ebm/define.htm>). For diagnosis, it refers to a reference standard for the evaluation of a diagnostic test. For the purposes of a study, the "gold standard" test is assumed to have 100% sensitivity and specificity. This may well constitute an exaggerated estimate of the reference test. Choice of the "gold standard" must therefore be evaluated in appraising a diagnosis study (<http://www.ebem.org/definitions.html>).

### Hedge

See **EBM Filter**.

### HTML Format (Hypertext Markup Language)

Webpages (and some full text documents) are written in HTML format. There are drawbacks to accessing and printing journal articles in HTML format:

- they have been re-typed and thus have a greater chance of typos; PDF format articles have been scanned in, rather than re-typed
- they may either have thumbnails of the images (which have to be individually clicked on and often printed separately), or worse, omit all graphics and not mention the omission; PDF format has all the images/tables/graphics in their original sizes (continued next page)

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(continued from previous page)

- you lose the page numbers; in PDF format, the article retains its original page numbers  
See also **PDF Format (Portable Document File)**.

### **In Vitro Research**

This type of research is conducted within a controlled, artificial environment (test tube, computer modeling, etc.) rather than within a living organism.

### **Inception cohort**

A designated group of persons, assembled at a common time early in the development of a specific clinical disorder (for example, at the time of first exposure to the putative cause or at the time of initial diagnosis), who are followed thereafter (<http://archsurg.ama-assn.org/info/auinst.html#a8>).

### **Intention-to-Treat**

Intentions... that with which the path to hell is lined. Patients assigned to a particular treatment group by the study protocol should be retained in that group for the purpose of analysis of the study results no matter what happens (<http://www.ebem.org/definitions.html>).

Intention-to-Treat helps retain randomization as well as mirror actual clinical practice of non-compliance and treatment changes. Non-compliance is often associated with a poor prognosis. Excluding these patients may also paint a rosier picture of the outcome (<http://www.cmh.edu/stats/journal/jourtxt.htm>). In another example, consider a study comparing a medical and a surgical intervention. Some of the more severe patients in the medical group may end up undergoing surgery, while some in the surgical group may opt out of surgery if their syndrome improved or wasn't as poor. If intention-to-treat wasn't preserved, then the surgical group may appear worse off since all the "bad" cases migrated to the surgical group (<http://www.musc.edu/dc/icrebm/clinicaltrials.html>). However, patients redefined or dropped from a study early on as a result of protocol violations unlikely to create bias may validly be considered exceptions to this rule (<http://www.sahealthinfo.org/evidence/glossary.htm>).

### **Levels of Evidence**

See **Evidence, Levels of**.

### **Likelihood of Help vs. Harm (LLH)**

Likelihood that the intervention will help vs. harm the patient; it is expressed as a ratio. Example: 2:1 against surgery (Sackett, p 127). Example: mortality due to surgical complications. NNT and NNH can then be combined into a ratio called the **Likelihood of being Helped vs. Harmed (LHH)**. Example: 2:1 against performing the surgery.

### **Likelihood Ratio**

The likelihood that a given test result would be expected in a patient with a disease compared to the likelihood that the same result would be expected in a patient without the disease (<http://www.musc.edu/dc/icrebm/clinicaltrials.html>). A likelihood ratio of two means that the

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test result in question is twice as likely to come a patient with the disease as it is from a patient without the disease (<http://www.ebem.org/definitions.html>). The **Likelihood Ratio** and **Pre/Post-Test Probability** can help you decide if you want to stop all further testing, to either pursue another diagnosis and its accompanying test(s) or to begin treatment (Sackett, p 82-84). See also **Pre-Test Probability** and **Post-Test Probability**.

### **Limit**

There are many ways to make your search results more relevant, such as limiting to humans (as opposed to animals), age group, gender and language. Therefore, your search will retrieve fewer citations.

### **Mapping**

An Ovid software feature that suggests additional MeSH terms for your search. You should also check the “Complete Reference” of your selected articles to learn of additional terms to use in your search.

### **MD Consult**

Online services that provide Reference Books, Journals, Practice Guidelines, Drug Information, Patient Handouts, etc. Available at the Calder Library.

### **Medical Subject Headings (MeSH)**

A standardized list of vocabulary terms assigned by the National Library of Medicine to journal articles. These terms simplify your search—instead of doing two separate searches for “shingles” and “herpes zoster,” you would just do one search under “herpes zoster” as both are indexed under this heading.

### **MEDLINE**

The National Library of Medicine’s bibliographic database of medical journal articles.

### **Meta-Analysis**

A meta-analysis takes all available studies that address a particular question and pools the results across studies. Many small studies that individually did not have enough subjects to yield statistically significant results can do so when combined [into a single] meta-analysis. The problem is that a meta-analysis is only as good as the studies that are included (the principle of garbage in, garbage out). A meta-analysis of observational studies is weaker than one of randomized trials.

(<http://www.interlog.com/~cswa/slink/august98/guyatt.html>)

### **Number Needed to Harm (NNH)**

The number of patients who must receive a particular therapy for one to be harmed by it (Sackett, p 127). Example: mortality due to surgical complications. NNT and NNH can then be combined into a ratio called the **Likelihood of being Helped vs. Harmed (LHH)**. Example: 2:1 against performing the surgery.

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### Number Needed to Treat (NNT)

The number of patients who must receive a particular therapy for one to benefit. You might tell a patient that a NNT of 10 means that the chance that s/he will benefit in this way from the treatment is 1 in 10 (<http://www.ebem.org/definitions.html>). See also **Number Needed to Harm (NNH)**.

### Outcomes Research

An area of research that looks at the outcomes of various medical interventions and evaluates which ones work and at what cost (<http://www.spea.indiana.edu/h320/temp/GLOSSARY.html>).

### Ovid

One of the software interfaces that the Calder Library uses for searching MEDLINE and other databases.

### Patient's Expected Event Rate (PEER)

The best possible estimate of what would happen to our patient if s/he were not treated (Sackett, p 120).

### PDF Format (Portable Document File)

A universal file format that preserves all of the fonts, formatting, colors, pagination, and graphics of the source document. Always choose PDF if offered, because it will give you the best copy of your article. PDF files retain their original formatting and look like photographs of the original document (<http://www.uwec.edu/library/guides/glossary.html>). See also **HTML Format**.

### PICO

Can be three or four components:

- **Patient** and/or problem
- **Intervention** (or exposure or prognostic factor or diagnostic test)
- **Comparison** intervention or exposure or diagnostic test, such as gold standard diagnostic test, placebo, or other therapy (if relevant)
- **Clinical Outcome** that you wish to accomplish, measure, predict, improve, or affect (decrease, increase, prevent, lower healthcare costs, improve staff performance, etc.)
- Example: In [a pediatric patient with blunt abdominal trauma] how [accurate is an ultrasound scan] compared to [the "gold standard" abdominal CT] at [identifying intra-abdominal injury]?

([http://www.fgipc.org/02\\_Federal\\_CIO\\_Council/Tutorial\\_Selecting2.htm](http://www.fgipc.org/02_Federal_CIO_Council/Tutorial_Selecting2.htm) and <http://www.med.umich.edu/lrc/coursepages/M2/ittp/mangrulkar.ppt> and <http://www.bestbets.org/>)

### Placebo

A placebo is an inactive substance which may look like medicine but contains no medicine (<http://www.washington.edu/healthresearch/definitions.html>). In some studies, the participants in a control group may be given a placebo to make them think they are getting the treatment you are studying (<http://www.ebem.org/definitions.html>).

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### Post-Test Probability

The likelihood that your patient has the disease, condition or injury you are testing for at the moment the result of the test you (or someone) ordered is delivered to you. To calculate it you need the **pre-test probability** or **prevalence** and also the **likelihood ratio** for the test in question (<http://www.ebem.org/definitions.html>). See also **pre-test probability** and **likelihood ratio**.

### Pre-Test Probability

At the point you order a diagnostic test, you already have some idea of how likely your patient is to have the disease, condition or injury in question. How do you know this? This information, called prevalence, may be given in local, statewide, and national studies (<http://www.ebem.org/definitions.html>). The **likelihood ratio** and **pre/post-test probability** can help you decide if you want to stop all further testing, to either pursue another diagnosis and its accompanying test(s) or to begin treatment (Sackett, p 82-84). See also **post-test probability** and **likelihood ratio**.

### Proxy

You can access some of the full text journals off-campus by setting up a proxy on your computer. Online instructions are at: <http://calcat.med.miami.edu/screens/proxies.html>. Only the journals marked "proxy" on the E-Journals list are accessible off-campus. You'll need to turn off your computer's proxy when finished.

### Pyramid of Evidence

See **Evidence, Levels of**.

### Qualitative Research

Research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing and document review to collect data (<http://www.epa.gov/evaluate/glossary/q-esd.htm>). Used to identify not only *what* people think but also, more importantly, the reasons *why* they hold such views (<http://www.mori.com/abc/glossary.shtml>).

### Quantitative Research

Research in which the researcher explores relationships using numeric data (<http://ist-socrates.berkeley.edu/~qualsite/glossary.html>).

### Randomization

Study participants are assigned to groups in such a way that each participant has an equal chance of being assigned to each treatment (or control) group. Since randomization ensures that no specific criteria are used to assign any patients to a particular group, all the groups will be equally comparable (<http://www.centerwatch.com/patient/glossary.html>).

### Randomized Controlled Trial (RCT)

Study design where treatments, interventions, or enrollment into different study groups (experimental group or control group) are assigned by random allocation rather than by conscious decisions of clinicians or patients (<http://www.med.ualberta.ca/ebm/define.htm>).

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### Review Article

See the comparison chart under **Systematic Review (SR) Article**.

### Saving (your MEDLINE search)

If you signed into MEDLINE with your username and password, you can save your search indefinitely. Instructions for this are in the Calder Ovid Manual (also available online: [http://calder.med.miami.edu/medline\\_manual.html](http://calder.med.miami.edu/medline_manual.html)).

### Scope Note

Contains additional information about the MeSH term, such as a definition, related terms and synonyms.

### Secondary Source

Describes or summarizes a primary source. A book review would be a secondary source; the book itself would be a primary source. A review article would be a secondary source and the articles that were reviewed would be primary sources. Examples of EBM **Secondary Sources**: ACP Journal Club, Clinical Evidence, Cochrane Database of Systematic Reviews and the Database of Abstracts of Reviews of Effectiveness.

### Sensitivity

Correctly indicates that the patient **has** the disease (positive test result). Mnemonic to differentiate between **Sensitivity** and **Specificity**: Being **Sensitive** is a POSITIVE emotion.

### Sensitivity Analysis

A sensitivity analysis investigates how the conclusions of a review change when one or more of the decisions or assumptions are altered

(<http://www.wiche.edu/mentalhealth/evidence/msoutl.htm>). Various **Best Case Scenarios** and **Worst Case Scenarios** can be calculated on how they would affect the study's conclusions.

#### Best Case Scenario

Example: dropouts in the treatment arm are considered to have greatly improved or have been cured and placebo dropouts are considered to have greatly deteriorated or have died.

#### Worst Case Scenario

Example: dropouts in the treatment arm are considered to have relapsed or died and placebo dropouts are considered to have survived well

(<http://www.wiche.edu/mentalhealth/evidence/msoutl.htm>).

### Slippery Slope

While our diagnostic skills and clinical judgement increase over time, our up-to-date knowledge and clinical performance declines over time.

### Specificity

Correctly indicates that the patient does **not** have the disease (negative test result). See also **Sensitivity**.

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### Spectrum

The best diagnostic tests are those that can diagnose anyone, not just the obvious cases; this is why the patient spectrum is important in a diagnosis study. A good spectrum of patients would include patients at all stages of the disease, exhibiting various severity levels of the disease, and including those being treated and not treated for the disease and those with diseases and symptoms similar to the disease you're testing for.

### Subheadings

These generic terms (radiotherapy, rehabilitation, etc.) can help focus a MeSH term. For example, if you were looking for articles about patients dying after taking Warfarin, you could use the "adverse effects" subheading with Warfarin.

### Survival

#### Survival Rate

Given as a percentage of survival at a particular point in time (e.g., 1-year or 5-year survival rates) (Sackett, p 100).

#### Median Survival

The length of follow-up by which 50% of the patients have died (Sackett, p 100).

#### Survival Curve

Depicts, at each point, the proportion (%) of the original study sample who have not yet had a specified outcome (Sackett, p 100).

### Systematic Review (SR) Article

A summary of the medical literature that uses explicit methods to perform a thorough literature search and critical appraisal of individual studies and may use appropriate statistical techniques (like meta analyses) to combine these valid studies (Sackett, p 250). An SR tries to reduce bias by limiting itself to randomized trials and published **and** unpublished studies in **every** language. An SR also tries to reduce random error by amassing very large numbers of individuals (Sackett, p 133). An SR is the highest level of evidence.

### Comparison Chart

Systematic Review (SR) Article	versus	Review Article
Narrow focus, answers foreground questions		Broad focus, answers background questions
Systematic scientific approach to finding, evaluating and summarizing the evidence		Depends on the author's inclination
Comprehensive search for relevant articles		Author gets to pick using any criteria
Explicit methods of appraisal and synthesis		Methods usually not specified
Meta-analysis may be used to combine data		Vote count or narrative summary

(<http://www.stfm.org/ANNUAL01/theme2.ppt>)

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### **Tree**

Indicates if a MeSH term has broader or narrower terms associated with it. When doing a MEDLINE search, check the term's **Tree** to see if **Exploding** the term is needed.

### **Truncation**

Most electronic databases allow for a symbol to be used at the end of a word to retrieve variant endings of that word. This is known as truncation

(<http://www.bgsu.edu/colleges/library/infosrv/lue/trunc.html>). Example: danc\$ will retrieve dance, dancer, dancers, dancing, danceable, etc. Ovid uses the dollar sign (\$) for truncation in its databases.

**End of Glossary**

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### Glossary References:

Basic Types of Research Design

<http://www.oucom.ohiou.edu/randg/handbook/appm.htm>

BestBETs

<http://www.bestbets.org/>

BJA: Bureau of Justice Assistance Glossary

<http://www.bja.evaluationwebsite.org/html/glossary/q.html>

Calder Ovid Manual

[http://calder.med.miami.edu/medline\\_manual.html](http://calder.med.miami.edu/medline_manual.html)

Canadian Science Writers' Association: Getting Critical with Health Reports

<http://www.interlog.com/~cswa/slink/august98/guyatt.html>

Centre for Evidence-Based Medicine

<http://www.cebm.utoronto.ca/practise/ca/harm/q4.htm>

Centre for Evidence-Based Mental Health

<http://www.wiche.edu/mentalhealth/evidence/msoutl.htm>

Clinical Epidemiology Definitions

<http://www.fammed.ouhsc.edu/robhamm/UsersGuide/define.htm>

Clinical Epidemiology Glossary

<http://www.med.ualberta.ca/ebm/define.htm>

Clinical Trials

<http://www.musc.edu/dc/icrebm/clinicaltrials.html>

Definitions of Commonly Used Research Terms

<http://www.washington.edu/healthresearch/definitions.html>

EPA Glossary

<http://www.epa.gov/evaluate/glossary/q-esd.htm>

Evidence-Based Medicine and Medical Decision-Making: An Overview

<http://www.med.umich.edu/lrc/coursepages/M2/ittp/mangrulkar.ppt>

Federal CIO Council: Tutorial

[http://www.fgipc.org/02\\_Federal\\_CIO\\_Council/Tutorial\\_Selecting2.htm](http://www.fgipc.org/02_Federal_CIO_Council/Tutorial_Selecting2.htm)

Glossary

<http://stars.csg.org/reports/1999/science/glossary.pdf>

Glossary from CenterWatch

<http://www.centerwatch.com/patient/glossary.html>

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Glossary of EBM Terms

<http://www.cebm.utoronto.ca/glossary/>

Glossary of Key Terms

<http://www.spea.indiana.edu/h320/temp/GLOSSARY.html>

Glossary of Methodologic Terms

<http://archsurg.ama-assn.org/info/auinst.html#a8>

Glossary of Terms

<http://www.sahealthinfo.org/evidence/glossary.htm>

Glossary of Terms from the NYAM Evidence Based Emergency Medicine

<http://www.ebem.org/definitions.html>

Guide to Research Methods

<http://servers.medlib.hscbklyn.edu/ebm/2100.htm>

How to Read a Medical Journal Article

<http://www.cmh.edu/stats/journal/jourtxt.htm>

How to Use an Article about Therapy or Prevention

<http://www.cche.net/usersguides/therapy.asp>

Involving Family Physicians in Knowledge Refinement: Practical Systematic Reviews

<http://www.stfm.org/ANNUAL01/theme2.ppt>

Library Glossary

<http://www.uwec.edu/library/guides/glossary.html>

Merriam Webster Medical Dictionary from InteliHealth

<http://www.intelihealth.com/IH/ihtIH/WSIHW000/9276/9276.html?k=navx408x9276>

MORI Glossary

<http://www.mori.com/abc/glossary.shtml>

Sackett DL et al.—Evidence-Based Medicine: How to Practice and Teach EBM, 2<sup>nd</sup> ed., Churchill-Livingstone, 2000.

Truncation and Wild Cards

<http://www.bgsu.edu/colleges/library/infosrv/lue/trunc.html>

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<http://www.uib.no/isf/people/atle/ebm.htm>