

Appendix C. Screening Forms

Abstract Screen (Include)

DistillerSR

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Sydney.Dy

Project End-of-Life Care (Switch) User hopkins.admin (My Settings)
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Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.

Rethnam U, Yesupalan RS, Sinha A.

BACKGROUND: Skateboarding has been a popular sport among teenagers even with its attendant associated risks. The literature is packed with articles regarding the perils of skateboards. Is the skateboard as dangerous as has been portrayed?

METHODS: This was a retrospective study conducted over a 5 year period. All skateboard related injuries seen in the Orthopaedic unit were identified and data collated on patient demographics, mechanism & location of injury, annual incidence, type of injury, treatment needed including hospitalisation.

RESULTS: We encountered 50 patients with skateboard related injuries. Most patients were males and under the age of 15. The annual incidence has remained low at about 10. The upper limb was predominantly involved with most injuries being fractures. Most injuries occurred during summer. The commonest treatment modality was plaster immobilisation. The distal radius was the commonest bone to be fractured. There were no head & neck injuries, open fractures or injuries requiring surgical intervention.

CONCLUSION: Despite its negative image among the medical fraternity, the skateboard does not appear to be a dangerous sport with a low incidence and injuries encountered being not severe. Skateboarding should be restricted to supervised skateboard parks and skateboarders should wear protective gear. These measures would reduce the number of skateboarders injured in motor vehicle collisions, reduce the personal injuries among skateboarders, and reduce the number of pedestrians injured in collisions with skateboarders.

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KEY QUESTIONS

1. What is the evidence for the effectiveness of quality improvement interventions for key targets and settings relevant to palliative and end-of-life care?
 - a) Specific targets: What is the effectiveness for processes and outcomes for pain; communication; continuity, coordination, and transitions; and patient and family distress, in palliative and end-of-life populations?
 - b) Specific settings: What is the effectiveness for quality improvement interventions in any domain within hospice programs and in nursing homes?
2. What is the evidence for different quality improvement models for improving palliative and end-of-life care in the domains of pain and communication?
 - a) What is the evidence for different types of quality improvement interventions?
 - b) What is the evidence for different models in palliative care: structural, integrative, compared with consultative?

1. Does this apply to any of the key questions?

No (identify "exclusion criteria") Yes

3. Inclusion

- Systematic review (a literature review focused on a research question that tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question)
- Other accepted study design
- Clear Response
- Unclear: no abstract, or cannot determine eligibility from abstract alone

4. Comment

Framework: <https://systematic-review.net/Generic/getAttachment.php?id=1>

EXCLUDE:

- If the study is evaluating an INTERVENTION that is clearly a THERAPY - such as art therapy or cognitive-behavioral therapy, or a support group - as a therapy in one group of patients compared to another, it is **not a QI intervention** but a therapeutic intervention
- Some of these studies do get tricky, if it is trying to integrate more psychosocial support into health care, or if there seems to be a patient education/reminder/ data collection component (such as distress screening), **we may need to look at the full article to sort out if this is a QI or therapy intervention**. If you're not sure, just mark as "unclear" - see below where I have tailored the types of QI interventions somewhat to this field - will need to continue to work on this
- Studies on SCREENING, PREVENTION, or CANCER CONTROL
- QUALITATIVE studies
- CHRONIC NON-CANCER PAIN
- FOCUS GROUPS and usually SURVEY, esp if there is no intervention
- Advanced directive/care planning intervention but **not in a palliative care population**

INCLUDE:

- Studies addressing lung, ovarian, hepatic or pancreatic cancers are generally addressing end-of-life or palliative care
- ADVANCE CARE planning addressing palliative and end-of-life care
- SYSTEMATIC REVIEWS: only include if they 1) address QI, and 2) if they state "systematic review" in the abstract
- SYMPTOM SCREENING, SYSTEMATIC ASSESSMENT are QI
- "NONPHARMACOLOGICAL" and "PSYCHOEDUCATIONAL" **can be QI** - should usually include: could be patient education, which is QI (include if it appears that there's a patient education component)
- QUANTITATIVE results
- Studies MUST have a control group to be an included intervention. A cohort study in a population (same group of patients) is NOT included (e.g., measuring pain in a group of patients before and after a pain education intervention); the only pre-post studies are where the patients are different pre and post (such as an intervention in a hospital).

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