

UNIVERSITY ORTHOPAEDICS RESEARCH DEPARTMENT
JOURNAL CLUB MANUSCRIPT EVALUATION

NAME: _____ PGY1 PGY2 PGY3 PGY4 PGY5

Please provide the following information in this order when discussing your article.

1. DESCRIBE THE STUDY – 2-3 MINUTES

Title, major authors, institution, and journal. _____

STUDY OBJECTIVES: This study looked at _____

METHODOLOGY: This was a ___(type of study)_____ study with ___n___ participants.

Participants **were/ were not** randomly assigned. The outcome measured is _____

CONCLUSION: The authors concluded _____

APPRAISIAL – 2-3 MINUTES

Clinical relevance _____

The results **matched/did not match** the stated hypothesis.

The author's **found/have not found** evidence to support their hypothesis.

This study adds to the body of literature available **Yes/No.** (Other sources checked?)

Findings new, helpful, thought provoking?

DISCUSSION 5-10 minutes (add main points of discussion and appropriate references)

PRACTICE-BASED LEARNING AND IMPROVEMENT - ACGME CORE COMPETENCIES

- Analyze practice experience and perform practice-based improvement using systematic methodology
- Locate, appraise, and assimilate evidence from scientific studies related to their patient's health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology, peer review, and self assessment to promote lifelong learning
- Facilitate the learning of students and other health care professionals

POWER ANALYSIS: Did they study enough people to detect a difference if one existed, is their power statement clinically relevant, i.e. does the effect size (difference able to detect) make sense clinically?, are the standard deviations given similar to what you have seen in practice?, is the alpha level (Type I error (false positive)) acceptable?, is the power level (Type II error (false negative)) acceptable?

The following level of evidence table was included in a series on EBM in JOT.

While it is important to recognize that studies vary in their importance as evidence, it does not imply that any level is unnecessary in the literature. (i.e. Physiologic or bench research is a required building block for further clinical testing)

LEVEL OF EVIDENCE		GRADE OF RECOMMENDATION
LEVEL I	Large randomized trials with clear-cut results and low risk of error, or meta-analyses of randomized trials with homogenous study results and narrow confidence intervals	A
LEVEL II	Randomized trials with uncertain results and/or moderate to high risk of error; prospective cohort studies of high quality	B
LEVEL III	Case-control studies or meta analyses of case-control studies	B
LEVEL IV	Case series with no controls	C
LEVEL V	Expert opinion without explicit critical appraisal, or based upon physiology or bench research	D

Bhandari, M. Evidence –Based Orthopaedic Trauma. Ipsilateral Femoral Neck and Shaft Fractures.
Journal of Orthopaedic Trauma Vol17, No2 pp 138-140
