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Acknowledgements

The following notes are compiled from CSB600 lecture notes, outlines, practice quizzes and the prescribed textbook: Hoffmann, T., Bennett, S., & Del Mar, C. (2010). Evidence-based practice across the health professions. Chatswood, N.S.W: Churchill Livingstone.

*NB: The textbook provides everything needed to study or review for this subject.
Most pictures, graphs and tables are from the textbook*

Bias Summary List

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|--|---|
| <ul style="list-style-type: none"> ● Selection bias ● Allocation bias ● Maturation bias ● Observer bias ● interpretation bias ● Volunteer bias ● Regression to the mean | <ul style="list-style-type: none"> ● Rosenthal effect ● Placebo effect ● Hawthorne effect ● Recall bias ● Measurement bias ● Differential bias ● Non-differential bias |
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Week 2 – Epidemiology, study basics and information needs (Chap 2)

Key learning areas

Number	Detail	Level of Mastery
2.1	Explain what epidemiology is and how it is relevant to health and clinical practice.	Moderate
2.2	Understand the historical context of epidemiology and its impact on health outcomes.	Moderate
2.3	Define and interpret 'attack rate / cumulative incidence' and 'relative risk'.	Moderate for this week (developed further during semester)
2.4	Describe the types of clinical information needs of that can be answered using research.	High
2.5	Differentiate between 'just-in-case' and 'just-in-time' information.	High
2.6	Convert information needs into answerable, well-structured clinical questions, using the PICO format.	High
2.7	Create an answerable question using the PICO format for assignment 1	High
2.8	Evaluate the PICO of another student and provide professional and appropriate feedback.	--
2.9	Differentiate between a literature review, systematic review and meta-analysis	High
2.10	Complete the Cochrane Training Introduction to systematic reviews online learning module.	Complete module successfully
2.11	Understand how to conduct a high quality literature review.	High

- Epidemiology triad – host, environment and agent
- What does epidemiology offer? – who, what, where, why and how
 - Description of health status of populations
 - Causation (ie. Asbestos and mesothelioma)
 - Evaluation of interventions
 - Natural history and prognosis
 - **Descriptive studies**
 - **Analytical studies**
 - **Intervention studies**

Aetiology / frequency	Is diabetes a risk factor? Is rheumatic valvular disease a risk factor? How often do patients with diabetes present with leg ulcers?
Prognosis	What will happen to the ulcer if left untreated?
Diagnosis	Are there any diagnostic tests / or tests required for patients presenting with diabetes and leg ulcers?
Treatment / intervention	What is the most effective treatment for this condition (medications / other)? What risks are there from the treatment? Is one particular management plan more effective than another?
Patient experiences and concerns	What is the experiences of the patient concerning their condition? What is happening here and why?

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- push information (just in case information)– identify gaps you think they need to know



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- Pull information (just in time information)– you go looking for it
- Why do you need a good question?
 - Helps you find relevant information
 - Helps develop search strategy
 - Helps you find information quickly
- PICO – patient, intervention, comparison and outcome
- Study and question types
 - Intervention – randomised controlled study
 - Diagnostic – consecutive cohort study
 - Prognosis – prospective cohort study
 - Patient experience and outcome – qualitative studies
- Attack rate/cumulative incidence - The proportion of people who develop a disease during a specified period
- Relative risk - It compares the amount of disease in one group relative to that in another