Evidence-based Medicine Open Seminar

"Building and Using Evidence"

1. Time and place

Time: 13:30 – 16:00 Place: University Library

2. Target

This seminar is open to physicians and university faculty who are interested in EBM.

**Participants of the Course VI-1 are welcome to bring their friends and colleagues.*

3. Presentations

1. Evidence in global health policy and programs

   Rebecca Schoon, Oregon State University

2. Building evidence in community

   Tran Tuan, Research and Training Center for Community Development

3. Reference management for the literature review and scientific writing

   Le Cu Linh, Hanoi School of Public Health

** All presentations are in Vietnamese or with Vietnamese translation.*

4. Schedule

Opening

13:40-14:40 Evidence in global health

14:40-15:20 Building evidence in community

15:20-16:00 Reference management

Closing

EVIDENCE IN GLOBAL HEALTH POLICY AND PROGRAMS

Rebecca Schoon, MPH, PhD Candidate
Chunhuei Chi, ScD
Leslie Corless, MPH

Oregon State University | Center for Global Health

OSU
Oregon State
UNIVERSITY

Oregon State University

College of Public Health and Human Sciences

Center for Global Health

"An important factor that can help [Vietnam's] health system…is the availability and quality of information on which decisions are based.

…scientific evidence on health is crucial for policy changes and interventions and, when the evidence is compelling, actions toward better health and health care should be taken."

Hinh, N.D. and Ming, H.V. (2013). Public health in Vietnam: scientific evidence for policy changes and interventions. *Global Health Action*, 6*: 20443*

Role of Evidence in Global Health

- Evidence-Based Medicine originally for clinical practice yet the concept is now applied to public health policy
- Scarce resources vs. competing health needs
  - Health care opportunity costs → constant pressure to demonstrate better results and justify spending.
- Data can influence government policies, hospital administration, societal opinion, etc.

Critical Areas of influence

- Priority setting and resource allocation
  - Primary Health Care, infectious/chronic diseases
  - Equity/Access to care
  - Population prioritization
- Program design
  - Best practices
- Evaluation
  - Is the program/policy working? Is intervention having the desired effect?
  - Is the program/policy worth implementing?

A Changing Landscape

- Research questions change over time
  - As population demographics, economics, technologies change, so do health priorities
- *What kinds of health challenges are occurring today?*
- *How will that change over the next 10 years?*
- *What kinds of epidemiological research can investigate these trends and better prepare our health systems for current and future needs?*

Evidence-based decision-making

Vietnam (Hinh & Ming 2013)

- High life expectancy
- 1990-2009:
  - Infant mortality rate 44.4% →16%
  - Under-5 mortality rate 58% → 24.5%
  - Maternal Mortality Ratio 233/100,000 births → 69/100,000

Attributed to: health care delivery network, increasing numbers of qualified health workers and national public health programs

Yet equity/access, non-communicable and infectious diseases, health system infrastructure will require growing focus

Examples from the literature

- **Public health services use in a mountainous area, Vietnam: implications for health policy (2002)**

  NV Toan, LN Trong, B Hojer, and LA Persson

  - Research questions:
    - What are the determinants of public health service utilization?
    - Are these determinants different in mountainous regions?
    - How have policies exempting patients from user-fees been implemented? Are they working to increase access to care?
  - Cross-sectional design
  - Analysis: "Long distances in combination with failure of the fee exemption may increase inequity in use of health services in remote and isolated areas"

Examples from the literature

- **Ethnic minority health in Vietnam: a review exposing horizontal inequity (2013)**

  M Målqvist, DTP Hoa, NT Liem, A Thorson, and S Thomsen

  - Hypothesis: ethnicity is a significant, yet overlooked, variable in determining health equity
  - Meta-analysis (systematic literature review)
  - Analysis: "Awareness of ethnicity as a determinant of health, not only as a covariate of poverty or living area, needs to be improved, and research needs to be designed with this in mind"

Evidence in Context

Evidence is one component of policy-making

- Institutions
- Interests
- Incidents
- Ideas ← *evidence*

Evidence is a necessary but not sufficient condition for improved health policies and programs

Researchers/practitioners have an important role in informing policymakers through introducing and explaining data

"Success of interventions depends on local feasibility, acceptability, and fit with context—and hence on informed, shared decision making with and by local communities, using summaries and visualisations of population level metrics."

Greenhalgh, Howick & Maskrey 2011

Evidence based medicine: a movement in crisis?

Local relevance & fit

"Success of interventions depends on local feasibility, acceptability, and fit with context—and hence on informed, shared decision making with and by local communities, using summaries and visualisations of population level metrics."

Greenhalgh, Howick & Maskrey 2011

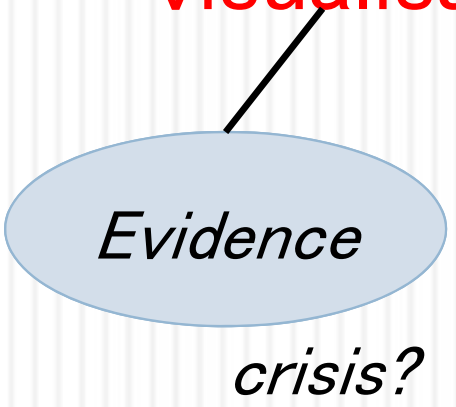
Evidence based medicine: a movement in crisis?

"Success of interventions depends on local feasibility, acceptability, and fit with context—and hence on informed, shared decision making with and by local communities, using summaries and visualisations of population level metrics."

Greenhalgh, Howick & Maskrey 2011
Evidence based medicine: a movement in

Participation of impacted communities

"Success of interventions depends on local feasibility, acceptability, and fit with context—and hence on informed, shared decision making with and by local communities, using summaries and visualisations of population level metrics."



Greenhalgh, Howick & Maskrey 2011
Evidence based medicine: a movement in

References

- Greenhalgh, T., Howick, J. & Maskrey, N. (2014). Evidence based medicine: a movement in crisis? *British Medical Journal, 348(g3725), 1–7.*
- Hinh, N.D. & Ming, H.V. (2013). Public health in Vietnam: scientific evidence for policy changes and interventions. *Global Health Action*, 6*:20443*
- Toan, N.V., Trong, L.N., Hojer, B., & Persson L.A. (2002). Public health services use in a mountainous area, Vietnam: implications for health policy.
- Målqvist M., Hoa, D.T.P., Liem, N.T., Thorson, A., & Thomsen, S. (2013). Ethnic minority health in Vietnam: a review exposing horizontal inequity. *Global Health Action*, 6(19803), 1–19.

Epidemiological Research Training Course VI - 1
August 3-7, 2014
University of Medicine and Pharmacy
Ho Chi Minh City, Vietnam

Building evidence in community

Tran Tuan MD; PhD

Director, Research and Training Centre for Community Development (RTCCD) &

Chairman, Evidence-Based Health Policy Development Coalition (EBHPD) Standing Committee

Content

1. "Community"- from Epidemiological researchers' perspective
   a. Epidemiological research?
   b. Community environment & clinical environment?

2. Building evidence in community?
   a. Differences in Building research team and launching an epidemiological research in community and in hospital settings?
   b. Relationships between "community" and epidemiological research?
   c. Case study from Hanam field lab

3. Epidemiological research evidence and health policy advocacy
   a. From epidemiological research on depression and anxiety to intervention on comprehensive children development and health insurance scheme for mother and children in Vietnam
   b. Research on health consequences of asbestos and policy debate in Vietnam
   c. Revised Law on child care, protection and education in 2015: needs for evidences from clinical and field epidemiology research in Vietnam

1. Community and epidemiological research

a. The purpose of epidemiology
   - Estimating and explaining differences between communities in health and diseases.
   - Providing scientific knowledge /evidence for building:
     - Health care system &
     - Health policy
   - The objective is to create social change -> evidence for policy advocacy

b. "Community" environment and "clinical" environment?
   - Clinical?
   - Community?
     - Organization: government, civil society
     - Community health
     - Positive and negative factors

2. Building evidence in community

a. What is the difference between launching an epidemiological research in community and in clinical environment?
   - Collection of information
   - Research design
   - Team organization
   - Data management
   - Result analysis

b. The relationship between “Community” and epidemiological research?
   - Community: subject for epidemiological research
   - Community: subject using epidemiological research result
   - Who benefits from the epidemiological research result?
   - Exploit the research result: The research on the harmful effects of asbestos on workers’ health in Vietnam”

c. Case study from field lab in Hanam
   - Professional research team
   - Transparency, accountability and funding

3. Evidence from epidemiological research and health policy advocacy

a. From epidemiological research on maternal and child health care to intervention on comprehensive child development and health insurance in Vietnam

→ *Good community research leads to a good policy*

b. Research on harmful effects of asbestos and policy debate on using asbestos in Vietnam

→ *Biased research leads to bad policy*

c. Revised Law on Child care. protection and educations in 2015: : needs for evidences from clinical and field epidemiology research in Vietnam

→ *The needs to analyze case-study from clinical environment and community settings*

Lessons

- Epidemiology is to provide methods to help identify the source of errors in clinical and public health research.
- The researchers who master on epidemiological methods will be able to critically review a research report or publication to identify and weight scientific evidence for using in public health policy development
- A poor, biased research not only could not identify right answers for the proposed objectives, but also brings chances for some groups to develop policy decisions that will bring harmful to community health
- Building evidence for public health care activities is not only to do epidemiological research to find new evidence and to publish scientific papers. In the case of Vietnam, it is necessary that the researchers use epidemiological knowledge to analyze the “evidence” that is used by policy makers.
- If we want to have good research evidence from the community, we should build taskforces and professional epidemiological research team at community context.

References

Amiang (Asbestos)

1. http://nld.com.vn/thoi-su-trong-nuoc/amiang-biet-doc-van-dung-the-gioi-cam-tu-lau-20140728220417248.htm
2. http://ytevidan-ebhpd.blogspot.com/2014/07/vat-lieu-xay-dung-amiang-nhung-quan-iem.html
3. http://ytevidan-ebhpd.blogspot.com/2014/06/lam-dung-quy-bao-hiem-y-te-phong-chong.html

Maternal and Child Health community based research:

1. Tran TD, Tran T, Simpson JA, Tran HT, Nguyen TT, Hanieh S, Dwyer T, Biggs BA, Fisher J. Infant motor development in rural Vietnam and intrauterine exposures to anemia, iron deficiency and common mental disorders: A prospective community-based study. *BMC Pregnancy and Childbirth* 2014, **14**:8
2. Tran TD, Biggs BA, Tran T, Simpson JA, Cabral de Mello M, Hanieh S, Nguyen TT, Dwyer T, Fisher J. Perinatal common mental disorders among women and the social and emotional development of their infants in rural Vietnam. *Journal of Affective Disorders* 2014; 160:104–112.
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Seeking research evidence for revised law on child rights 2015:

https://drive.google.com/folderview?id=0BxOyFAs1Tg04LW1LLWlVNmtaN2c&usp=sharing

1. Committee on the Rights of the Child, Sixtieth session29 May–15 June 2012: Consideration of reports submitted by States parties under article 44 of the Convention- Concluding observations: Viet Nam
2. Convention on Child Rights, Child Rights Committee, 60th Session From 29 May to 15 June 2012- Review reports submitted by Vietnam under Article 44 of the Convention-Conclusion from observation Vietnam (Công ước về quyền trẻ em Ủy ban về quyền trẻ em, Phiên họp thứ 60 Từ ngày 29/5 đến 15/6/2012- Xem xét báo cáo do Việt Nam đệ trình theo điều 44 của Công ước- Kết luận quan sát Việt Nam)
3. DRAFT LAW ON CHILDREN (Version 28 April 2014)

Epidemiological Research Training Course VI - 1
August 3-7, 2014
University of Medicine and Pharmacy
Ho Chi Minh City, Vietnam

Building evidence in community

Tạo lập bằng chứng nghiên cứu từ cộng đồng

Tran Tuan MD; PhD

Director, Research and Training Centre for Community Development (RTCCD) &

Chairman, Evidence-Based Health Policy Development Coalition (EBHPD) Standing Committee

Nội dung

1. “Community”- “Cộng đồng” từ góc nhìn của nhà nghiên cứu dịch tễ học
   a. Nghiên cứu dịch tễ học?
   b. Môi trường cộng đồng & môi trường lâm sàng?

2. Tạo lập bằng chứng nghiên cứu từ cộng đồng?
   a. Xây dựng cơ sở nghiên cứu dịch tễ học tại cộng đồng & tại bệnh viện?
   b. Mối quan hệ giữa cộng đồng và nghiên cứu dịch tễ học?
   c. Bài học cơ sở nghiên cứu thực địa Hà nam

3. Bằng chứng nghiên cứu dịch tễ học và vận động chính sách y tế
   a. Từ nghiên cứu dịch tễ học trầm cảm, lo âu tới can thiệp phát tiriển trẻ toàn diện và Bảo hiểm y tế
   b. Nghiên cứu tác hại của Amiang và tranh cãi chính sách
   c. Luật bảo vệ chăm sóc và giáo dục trẻ em: những vấn đề đặt ra cho nghiên cứu lâm sàng và dịch tễ học

1. Cộng đồng và nghiên cứu dịch tễ học

a. Dịch tễ học phục vụ cho mục tiêu gì?
   - Đi tìm sự khác biệt trong cộng đồng về bệnh tật/sức khỏe
   - Hiểu biết khoa học
     - chăm sóc sức khỏe &
     - chăm sóc y tế
   - Đích đến tạo sự thay đổi xã hội→ bằng chứng để vận động chính sách

b. Môi trường "công đồng" và môi trường "lâm sàng" ?
   - Lâm sàng?
   - Cộng đồng?
     - Có tổ chức: chính phủ, xã hội dân sự
     - Sức khỏe cộng đồng
     - Yếu tố tích cực, tiêu cực

2. Tạo lập bằng chứng nghiên cứu từ cộng đồng

a. Xây dựng cơ sở nghiên cứu dịch tễ học trong cộng đồng khác gì với trong môi trường bệnh viện?
   - Thông tin thu thập?
   - Thiết kế nghiên cứu?
   - Tổ chức đội ngũ?
   - Quản lý số liệu
   - Phân tích kết quả?

b. Mối quan hệ qua lại giữa "Cộng đồng" & nghiên cứu DTH?
   - Cộng đồng: Đối tượng nghiên cứu dịch tễ học
   - Cộng đồng: đối tượng sử dụng kết quả nghiên cứu dịch tễ học
   - Ai hưởng lợi từ kết quả nghiên cứu dịch tễ học?
   - khai thác kết quả nghiên cứu: Câu chuyện "nghiên cứu tác hại của Amiang trên sức khỏe người lao động ở Việt nam"

c. Bài học cơ sở nghiên cứu thực địa Hà nam
   - Đội ngũ nghiên cứu viên chuyên nghiệp
   - Minh bạch, trách nhiệm, kinh phí

3. Vận động chính sách y tế và bằng chứng nghiên cứu dịch tễ học

a. Từ nghiên cứu dịch tễ học sức khỏe bà mẹ trẻ em tới can thiệp phát triển trẻ toàn diện và Bảo hiểm y tế

→ *Nghiên cứu cộng đồng tốt dẫn đường cho chính sách tốt*

b. Nghiên cứu tác hại của Amiang và tranh cãi chính sách sử dụng amiang ở Việt nam

→ *Nghiên cứu tồi là chỗ dựa cho chính sách có hại*

c. Luật bảo vệ chăm sóc và giáo dục trẻ em: những vấn đề đặt ra cho nghiên cứu lâm sàng và dịch tễ học

→ *Nhu cầu phân tích case-study từ lâm sàng và cộng đồng*

Bài học rút ra

- Dịch tễ học, là cung cấp phương pháp giúp nhận ra nguồn gốc của sai số trong nghiên cứu sức khỏe cộng đồng.
- Người làm nghiên cứu làm chủ được phương pháp dịch tễ học, sẽ có khả năng đọc ra được đâu là nghiên cứu có độ tin cậy đạt yêu cầu cung cấp bằng chứng khoa học cho công tác phát triển chính sách chăm sóc sức khỏe cộng đồng
- Một nghiên cứu tồi không chỉ dừng lại ở việc không tìm ra sự thật khách quan, mà tai hại hơn, đưa lại nguy cơ làm chỗ dựa cho những nhóm lợi ích đưa ra các chỉ định có hại cho sức khỏe cộng đồng.
- Xây dựng bằng chứng cho hành động chăm sóc sức khỏe cộng đồng, không chỉ dừng lại ở nghiên cứu dịch tễ học tìm bằng chứng mới và xuất bản bài báo khoa học . Trong điều kiện của Việt nam, rất cần các nghiên cứu sử dụng kiến thức dịch tễ học để phân tích các “bằng chứng” đang được các nhà hoạch định chính sách sử dụng.
- Muốn có bằng chứng nghiên cứu từ cộng đồng tốt, phải xây dựng lực lượng , cơ sở nghiên cứu dịch tễ học chuyên nghiệp

Tài liệu tham khảo

Amiang (Asbestos)

1. http://nld.com.vn/thoi-su-trong-nuoc/amiang-biet-doc-van-dung-the-gioi-cam-tu-lau-20140728220417248.htm
2. http://ytevidan-ebhpd.blogspot.com/2014/07/vat-lieu-xay-dung-amiang-nhung-quan-iem.html
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3. DỰ THẢO LUẬT TRẺ EM (Phiên bản 28/4/2014)

REFERENCE MANAGEMENT for the LITERATURE REVIEW and SCIENTIFIC WRITING

EBM Open Seminar
"Building and Using Evidence"

Linh Cu Le, MD., PhD.

Presentation outline

- Steps in Literature Review (recap)
- EndNote as the tool for reference management (with demonstration)

2

LITERATURE REVIEW

1. Why do we need literature review (recap)
2. Perform search for information / literature
3. Sort and manage the literature
4. Use the information collected to write the literature review (or other scientific writing)

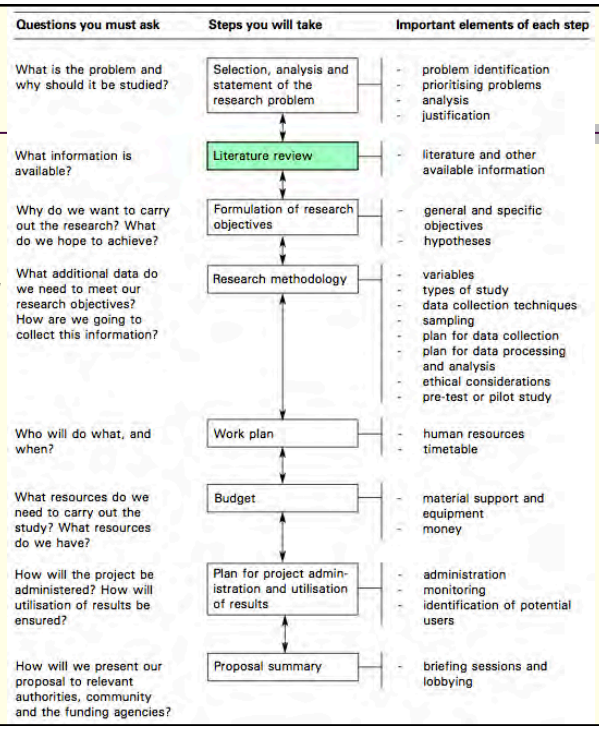
3

1. Why do we need to review

- Not to duplicate works that were done before.
- To find out what others have learned and reported on the problem we want to study (this assists us in refining statement of the problem).
- To become more familiar with the various research approaches / methods
- To provide more arguments for why our particular research project is needed

4

Literature review is one step of the whole process



Questions you must ask	Steps you will take	Important elements of each step
What is the problem and why should it be studied?	Selection, analysis and statement of the research problem	- problem identification - prioritising problems - analysis - justification
What information is available?	Literature review	- literature and other available information
Why do we want to carry out the research? What do we hope to achieve?	Formulation of research objectives	- general and specific objectives - hypotheses
What additional data do we need to meet our research objectives? How are we going to collect this information?	Research methodology	- variables - types of study - data collection techniques - sampling - plan for data collection - plan for data processing and analysis - ethical considerations - pre-test or pilot study
Who will do what, and when?	Work plan	- human resources - timetable
What resources do we need to carry out the study? What resources do we have?	Budget	- material support and equipment - money
How will the project be administered? How will utilisation of results be ensured?	Plan for project administration and utilisation of results	- administration - monitoring - identification of potential users
How will we present our proposal to relevant authorities, community and the funding agencies?	Proposal summary	- briefing sessions and lobbying

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2. Perform search for information

- Possible sources of information:
  - from individuals, groups, organisations, mass-media,
  - published information (books, articles, indexes, abstract journal, and papers in different format - especially the Internet).
  - unpublished information (grey literature): research proposals, project reports, computer data bases, internally-circulated sources, etc.

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2. Perform search for information

- Possible sources of information: could be found at all level (commnity / grassroot level, district, state, national or international level).
- Information / literature collection may require individual contact/ connections (especially “grey literature”)
- Try first with electronic sources

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2. Perform search for information

- For electronic sources: Internet is the primary source:
  - simple “google search”
  - website of government agencies, research institutes, UN and international orgranisations (WB, UNDP, UNICEF, UNFPA, PRB, etc.)
  - professional databases of international journals and publishers

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2. Perform search for information

- For electronic sources: need to develop a strategy with key words and scope.
  - Key words could be the topic, terminology related to the theme, research objectives, hypothesis
  - May search the author name as well.
  - Use operators: AND, OR, NOT

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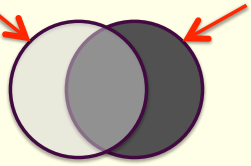
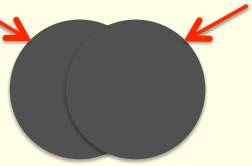
2. Perform search for information

nursing Vietnam

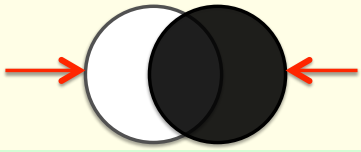


nursing AND Vietnam

nursing OR doctor



health staff nurse



health staff NOT nurse

10

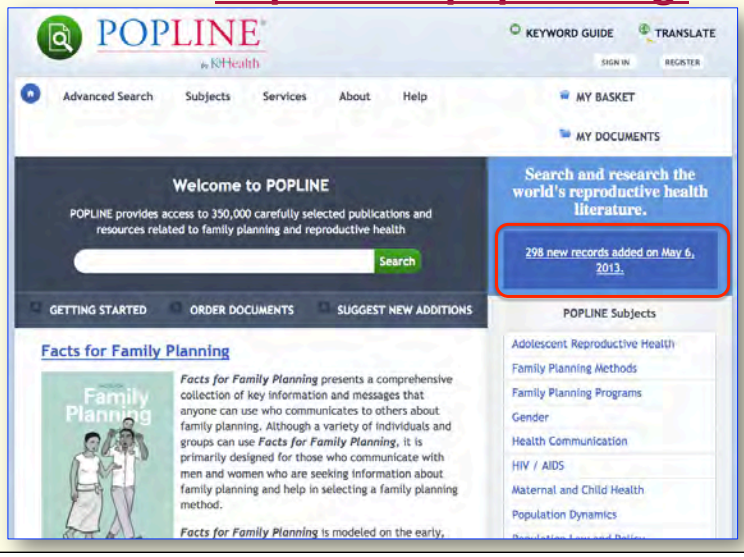
2. Perform search: online resources

- **PubMed: http://www.ncbi.nlm.nih.gov/pubmed**

11

2. Perform search: online resources

- POPLINE: **http://www.popline.org/**



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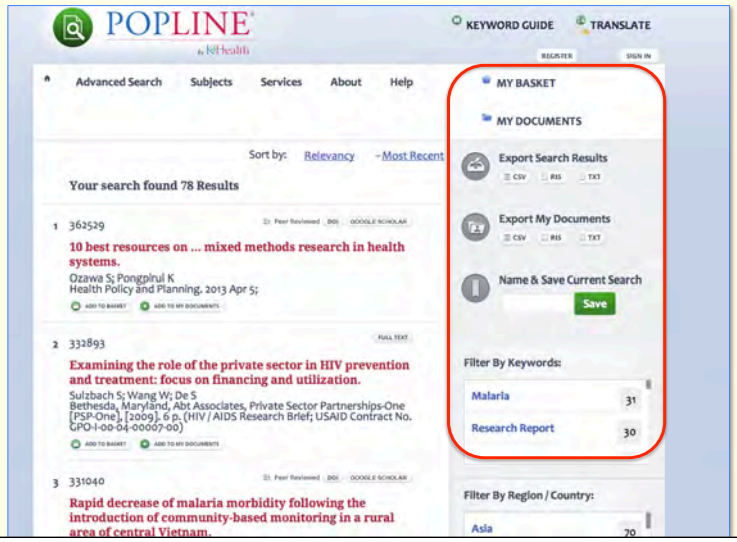
2. Perform search: online resources

- Provide free “scanned PDF” fulltext copy

13

2. Perform search: online resources

- example: **malaria AND Vietnam**



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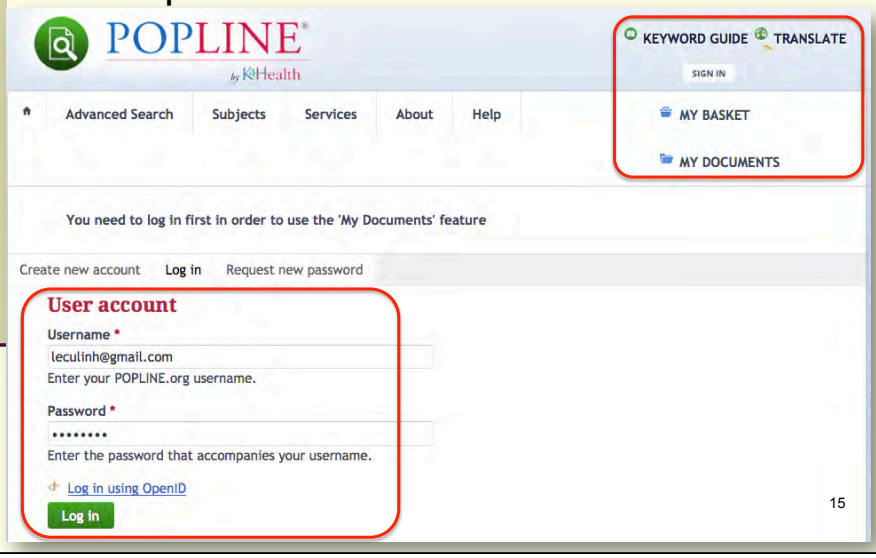
2. Perform search: online resources

- example: **malaria AND India**



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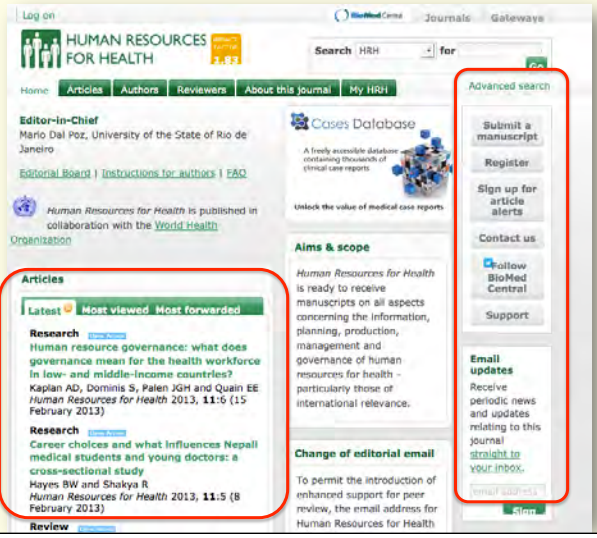
2. Perform search: online resources

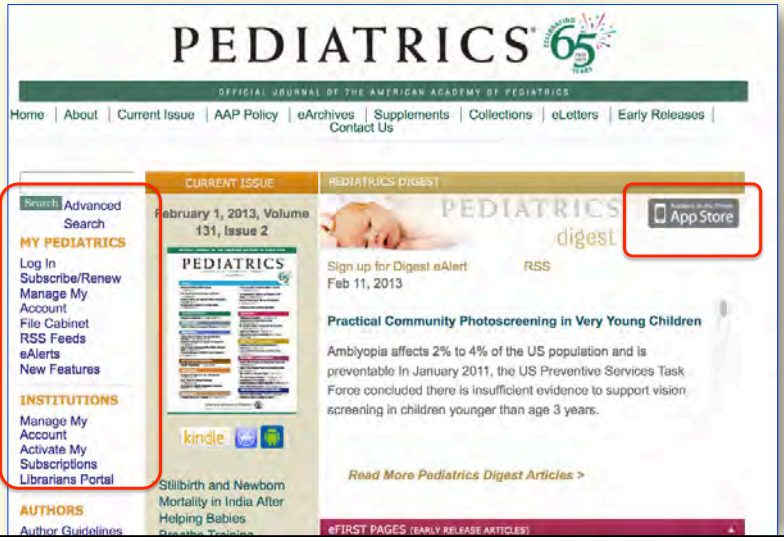
- http://www.human-resources-health.com/



16

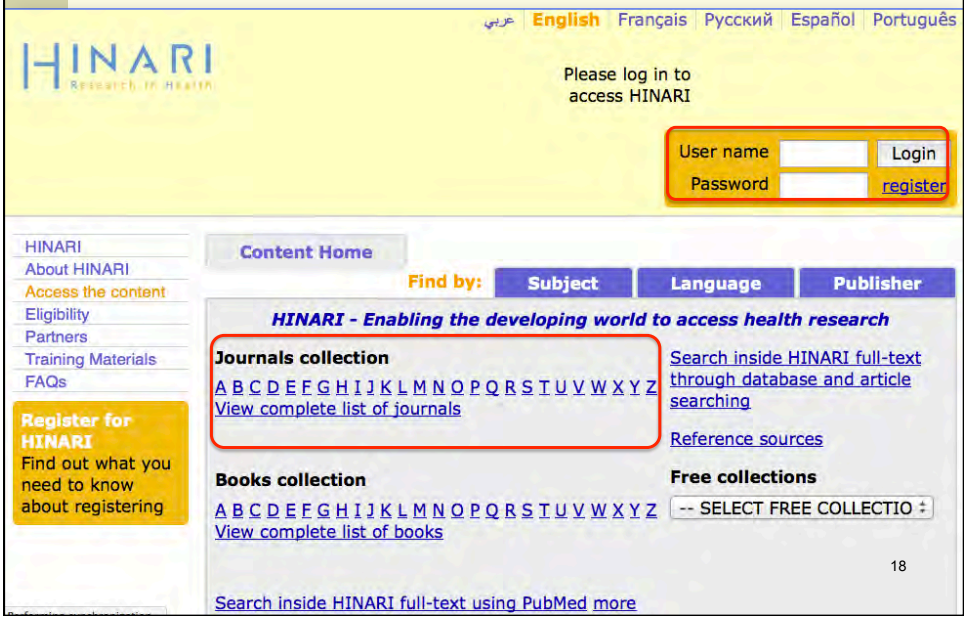
2. Perform search: online resources

- http://pediatrics.aappublications.org/



17

HINARI: http://extranet.who.int/hinari



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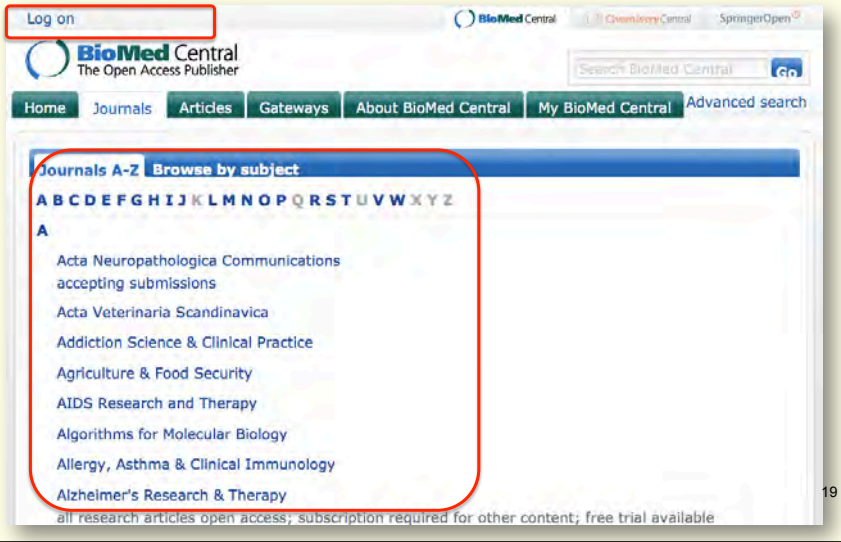
BMC: http://www.biomedcentral.com/journals



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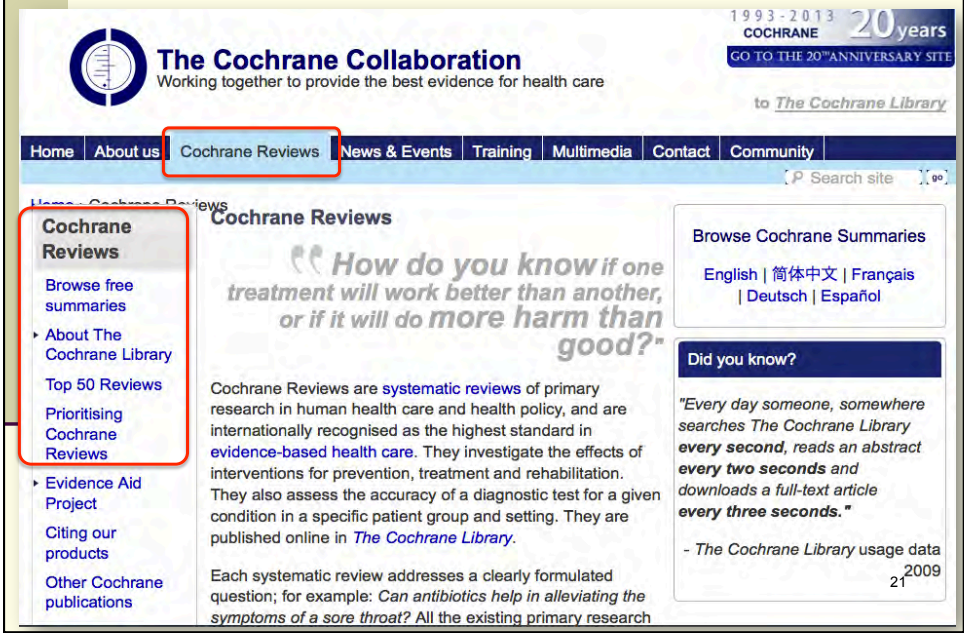
Health Policy and Planning: http://heapol.oxfordjournals.org

20

Cochrane library: http://www.cochrane.org/



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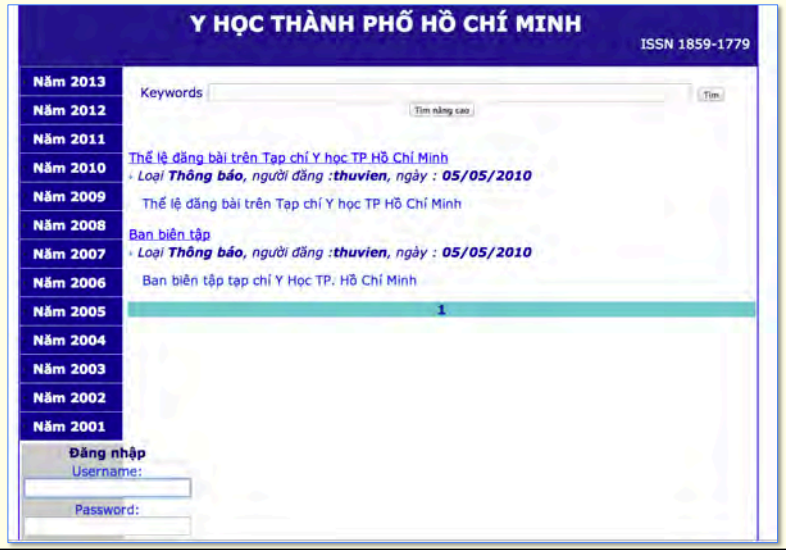
In-country resources:

http://moodle.yds.edu.vn/tcyh/



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3. Sort and manage the literature

- For electronic sources: need to "***export***" the information in the proper format
- For other sources: need to key-in and store in one place with electronic information.
- Need to compile them into a "library" of literature for later use (in writing)
- Software/tools is needed

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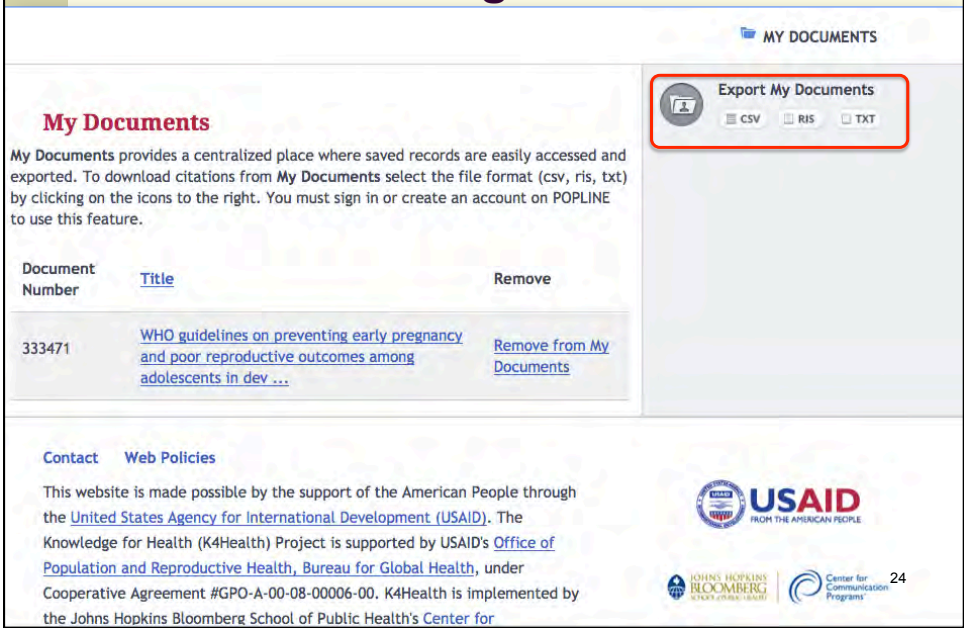
3. Sort and manage the literature



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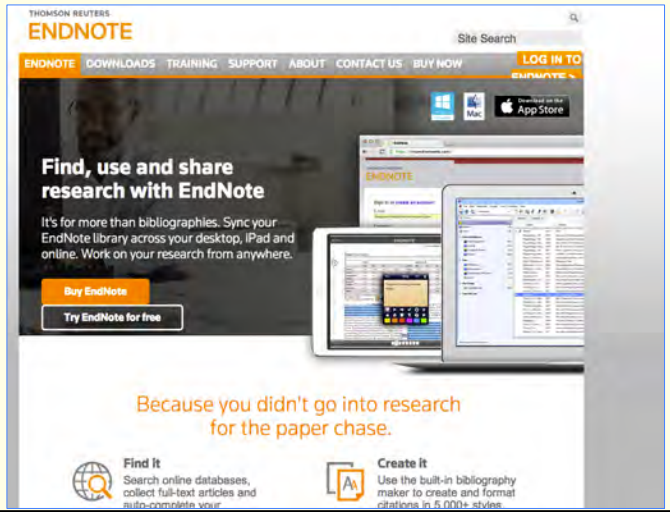
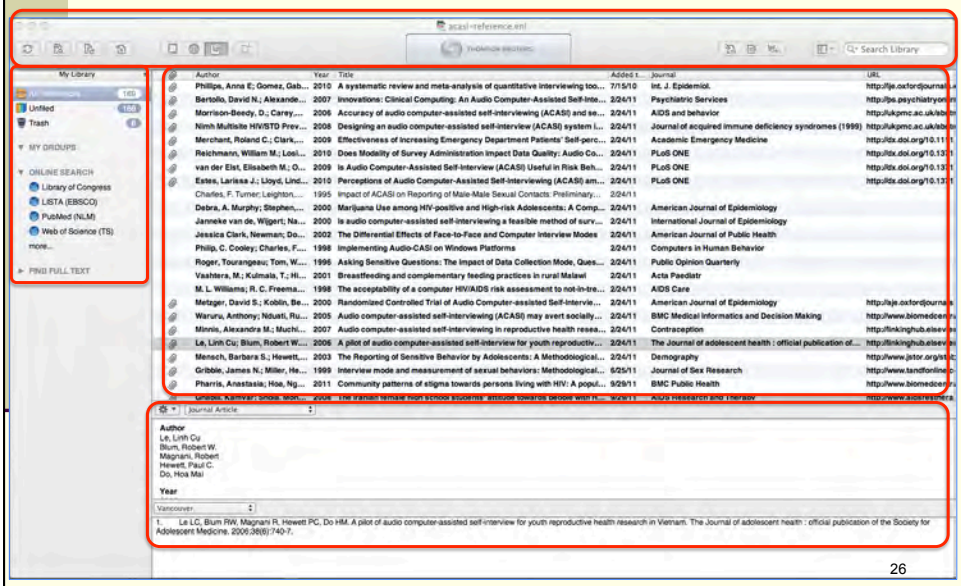
3. Sort and manage the literature

- ENDNOTE: **http://endnote.com**



25

3. Sort and manage the literature



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3. Sort and manage the literature

- Tool like ENDNOTE helps us to:
  - Extract/ export/ import the literature as reference
  - Store them in a “library”
  - Manage, and use that library in writing, searching more references
  - MOST importantly: properly formatting our references and citation during the writing.

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4. write the “literature review”

- Several steps:
  - Read those documents/ literature that we collected
  - Sort them by the relevance and importance
  - Prepare draft of the literature review. We should refer the the “tree” of problem analysis
  - Insert reference during writing

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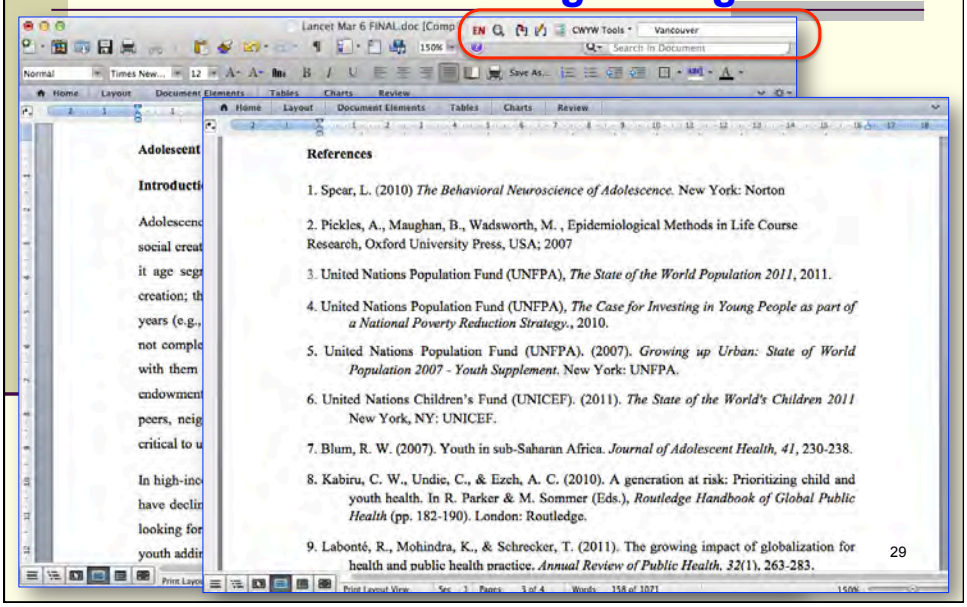
4. write the “literature review”

- **Insert reference during writing**



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4. write the “literature review”

- Insert reference following **Vancourver** ("author-number”) system, **Harvard** style (author year) or **APA** style (very similar to Harvard)
- In the ***Harvard*** system, the author's surname and year of publication are **cited** in the text.
  - For explample: in-text citation:
    "An effective structure is important" (Redman, 2006, p. 22)
  - and in the reference list (at the end):
    Redman, P., 2006. *Good essay writing: a social sciences guide*. 3rd ed. London: Open University in assoc. with Sage.

30

4. write the “literature review”

- In the ***Harvard*** system, the reference list at the end should look like this:
  - Communicable Disease Center, 1953. *Communicable Disease Center Activities 1952-1953*. Public Health Service Publication Number 391. Atlanta: Department of Health, Education, and Welfare.
  - Dhingra, N., Jha, P., Sharma, V. P., 2010. *Adult and child malaria mortality in India: a nationally representative mortality survey*. The Lancet, 376, 1768-1774.
  - Hopkins, R. S. 2005. *Design and operation of state and local infectious disease surveillance systems*. Journal of public health management and practice: JPHMP, 11, 184-190.
  - Redman, P., 2006. *Good essay writing: a social sciences guide*. 3rd ed. London: Open University in assoc. with Sage.

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4. write the “literature review”

In ***Vancourver*** style system:

- **In the text:** References are numbered consecutively in the order they are first mentioned. Place each reference number in parentheses, throughout the text, tables, and legends. If the same reference is used again, re-use the original number. For example:

  and practice guidelines.(4,5) Even when recommendations come from such rigorous approaches.

32

4. write the “literature review”

- In the ***Vancouver*** system: **the reference list:** List all references in order by number, not alphabetically. Each reference is listed once only, since the same number is used throughout the paper.

33

4. write the “literature review”

- In the ***Vancouver*** system, the reference list at the end should look like this:

1. Kunikata H, Shiraishi Y, Nakajima K, Tanioka T, Tomotake M. The relationship between psychological comfort space and self-esteem in people with mental disorders. J Med Invest. 2011 Feb [cited 2011 May 31];58(1-2):56-62. Cited in: PubMed; PMID 21372487
2. Tatem AJ, Campiz N, Gething PW, Snow RW, Linard C. The effects of spatial population dataset choice on estimates of population at risk of disease. Popul Health Metrics [Internet]. 2011 Feb 7 [cited 2011 May 31];9(4). Available from: http://www.pophealthmetrics.com/content/pdf/1478-7954-9-4.pdf
3. World Medical Association. WMA Statement on Patient Advocacy and Confidentiality [Internet]. Ferney-Voltaire (FR): World Medical Association; 2006 Oct 14 [cited 2011 May 31]. Available from: http://www.wma.net/en/30publications/10policies/a11/index.html

34

4. write the “literature review”

4. Vlahov D, Freudenberg N, Galea S. Cities and population health. Soc Sci & Med. 2005;60(5):1017-33.
5. Vaclavik V, Christian EW. Essentials of food science. 3rd ed. New York: Springer; 2008. 571 p.
6. Vatish M, Groom K, Bennett P, Thornton S. Management of threatened preterm labour. In: Norman J, Greer I, editors. Preterm labour: managing risk in clinical practice. Cambridge (UK): Cambridge University Press; 2005. p. 191-209.
7. Campo EM, López L, Ferreira V. Hierarchy and identification of additional important wine odorants. In: Bredie LP, Petersen MA, editors. Flavour science: recent advances and trends. 11th Weurman Flavour Research Symposium; 2005; Roskilde, Denmark. Amsterdam: Elsevier; 2006. p. 213-16.

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4. write the “literature review”

A good “literature review”:

- covers a large range of documents and information (both officially published and “grey” literature)
- covers many up-to-date knowledge: should review most recent 5 years of the international literature.
- highlight the core problems and relevant factors, any key findings, solutions, etc.

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4. write the “literature review”

A good “literature review”:

- has coherent discussion in our own words, using all relevant literature linked to each other (may cite several sources for one statement)
- shows “gaps” and / or inconsistencies that need more attention, further studies and explanation
- points out what should be done to solve those problems.

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Homework / Exercise:

- Try all possible sources (offline, online) to collect information for the literature review of your research project / proposal
  - Online search and reference collection / management using EndNote is highly recommended.
  - Search and download full-text documents whenever you can.

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ENDNOTE demonstration

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Extra slides

Zotero: a free tool (but not very convenient !)

- Plug-in for Firefox web browser
- Only works with Firefox
- Not easy to use

40

zotero

- Free tool: Zotero: **http://www.zotero.org**

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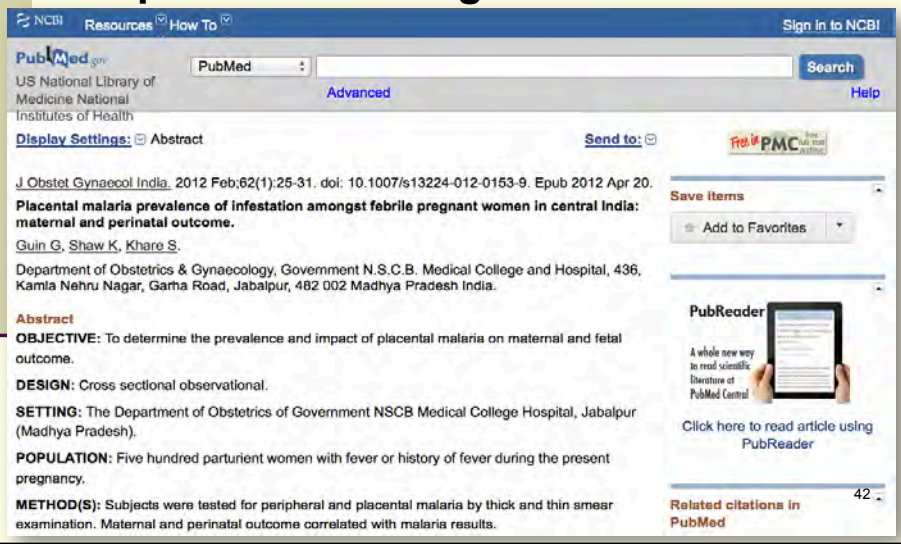
zotero

- **Export to Zotero right there in Firefox**



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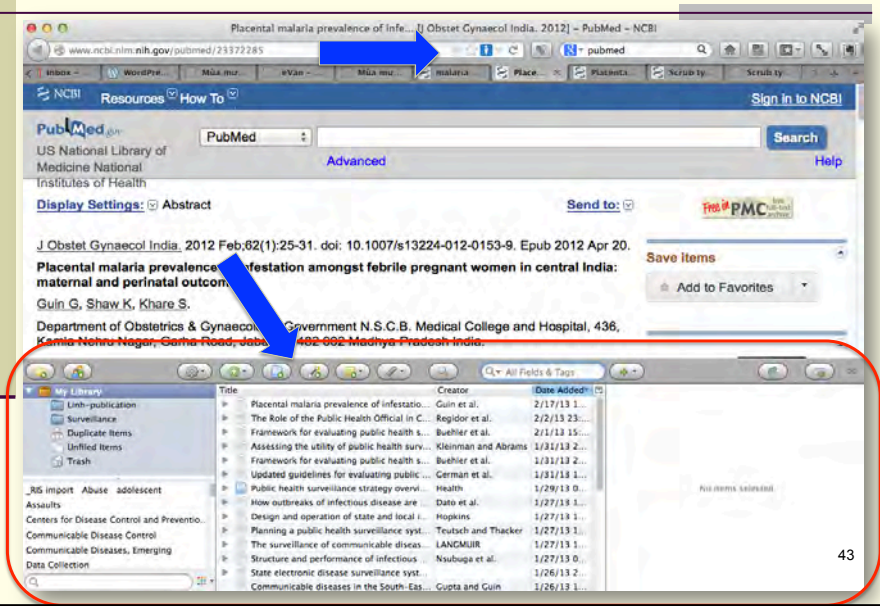
zotero


Placental malaria prevalence of Infe... J Obstet Gynaecol India. 2012] – PubMed – NCBI
www.ncbi.nlm.nih.gov/pubmed/23372285
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Resources
How To
Sign in to NCBI
PubMed
US National Library of Medicine National Institutes of Health
PubMed
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J Obstet Gynaecol India. 2012 Feb;62(1):25-31. doi: 10.1007/s13224-012-0153-9. Epub 2012 Apr 20.
Placental malaria prevalence
festation amongst febrile pregnant women in central India:
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Guin G, Shaw K, Khare S.
Department of Obstetrics & Gynaeco
Government N.S.C.B. Medical College and Hospital, 436,
Kamla Nehru Nagar, Garha Road, Jabe
482 002 Madhya Pradesh India.
Save Items
Add to Favorites
My Library
Linh-publication
Surveillance
Duplicate Items
Unfiled Items
Trash
Title
Creator
Date Added
Placental malaria prevalence of infestatio... Guin et al. 2/17/13 1...
The Role of the Public Health Official in C... Regidor et al. 2/2/13 23:...
Framework for evaluating public health s... Buehler et al. 2/1/13 15:...
Assessing the utility of public health surv... Kleinman and Abrams 1/31/13 2...
Framework for evaluating public health s... Buehler et al. 1/31/13 2...
Updated guidelines for evaluating public ... German et al. 1/31/13 1...
Public health surveillance strategy overvi... Health 1/29/13 0...
How outbreaks of infectious disease are ... Dato et al. 1/27/13 1...
Design and operation of state and local i... Hopkins 1/27/13 1...
Planning a public health surveillance syst... Teutsch and Thacker 1/27/13 1...
The surveillance of communicable diseas... LANCMUIR 1/27/13 1...
Structure and performance of infectious ... Nsubuga et al. 1/27/13 0...
State electronic disease surveillance syst... 1/26/13 2...
Communicable diseases in the South-Eas... Gupta and Guin 1/26/13 1...
_RIS import Abuse adolescent
Assaults
Centers for Disease Control and Preventio...
Communicable Disease Control
Communicable Diseases, Emerging
Data Collection
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