Navigating the Path to Clinical Research
Ben Adaman, SLP and Colleen Braun-Janzen, SLP

Follow the Links Below for the Online Version of this Presentation

Key Attributes of Quality When Considering the Re-Use of Clinical Data for Research

1. Correctness
   - Complete
   - Accurate
   - Legible
   - Avoidance of abbreviations, jargon
   - Current—are the data documented at the time the intervention occurs?
   - Use of free text allows for information that does not fit into structured fields to be accurately recorded.

2. Credibility
   - Patient centered
     i. Are the right assessments being used to measure a client’s status?
     ii. Have instructions been provided in the patient’s primary language?
     iii. Are accurate inferences possible?
   - Use of objective data
   - Do the data guide clinical decision-making?
   - Verifiable – is the information original, reliable, attributable?
   - Use of standardized validated protocols

3. Consistency
   - Internal—is there discrepancy of information on the same chart?
   - External—data consistent with other sources?
   - Consistent vocabulary, medical coding, international classifications of diseases
   - Standardized data entry, fields, structured data sets
   - Standardized protocols
   - Structured data preferable for analysis than free text (forced fields, coded data, quantitative measures)

4. Accessibility
   - Is the information easy to read and process?
   - Is the information easy to find?
   - Are data placed in a consistent place in the chart?
   - Specificity—is only data required for the intended purpose displayed? (absence of extraneous information)
   - Compact—is a large amount of information available “at a glance”? (Grids, charts, graphs may be more accessible than narrative.)
   - Relevance—are the data applicable to the purpose intended?
Navigating the Path to Clinical Research  
Ben Adaman, SLP and Colleen Braun-Janzen, SLP

Preparing for Research: 5 Steps to Front Line Staff Participation

2. **Talk to Manager** – Discuss research idea, potential time commitment, costs, and potential implications for core responsibilities.
4. **Ethics Approval**
   a. Each research group must include at least one person who has completed the ethics course here: [http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/](http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/)
   b. Details on requirements for ethics submission (U of M Bannatyne campus) are here: [http://umanitoba.ca/faculties/medicine/ethics/2688.html](http://umanitoba.ca/faculties/medicine/ethics/2688.html).
   c. Ethics review for most nursing and social work related research is conducted at the Fort Garry Campus. Details are here: [http://umanitoba.ca/research/orc/ethics/human_ethics_REB_forms_guidelines.html](http://umanitoba.ca/research/orc/ethics/human_ethics_REB_forms_guidelines.html).
5. **Site Approval**
   a. See Deer Lodge Centre website for details: [http://www.deerlodge.mb.ca/research.html](http://www.deerlodge.mb.ca/research.html).

Highlights from the Literature on Clinical Documentation and Research

*The main purpose of documentation should be to support patient care and improved outcomes... documentation for other purposes should be a byproduct of care delivery. (Cusack et al, 2011)*

*Electronic health records with well-designed, structured data sets balanced with clinical narrative could help accelerate research and facilitate better care... (Barr, M.S., 2013)*

*Electronic health records should be used as a tool to support clinical curiosity and critical thinking rather than simply to expedite clinically meaningless documentation. (Barr, M.S., 2013)*

*It is generally accepted that, as a result of differences in priorities between clinical and research settings, clinical data are not recorded with the same care as research data. (Weiskopf & Weng, 2013)*

*Coding of clinical data is the conduit to consistent and standardized retrieval of medical conditions/information. (Nair, G.J., 2013)*

Sources:


