

Research Methods

Suggested answers: Reading the health care literature

I have no idea what a 'casenote ward round' is or why it is in quotes.

1. *How does this paper match the usual structure of Summary, Introduction, Methods, Results, Discussion, Conclusions?*

There is no summary. The paper starts with a short introduction, which does not have a heading. The 'Methods' and 'Results' sections are combined. The 'Discussion' and 'Conclusions' are combined under the heading 'Comment'. The BMJ always does short reports this way, I don't know why.

2. *What is the purpose of the study? Is this clearly explained?*

The stated purpose is to evaluate the innovation of placing the notes at the foot of the bed and encouraging parents to read them. It is not clear to me what they mean by evaluate. They ask people what they think, but they don't actually test whether patient care is changed in any way.

3. *How was the study carried out? Is there sufficient information for another researcher to repeat the study?*

We are told that questionnaires were distributed to parents on the wards. We are not told how questionnaires were distributed to nurses and doctors, or how nurses and doctors were prompted. Was that on the questionnaire or in an interview? Were the questionnaires anonymous? I don't think there is enough information.

I was surprised that they didn't ask the patients themselves, some of whom would be adolescents and quite capable of giving an opinion.

4. *What did they actually observe?*

The doctors and nurses saw similar numbers of advantages and disadvantages. They thought the innovation improved parental involvement but had concerns about confidentiality. The parents were mostly in favour, reporting that they were better informed and found the notes helpful, though a few were concerned about confidentiality.

5. *Do they mention any limitations of their study?*

Yes, they suggest two possible response biases: some doctors and nurses might have written responses that they thought would please the researchers, and the responses from parents might have been different if they had been interviewed by an independent researcher after their child's discharge.

6. *What are the authors' conclusions? Do you agree with them?*

They conclude that the perceived benefits of openness and increased involvement of parents in their child's care seemed to outweigh concerns about confidentiality and that keeping notes by the child's bed promotes partnership with parents. They suggest that staff working in other specialties could consider following this example. The conclusion that parents are positive about the scheme seems quite plausible to me.

It is always dangerous to extrapolate to other settings. The following electronic response, from Jed Rowe, Consultant Geriatrician, is interesting:

Believing implicitly that medical information was the property of the patient our team tried putting notes at the end of the bed. We found that our elderly patients never read them but their relatives found them fascinating. This led to demands to conceal information about grave diagnoses when preparation for breaking bad news was evident from the records. Recording the desires of frail people to return home often precipitated a paternalist backlash from relatives and a sustained campaign to persuade them into institutional care. This generational inversion is common enough in geriatric practice but we found the free availability of notes seemed to promote this abuse. We now do confidential surgeries rather than ward rounds to which our patients can invite their relatives if they so desire. Therein we always canvas the desires of our patients in neutral terms with open questioning before going on to open discussion