

CJEM Journal Club Information for Contributors – 24 April 2024

CJEM Journal Club is intended to provide a succinct assessment of recent cutting-edge articles for frontline emergency medicine clinicians. Submissions will be accepted from supervised Canadian EM residents, based on high-quality articles housed in the CJEM Journal Club online folder (<https://www.dropbox.com/sh/3nwfe0fwdewqrr7/AADwqi6jb46qoFVuQF3Ne166a?dl=0>). Authors must write to the CJEM Managing Editor (cjem@caep.ca) to “claim” an article. A title page, containing list of authors, affiliation, corresponding author, keywords based on the submission “key areas of interest” and word count must also be submitted. Refer to the example pdf contained in the dropbox folder.

Title: This will be the clinical question addressed in the study.

Author: This should include the author’s university and program affiliation. First author should be PGY-3 or greater and second author should be a supervising staff emergency physician.

Full Citation:

Abstract Link:

Article Type: Therapy, Diagnosis, Systematic Review, Other Observational

Ratings: *Methods* – 1 to 5 *Usefulness* – 1 to 5

Both are intended to be pragmatic scores whereby a “1” is the worst possible and “5” is the best possible. “Methods” refers to the methodological rigour of the study and “Usefulness” refers to the degree to which the findings can be incorporated into clinical practice.

Methods

5 - well designed to answer research question with no threats to validity

4 - well designed to answer research question with some threats to validity unlikely to substantially impact outcome

3 - well designed to answer research question with some threats to validity that may impact outcome

2 - design not ideal for research question or major threats to validity that probably impacted outcome

1 - design not ideal for research question and major threats to validity that probably impacted outcome

Usefulness

5 - major practice-changing article

4 - definitely useful to your practice

3 - might be useful

2 - not useful

1 - not useful, could be harmful

Introduction: *Background, Objectives (maximum 50 words)*

Structured Methods: *Design, Setting, Subjects, Intervention, Outcomes (maximum 100 words)*

Main Results: Either a single paragraph with only the main results or a simple table. Give proportions, ARR, NNT, sensitivity, specificity as appropriate; provide 95% CIs. (*maximum 150 words*)

Appraisal: *Strengths, Limitations.* Using the JAMA guidelines, authors should perform a critical appraisal appropriate for the type of article, i.e. therapy, diagnosis, systematic review, or observational. (*maximum 150 words provided as bullets*)

Context: 2-3 sentences on major relevant papers. Another 2 sentences on the opinions of local experts (e.g. cardiology, infectious disease, trauma surgery) as to their impression of the study and their advice for ED physicians. (*maximum 100 words*)

Bottom Line: A single paragraph summarizing major strengths and weaknesses and implications for emergency medicine practice. (*maximum 100 words*)

References: Maximum 3