Research question and Research design in Clinical research

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Clinical research

Asking good questions:

a.Sources and examples of questions.b.Which questions should be pursued?c.What is an 'answerable' question?

Choosing the right study design:

a.What is the question about?

b.Has the question been answered?

c.What research approach is appropriate?

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Patients	Can I return to work after my
	brain injury rehabilitation? How
	long will this pain last?
	What is the best way to prevent
Own clinical/research experience	and manage spasticity in
	Traumatic Brain Injury (TBI)
	patients? What is the impact of
	Spinal Cord Injury (SCI) on
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Colleagues	Why did you do a CT instead of
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Which questions should be pursued?

This task is influenced by a range of factors including time and resource limitations, clinical urgency, organizational or local research agendas and funding sources.

- Importance of question to the patient's biologic, psychologic or sociologic well-being.
- Relevance of question to you/your learners' knowledge needs.
- Feasibility of answering question in the time available.
- Level of your/your learner's/your patient's interest in question.
- Likelihood of question recurring in your practice.

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What is an 'answerable' question?

 An 'answerable' question in research terms is one which seeks specific knowledge, is framed to facilitate literature searching and therefore, follows a semi-standardised structure.

'Answerable' clinical research questions have four essential 'PICO' components:

- P: Patient and/or problem;
- I: Intervention (or exposure, diagnostic test, prognostic factor, etc.)
- C: Comparison Intervention (if relevant);
- O: Outcome.

"In [Population], what is the effect of [Intervention] on [Outcome], compared with [Comparison Intervention]?"

Original question	Answerable clinical research question (PICO elements in italics)
What is the best way to prevent and manage spasticity in TBI patients?	In patients with severe TBI , what is the effect of casting on spasticity, compared with pharmacological management?
Why should we fund physiotherapy for patients following discharge from SCI rehabilitation?	In patients following SCI rehabilitation, what is the effect of community-based physiotherapy on functional status , compared with standard care ?
Why did you do a CT instead of an MRI for this TBI patient?	In patients with suspected TBI , what is the diagnostic value of CT , compared with MRI ?

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There are some cases in which departure from the 'generic' PICO format:

- What *prognostic factors* influence *return to work* in *patients following TBI rehabilitation*?"
- "What is the *impact* of *SCI* on *patients and their families*?"

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'PICO' principles facilitates the important process of categorising the question according to its central clinical issue.

Therapeutic interventions are only one of a number of clinical issues that can be addressed by clinical research questions. There are many other categories including aetiology, prevention and differential diagnosis.

This process of categorisation is an important precursor to considerations of study design.

Clinical research question	Category
In patients with severe TBI, what is the effect of casting on spasticity, compared with pharmacological management?	Therapy : selecting treatments that are effective and worthwhile
In patients with suspected TBI, what is the diagnostic value of CT, compared with MRI?	Diagnostic test s: selecting diagnostic tests with acceptable precision, safety, expense, etc.
What prognostic factors influence return to work in patients following TBI rehabilitation?	Prognosis: estimating likely clinical course and anticipating complications
What is the impact of SCI on patients and their families?	Experience and meaning: empathy and understanding of patient situations

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Has the question been answered?

Once the key elements of the question have been specified and the broad question category identified, it is important to identify **how this or similar questions have been addressed by existing published research**.

Pub medclinicaltrial.govweb of sciences (ISI)Cochrane collaboration(CDSR)Embaseirct.irscopusERIC

Has the question been answered?

- Existing literature may focus on specific subgroups of *population*,shows definition of the population might be reconsidered.
- Outcomes other than *outcome* may be more widely reported in the literature,prompting consideration of whether function is the most appropriate *outcome*;
- Particular study designs such as Randomised Controlled Trials (RCTs) may not be represented in relevant literature, raising questions of feasibility or ethical limitations to using such designs;
- There may be a large body of literature addressing this question but no systematic review,in which case a systematic review may be more useful than another primary study.

Has the question been answered?

• Many clinicians and researchers, particularly those not engaged in evidencebased medicine or systematic reviewing, baulk at the notion of spending their limited time performing an in-depth literature search at the question development stage. However, an investment of time at this point in the research process more than offsets the potential time and resources wasted in pursuing an inappropriate question, or one that has been comprehensively addressed already.

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quatitative and *qualitative*

Where research questions pertain to subjective phenomena such as feelings, attitudes and emotional responses, a qualitative research paradigm should be used. Qualitative research emphasises in-depth exploration and description, rather than numerical measurement, of variables. This results in a rich and deep understanding of the topic under study.

What research approach is appropriate?

Clinical research question	Data	Approach	Design example	Analysis example
In patients following SCI rehabilitation, what is the effect of community-based physiotherapy on functional status [Functional Independence Measure; FIM score] compared with standard care?	Numerical	Quantitative	RCT	Statistical
What is the impact [emotional responses, attitudes] of SCI on patients and their families?	Non- numerical	Qualitative	Focus group	Qualitative content analysis

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Nature of the question

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1-Level of evidence:

Each study design is assessed according to its place in the research hierarchy. The hierarchy reflects
the potential of each study included in the systematic review to adequately answer a particular
research question, based on the probability that its design has minimised the impact of bias on the
results.

Level of evidence:



2- Research category

Importantly, hierarchies of evidence differ according to research category. For example, if the central clinical issue is 'prognosis', a Prospective Cohort Study – not an RCT – is the highest ranked primary study design for this research category.

Table 1 NHMRC Evidence Hierarchy: designations of 'levels of evidence' according to type of research question (including explanatory notes)

Level	Intervention 1	Diagnostic accuracy ²	Prognosis	Aetiology ³	Screening Intervention
I ⁴	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies
I	A randomised controlled trial	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among consecutive persons with a defined clinical presentation ⁶	A prospective cohort study ⁷	A prospective cohort study	A randomised controlled trial
Ⅲ-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among non-consecutive persons with a defined clinical presentation ⁶	All or none ⁸	All or none ⁸	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
III-2	 A comparative study with concurrent controls: Non-randomised, experimental trial⁹ Cohort study Case-control study Interrupted time series with a control group 	A comparison with reference standard that does not meet the criteria required for Level II and III-1 evidence	Analysis of prognostic factors amongst persons in a single arm of a randomised controlled trial	A retrospective cohort study	A comparative study with concurrent controls: • Non-randomised, experimental trial • Cohort study • Case-control study
III-3	 A comparative study without concurrent controls: Historical control study Two or more single arm study¹⁰ Interrupted time series without a parallel control group 	Diagnostic case-control study ⁵	A retrospective cohort study	A case-control study	 A comparative study without concurrent controls: Historical control study Two or more single arm study
IV	Case series with either post-test or pre-test/post-test outcomes	Study of diagnostic yield (no reference standard) ¹¹	Case series, or cohort study of persons at different stages of disease	A cross-sectional study or case series	Case series

3-Quality of evidence (risk of bias):

 The methodological quality of each included study is critically appraised. Each study is assessed according to the likelihood that bias, confounding and/or chance may have influenced its results.

4-Statistical precision:

 The primary outcomes of each included study are evaluated to determine whether the effect is real, rather than due to chance (using a level of significance expressed as a *P*-value and/or a confidence interval).

What study design is appropriate?

• The choice of study design is influenced by a range of factors other than ranking in a hierarchy of evidence, quality and statistical precision. These include resources (staff, infrastructure, time, data), feasibility and ethical considerations.

• The most appropriate quantitative study design for a given clinical research question is dependent upon the nature of the question and feasibility of data being asked.

Take home Message

- Clinical trial is not always feasible
- Clinical trial is not always the only way
- Clinical trial is not always relevant
- Clinical trial is not always the best

So when we decide on RCT?

Clinical equipoise

Feasibility

Ethic



