

The Clinical Question: How to Construct Answerable Questions

Special points of interest:

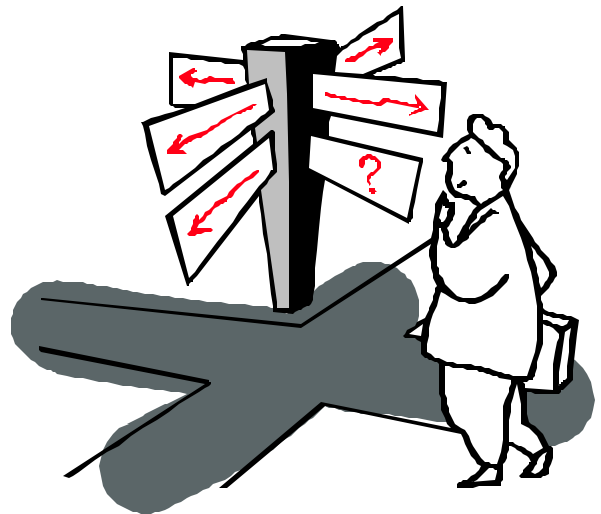
- Patient, Population or Problem
- Intervention, Prognostic Factor or Exposure
- Comparison
- Outcome

Why worry about the Question?

Perhaps the most frustrating aspect of Evidence-Based Medicine in practice is not being able to find the answer to your question. Research has shown that one of the main reasons for failure and frustration is an unclear question – which leads to an unclear purpose and poor outcome.

Spending a little time in learning the components of a good clinical question – that is, an answerable clinical question – improves the outcomes of searches, increases physician satisfaction and ultimately improves patient care and outcomes.

This work may seem somewhat tedious and simplistic but has tremendous rewards. One generally wouldn't do a procedure without learning about it first. The MEDLINE search is a procedure much like inserting a central line and the learner must learn the basics of questioning to perform the procedure competently.



The Clinical Question in Real Life Practice

Components of a Well-Built Clinical Question

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|--|--|
| Patient, Population or Problem | How would I describe a group of patients similar to mine? What characteristics are most important? Etc? |
| Intervention, Prognostic Factor or Exposure | What are you mainly considering? |
| Comparison (if appropriate) | What is the main alternative? Gold standard test? Accepted current therapy? |
| Outcome | What outcome am I and my patient most interested in? |

Asking the Question

After you have considered the four key components of the clinical question then you should construct it based on those components.

The following is an example taken from practice (and prior a Journal Club):

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|--|---|
| Patient, Population or Problem | In a 40 year-old female with acute abdominal pain |
| Intervention, Prognostic Factor or Exposure | Will treatment with narcotics |
| Comparison (if appropriate) | (compared to no treatment for pain) |
| Outcome | Obscure the ultimate diagnosis? |

Additional Considerations

Then one must consider where to look for the information. This has become one of the best developments in EBM since its inception not that long ago. The internet has allowed the premise of EBM and real-time, real-world clinical practice to be a reality.

Some places to search are listed below. More on this topic to come.

- **MEDLINE** (Many forms and access routes. Use the one you are comfortable with.)
- **Clinical Evidence** (Print and web-based)
- **Best Evidence** (Electronic compilation of ACP Journal Club and Best Evidence since 1991)
- **Cochrane Collaboration** (EBM database of RCT and SR diligently compiled.)
- **Librarian** (A wonderful resource at TCH. Don't substitute for your own leg-work all the time, however. Such good library support is not always available.)

Where not to go:

- **Textbooks** (They are already outdated for current information, but can be quite helpful in increasing your background (or basic) knowledge. Most web-based sites have textbook access as well.)
- **Journal Stacks** (You might get lucky, but you'll more likely waste a lot of time.)

"My students are dismayed when I say to them, 'Half of what you are taught as medical students will in 10 years have been shown to be wrong. And the trouble is none of your teachers know which half.'"
S Burwell, MD
Dean, Harvard Medical School