

### The Use of Quantitative Methods in Practice-Based Research

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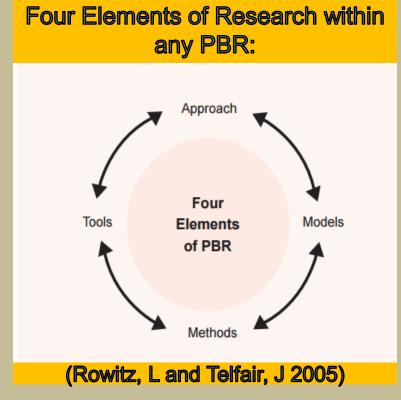


# Workshop on Practice-Based Research: My Main Objectives:

- A. What is Practice-Based Research?
- B. What are the main Goals of Research?
- C. How to Select an Appropriate Research Design?
- D. What to ask and bring to your Statistical Consultation Meeting?

# A: What is Practice-Based Research?

- Research is the empirical investigation of the relationship between or among several variables.
- Practice-based Research is an original investigation undertaken in order to gain new knowledge partly by means of Practice and the outcomes of that Practice.



# A: What is Practice-Based Research?

- Approach: there are multiple methodologies that may be qualitative and quantitative.
- Model: is the structured format and testing that systematizes and operationalizes the research approach.
- Methods: are the structural guidelines used to the research model.
- Tools: Tools are the used within a given research method.

### Statistics, good, bad and ugly:

Good: Statistics can force us to look at and rather than relying on opinions.

1. Statistics are the bridge between raw data and knowledge and understanding.

**Bad:** Statistics are confusing.

- 1. Statistics are even more confusing without graphics.
- 2. No amount of statistical analysis can ever produce certainty.

Ugly: "There are three kinds of lies: lies, damned lies, and statistics." (Benjamin Disraeli )

- 1. Statistics are often to dismiss opposition.
- 2. People have a tendency to overlook or that contradict their own beliefs.

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### **B: Main Research Goals:**

- 1. To collect data that are especially treatment-related bias.
- 2. To draw deconderming concerning the effects of an independent variable.
- 3. To make valid populations and setting of interest.

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- 1) What kind of research is being done?
- 2) What kind of questions will be tested?
- 3) What kind of data are required?
- 4) What kind of sample and how many subjects (power) will be needed?

- 1: What kind of research is being done?
- 1. Data Type: Qualitative, Quantitative or Mixed method (Qualitative and Quantitative together).
- 2. Main Objective:
  - i. Feasibility,
  - ii. Efficacy,
  - iii. Effectiveness.
- 3. Intervention Type: Observational & Experimental.
- Most of these divisions are not mutually exclusive.

### I. Feasibility study.

- These are studies that are used to ensure that the theories or methods behind the research idea are sound, as well as to "work out the kinks".
- They be used to test hypothesis.
- They be used to estimate sample size or power computations
- The standard error of the estimate of the effect size in these studies are so large, that the study will be aborted or will be underpowered.

### II. Efficacy study.

- Are focused on the ability of a treatment to achieve the desired effect.
- Are focused on the degree to which an intervention accomplishes the projected outcomes.
- Popular method and trusted by researchers.
- Are highly controlled and methodologically developed (RCT).
- Are time-consuming and expensive.

### III. Effectiveness study.

- They look at how much benefit "subjects gain from the therapy.
- Subjects who have already begun (and possibly completed) treatment are surveyed.
- They are asked detailed questions about their treatment and its effectiveness.
- They reflect the full spectrum of disease, comorbidities, variable compliance rates, and use of other medications
- Most effectiveness studies are essentially
- They are much less time-consuming and less expensive to perform.

#### **Efficacy Studies**

- 1. Done usually in research facilities or in tertiary care settings.
- 2. Surrogate outcomes (i.e. scores, laboratory data) are frequently used.
- 3. Study duration is often limited.
- 4. Sample size are usually based on effect size.
- 5. They usually exclude protocol violators.

#### **Effectiveness Studies**

- 1. Settings usually reflect the initial care facilities available to a diverse population with the condition of interest.
- 2. Primary outcome should capture the net effect on a health outcomes, using objective scales to measure their impact on health.
- 3. Study duration is often long to reflect the clinical setting.
- 4. Large sample size to detect at least a minimally important difference on a health-related QOL scale.
- 5. They are always done on an intent-to-treat basis.

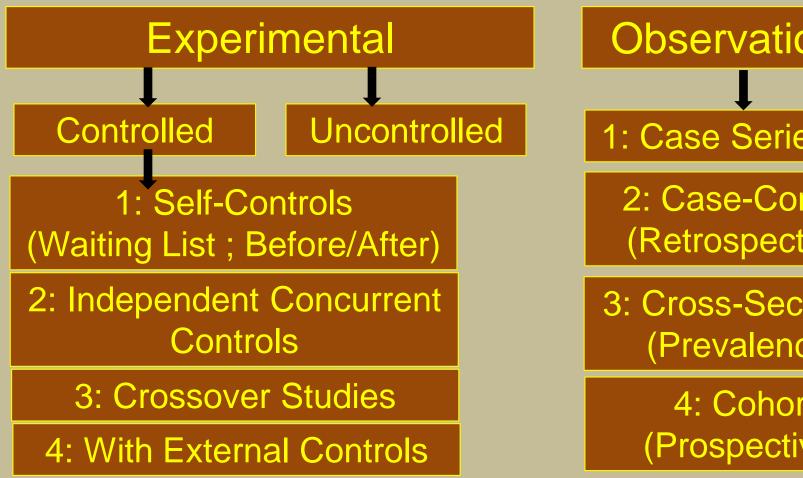
1: What kind of research is being done?

- 1. Data Type: Qualitative, Quantitative or Mixed method (Qualitative and Quantitative together).
- 2. Main Objective: Feasibility, Efficacy, Effectiveness.

### 3.Intervention Type:

- I. Observational
- II. Experimental
- · Most of these divisions are not mutually exclusive.

### 1: What kind of research is being done? Intervention Type:



- 1: Case Series
  - 2: Case-Control (Retrospective)
- 3: Cross-Sectional (Prevalence)

4: Cohort (Prospective)

### **OBSERVATIONAL STUDIES:**

### 2: Case-Control (Retrospective Studies)

### Determining Differences in:

- Life Style
- Diet
- Activity level
- Medication
- Family History
- Genetics

**PAST** 

#### PRESENT:

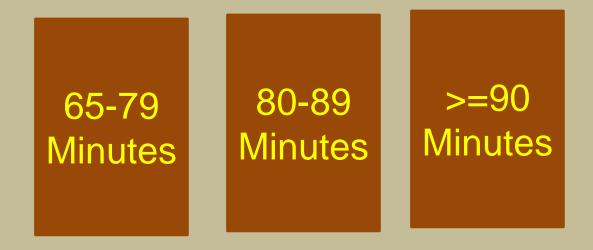
Absence or Presence of an outcome



### **OBSERVATIONAL STUDIES:**

3: Cross-Sectional (Prevalence Studies)

Question: "what is happening?" right now.



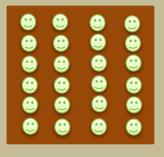
Average minutes per day spent in light activities

### **OBSERVATIONAL STUDIES:**

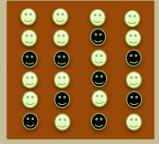
4: Cohort (Prospective)

Question "what will happen?"

Group of Interest: i.e. Low Activity

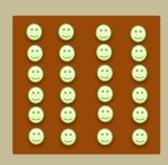


Followed over time



Compare Outcomes

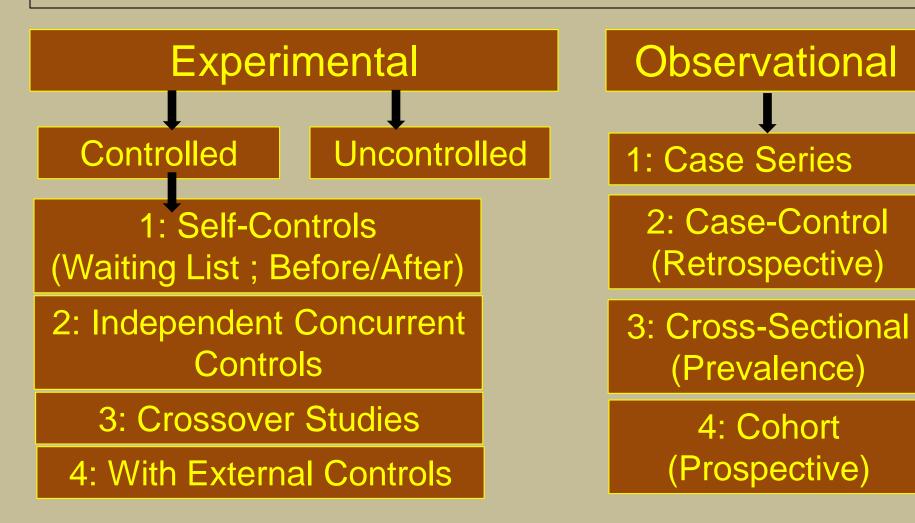
Comparison
Groups:
i.e. High Activity



Followed over time



# 1: What kind of research is being done? Intervention Type:



1: Studies with Self-Controls (Waiting List; Before/After)

Pre-Measurement Period



Post-Measurement Period

Intervention

Intervention

Time



1: Studies with Self-Controls (Waiting List; Before/After)

Pre-Measurement Period



Post-Measurement Period

#### **Analysis Method:**

Continuous Outcomes: Paired t-test

Repeated Measures ANOVA

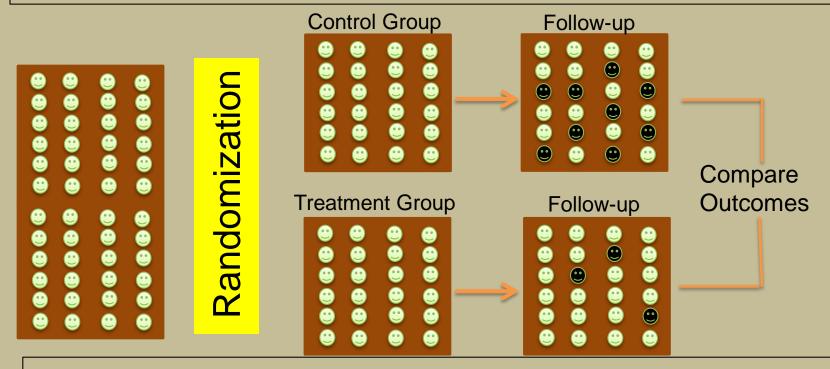
Frequency Outcomes: Repeated Measures Chi-Square  $(x^2)$ 

McNemar's x<sup>2</sup>

Ordered Outcomes: Sign Test

Friedman Test

2: Studies with Independent Concurrent Controls

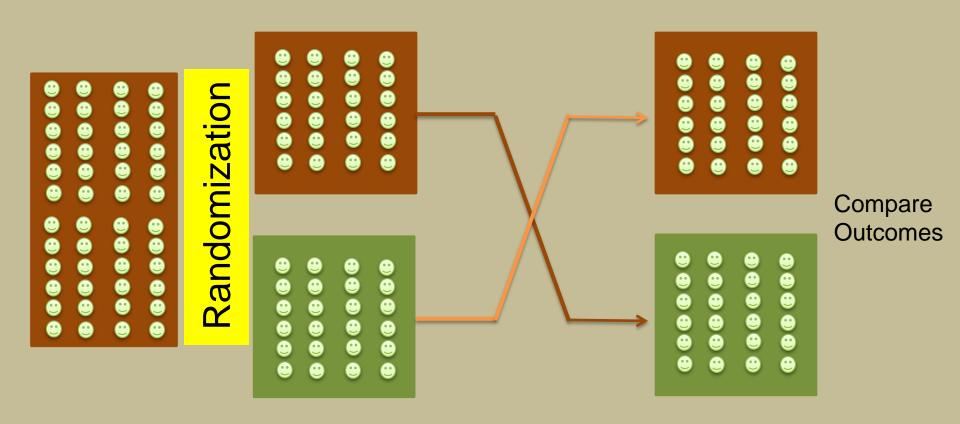


#### Analysis Method:

Continuous Outcomes: t-test or ANOVA Frequency Outcomes: Chi-Square ( $x^2$ )

Ordered Outcomes: Rank-Sums and Kruskal-Wallis tests

3: Cross-Over Studies



# CONTROLLED INTERVENTIONAL STUDIES: Randomization

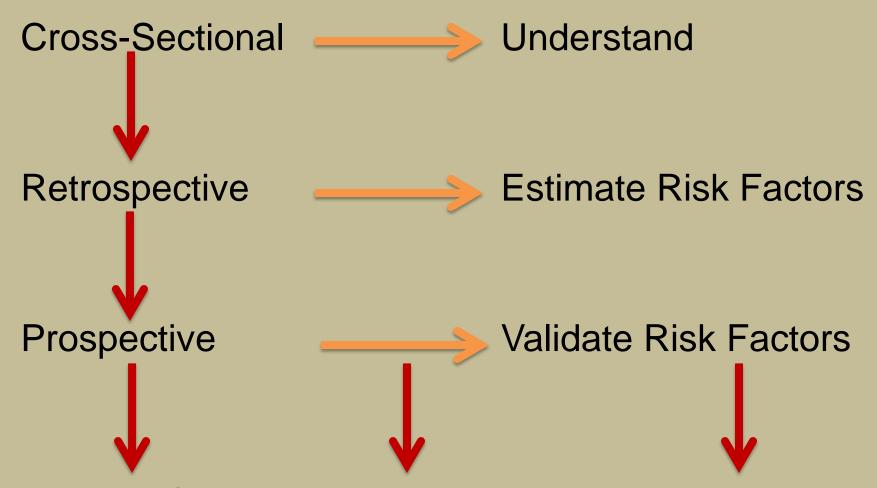


- 2. Since it is the process of grouping subjects into relatively homogeneous subgroups before sampling and randomization.
- 3. Immediate is an adaptive allocation strategy that adjusts the probability of assignment to condition to achieve optimal multivariate equivalence of treatment groups across several covariates.
- 4. Equipoise Stratified randomization the clinician and patient in principle define the list of specific study treatments that are acceptable and of rough parity. This list is called the "equipoise stratum".





### 1: What kind of research is being done?



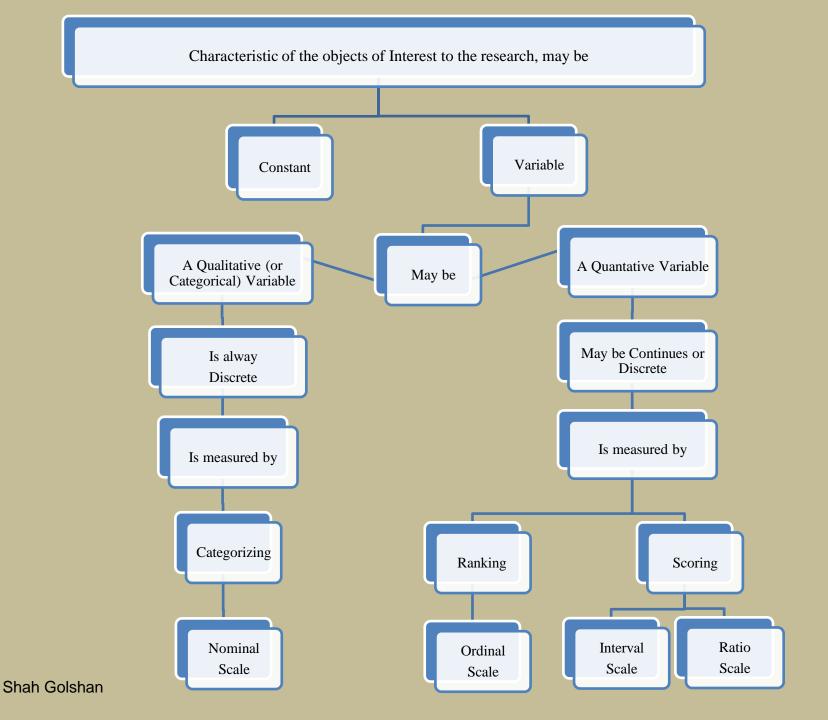
Prevention-Control-Intervention-Education-Management

- 1) What kind of research is being done?
- 2) What kind of questions will be tested?
- 3) What kind of data are required?
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2: What kind of Questions will be tested?

- A. Estimation
- **B.** Hypothesis Testing
  - 1. Is it about association among variables, or groups differences?
  - 2. For group differences: A Single Group or Two or more groups? If two or more:
    - Independent Groups
    - Dependent Groups
  - 3. What are the costs for false positive or false negative results?
  - 4. Is it directional or non-directional (two-tailed)?

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- 4: What kind of sample and how many sample (power) will be needed?
  - 1. Should subjects be observed \_\_\_\_\_\_ treatment level?
  - 2. How many in a should one subject be measured?
  - 3. Should subjects be into homogeneous blocks?
  - 4. What is the practical reasonable effect?
  - 5. What statistical effect size does the treatment effect convert to?

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### I. Most common questions:

- 1. Number of subjects:
  - How many subjects do I need?
  - Is XX enough subjects?
- 2. How do I do ...?
- 3. Can you do these analyses?
- 4. Does it sound okay/make sense? (NO)
- 5. Can this be fixed? (NO)
- 6. Which result is correct?
- 7. How do I read this output?

### **II. Better questions:**

- 1. What is the effect size for this clinical change?
- 2. Is/was the number of subjects sufficient for the expected effect size?
- 3. Is/was the design appropriate for the Hypothesis?
- 4. Is the data type correct?
- 5. Are/were analyses correct based on design and hypotheses?
- 6. Is/was the power sufficient?

### III. What to provide in your meeting with a Statistician:

- 1. Written description of the study.
- 2. Research Questions and Hypotheses.
- 3. Study Design:
  - Number of groups
  - Group definitions
  - Number of time points, their correlations
  - Number of variables
  - Variables types, description and scoring method
  - Sites/Randomization/Stratification methods

### III. What to provide in your meeting with a Statistician:

- 4. Relationship between variables & hypotheses.
- 5. Relationship between analyses & hypotheses.
- 6. Effect size documentation (Clinical/Statistical).
- 7. If study has been completed:
  - How was the study conducted and its duration.
  - Number of subjects screened, rejected, dropped and finished.
  - How data was managed (quality control).

# Consult before any data collection!

### **Workshop on Practice-Based Research:**

- 1. Remember Your Research Goals.
- 2. Select an Appropriate Design:
  - i. Know your Research Type
  - ii. Know your Hypotheses/Questions
  - iii. Know your Data Type
  - iv. Know your Sample (Type, required size)
- 3. Consult before any data collection!

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