

## **Anatomy of a Clinical Inquiry**

*Submit a Word document using an 11- or 12-point font with the headings in **bold**.*

### **CI Number and Short title**

Eg, CI 51539: Prophylactic antibiotics for COPD exacerbations

**Authors** - Please list the following including credentials, email and institution:

Corresponding Author: XX

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Librarian co-author: XX

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Institution: XX Include the literature search date

Deputy Editor: XX

E-mail: XX (FPIN office staff will fill in once identified)

**Word Count** - Indicate the total number of words here. A count of 750 words, including references, is the goal. Approximate words in each section are listed below.

**CI Question:** Maintain the exact wording approved by the FPIN editors and that appears on your FPIN CI PREP form. Any modifications to the question must be approved by the Editor-in-Chief, and the librarian co-author must be notified.

### **Evidence-Based Answer (50-100 words)**

The EBA is the “bottom-line answer” to your question. It must answer your exact question. As the EBA is your conclusion despite appearing here at the top of the manuscript, you should likely write this section after writing the Evidence Summary (ES). It may consist of one or more parts (3-5 is common). Each part should be written as one sentence, followed by a Strength of Recommendation (SOR) of A, B, or C, followed by the reason for the designation (i.e.: SOR A, based on a well-done meta-analysis; or SOR C, based on pathophysiologic reasoning, case series and clinical opinion). The SOR should be derived from the Level of Evidence (LOE) or STEP table from the CEBM. Please see the CI instruction section “Determining LOEs (Steps) and SORs”.

Please try to write a firm (i.e. yes or no if possible), concisely quantified (i.e. NNT 100), and active voice Evidence-Based Answer.

### **Evidence Summary (300-350 words)**

This section should describe the evidence supporting each part of the Evidence-Based Answer (EBA) using the best available evidence. The Evidence Summary (ES) should consist of a sequence of paragraphs, each corresponding to a part of the EBA (usually in the same sequence). Each paragraph should describe the evidence sources supporting that part of the answer.

Describe the type of study, population evaluated, and present patient-oriented outcome data such as morbidity/mortality, functional status, pain, or quality of life (i.e. “Results”). Disease-oriented outcomes are appropriate if a question explicitly asks for such an outcome or the outcomes represent the best data. Please ensure each citation in the evidence summary associated with an evidence source is listed in your references.

When describing studies, please keep in mind the following three things: relevance, validity, and the magnitude of the outcome. Relevance includes characteristics about the study population or peculiarities of the action, intervention, or investigation that make it essential for primary care. Validity considers blinding, intention to treat, drop-out rate, sponsorship, and other aspects of the study that make it “believable” (or not!) to the reader. The magnitude of the outcome indicates how big or small the overall effect of the intervention was. Small outcomes may be statistically significant but clinically meaningless (e.g. a new antihypertensive medication that lowers the blood pressure by 1 mm Hg).

**DO NOT INCLUDE THE AUTHORS’ CONCLUSIONS, OPINIONS, OR YOUR OWN OPINIONS.** The conclusion of your clinical inquiry belongs in the EBA.

## **Table**

Please strongly consider putting the evidence into a table particularly if you are enumerating the results of three or more studies. In general, dense numeric data is easier to read and understand if it is in a tabular format.

Tables might contain columns detailing the following: 1) type of study; 2) number of subjects (the P in PICO); 3) action, investigation, or intervention (the I in PICO); 4) the comparison group (the C in PICO); and 5) the outcome (the O in PICO). The outcome will almost always be a number, with a measure of statistical significance (95% CI preferred) and units of measure. The table rows are dictated either by the first column (study type) or some other important distinction (such as intervention).

Please use the text to describe other things about the study such as relevance, validity, and limitations. Table footnotes can be used to describe abbreviations and if needed a clarification of the magnitude of the effect of the outcome (such as a description of the instrument and scale used to measure the outcome).

## **Recommendations from Others (75-125 words; OPTIONAL)**

Give recommendations from guidelines, consensus statements, or textbooks. Please cite your key reference in your reference list. Order of preference for recommendations:

- DHHS guidelines

- National Medical Society Guidelines
- National Advocacy Groups
- Frequently Updated and Well Referenced Electronic Knowledge Resources

Recommendations from others, while optional, is important when they are well-known or inconsistent with your ES or EBA.

### **References**

A maximum of 10 references should be adequate. Cite the references in the order in which they appear, not alphabetically. Format references according to AMA style. Cite the key original research articles from which the evidence is summarized, including meta-analyses. If more original research articles are summarized than ten, a review article citing those research articles may be cited; otherwise, do not cite review articles. In general, avoid reference citations in the Evidence-Based Answer section – the citations can be put in the Evidence Summary section. Each reference should have a Level of Evidence after it in parentheses. Identify references in text, tables, and legends by Arabic numerals, using a superscript. Do not use embedded footnotes.

Example of how a reference list should be formatted:

1. Raux H, Coulon P, Lafay F, Flamand A. A Monoclonal antibodies which recognize the acidic configuration of the rabies glycoprotein at the surface of the virion can be neutralizing. *Virology*.1995; 210(2)400–408. **[STEP 3]**