

[Posted as supplied by the author]

List of deliberate errors in papers reviewed

Note:

These are the major and minor errors inserted in the manuscripts to reflect the content of the training. There are other inconsistencies/ambiguities in the papers not listed but for the purpose of the study we were interested in the following.

Are discharge summaries produced from databases better than those dictated from medical records?

Type of error	Description
<u>Major errors</u>	
Poor justification for study	Little justification for the need of the study [Introduction]
Biased randomisation procedure	Randomisation procedure sub-optimal (alphabetic) [Methods]
No sample size calculation	No sample size justification / calculation [Methods]
Unknown reliability & validity of outcome measure	Unknown reliability and validity of the assessment form [Methods]
Failure to analyse the data on an Intention-to-treat basis	Intention-to-treat analysis would have been appropriate not "inappropriate" [Discussion]
Poor response rate	Poor response rate for summaries (151 / 302 =50%) [Results]
Unjustified conclusions	Generalisability of results unfounded. Results are based on one teaching hospital with general medical patients; conclusions state that the use of computer databases to create hospital discharge summaries should be implemented widely [Abstract & Discussion]
Discrepancy between abstract & results	<ul style="list-style-type: none"> • 70.6% in Abstract versus 79.6% in Results for summary generation • Abstract states no difference in assessments of timeliness, but Results says GPs gave higher ratings to database • Figures are reported in the Abstract on outcomes that are not reported in the Results section e.g. ratings of completeness, organisation and quality
Inconsistent denominator	Inconsistency throughout the paper about the number of discharge summaries (293, or 299, or 302, etc)
<u>Minor errors</u>	
No ethics approval	No explicit ethics approval [Methods]
No explanations for ineligible or non-randomised cases	<p>No explanation for ineligible or non-randomised patients [Figure1, Results]</p> <ul style="list-style-type: none"> • n=17 admitted but not eligible for randomised • n=54 eligible for randomisation but not randomised

Inconsistency between text & tables	<p>Inconsistency between text and tables:</p> <ul style="list-style-type: none"> • Results should state 14 not 15 items with a significant difference between groups as in Table 2 • Results should state 10 not 7 items were more commonly cited in the database summaries as in Table 2
Word reversal in text leading to wrong interpretation of results	Wrong interpretation: database-generated summaries were shorter not longer [Results, Discussion]
No mention of Hawthorne effect	No mention of possible Hawthorne effect (on dictated summaries). Patients may have behaved differently as they knew they were taking part in study. [Discussion]

The effect of a personalised computer-generated health record compared with a standard explanatory booklet on recruitment to health checks in general practice

Type of error	Description
<u>Major errors</u>	
Poor justification for study	Little justification for the need of the study [Introduction]
Biased randomisation procedure	Randomisation procedure sub-optimal (family name) [Methods]
No sample size calculation	No sample size justification / calculation [Methods]
Unknown reliability & validity of outcome measure	Unknown reliability and validity of the questionnaire [Methods]
Failure to analyse the data on an Intention-to-treat basis	Intention-to-treat analysis should have been conducted. The investigator's stated "we confined our analyses to the 414 patients who responded to the initial questionnaires as the non-responders were almost certainly not interested in having a health check". [Discussion]
Poor response rate	Poor response rate (414/850=49%) [Abstract]
Unjustified conclusions	Generalisability of results unfounded. Results are based on health promotion in one general practice; conclusions state CHR & booklet should be used in other areas of primary care other than health promotion such as chronic disease [Abstract, Discussion]
Discrepancy between abstract & results	414/850=49% response rate in Abstract and 551/850=65% in Results
Inconsistent denominator	Inconsistency throughout paper about number of respondents (551 or 414?, Tables 1 & 4 have different denominators)
<u>Minor errors</u>	
No ethics approval	No explicit ethics approval [Methods]
No explanations for ineligible or non-randomised cases	<p>No explanation for ineligible or non-randomised patients [Figure1, Results]</p> <ul style="list-style-type: none"> • 299 eligible patients who didn't complete questionnaire are not accounted for • 551 responses to baseline questionnaire but subgroups sum to n=414 (137 patients unaccounted for)
Inconsistency between text & tables	Inconsistency between text and tables:

	<ul style="list-style-type: none"> • Results states 62% liked more information about their health, Table 3 states 52% • Results states 58-67% used the media, Table 2 states 54-67%
Word reversal in text leading to wrong interpretation of results	Wrong interpretation. In the Discussion it should say the CHR was significantly associated with attending health check <u>not</u> the CHR + booklet. Results section has correct interpretation of table [Discussion]
No mention of Hawthorne effect	No mention of possible Hawthorne effect. Patients may have behaved differently from usual as they knew they were taking part in a study [Discussion]

The effect of patients with cancer holding their own records on communication and quality of life

Type of error	Description
<u>Major errors</u>	
Poor justification for study	Little justification for the need of the study [Introduction]
Biased randomisation procedure	Randomisation procedure sub-optimal (dependent on day of the week) [Methods]
No sample size calculation	No sample size justification / calculation [Methods]
Unknown reliability & validity of outcome measure	Unknown reliability and validity of the instrument measuring quality of life or the 7-item questionnaire about satisfaction and communication [Methods]
Failure to analyse the data on an Intention-to-treat basis	Intention-to-treat analysis would have been appropriate [Discussion]
Poor response rate	Poor response rate (450/850=53%) [Results]
Unjustified conclusions	Generalisability of results unfounded. Results are based only on a sample of radiotherapy patients and possibly from one provider; conclusions state that such an innovation should not be pursued in providing hospital-based care [Abstract, Discussion]
Discrepancy between abstract & results	Response rate is reported as 450/574=78% in Abstract and 450/850=53% in Results
Inconsistent denominator	<ul style="list-style-type: none"> • The figures in Table 1 sum to n=325 not n=425 for RH and NC groups • The figures in Table 2 sum to n=206 not n=178 for RH group, and to n=244 not n=272 for NC group
<u>Minor errors</u>	
No ethics approval	No explicit ethics approval [Methods]
No explanations for ineligible or non-randomised cases	<p>No explanation for ineligible or non-randomised patients [Figure1, Results]</p> <ul style="list-style-type: none"> • 446 (1296-850) eligible patients were not randomised • Why were only n=574 questionnaires sent at 3m instead of n=850?
Inconsistency between text & tables	<p>Inconsistency between text and tables:</p> <ul style="list-style-type: none"> • Results states there are 8 symptoms, Table 3 lists 6 symptoms

Word reversal in text leading to wrong interpretation of results	Wrong interpretation: RH group suffered significantly <u>less</u> not more from nausea & vomiting and constipation (see Table 3) [Results]
No mention of Hawthorne effect	No mention of possible Hawthorne effect. Patients may have behaved differently as they knew they were taking part in study. [Discussion]