Appendix H. OME Screening Form Instructions

Software Requirements

The screening form for OME has been created using ACCESS 97. If a more recent release of ACCESS is being used for data entry the information needs to be saved as a version 97 file.

Getting Started

1. In ACCESS, 'open an exisitng database' directly or click on the 'file' menu option then choose 'open database' – select the appropriate file from the appropriate directory (the first file to be screened is titled 'Screening Forms Cochrane - <Ints.>').

2. A database screen will appear with six menu options: Tables, Queries, Forms, Reports, Macros, and Modules. 'Forms' is the only option to be utilized for entering screening data. Click on the 'Forms' option and select the only form listed (e.g. 'Cochrane form (1-200)') . Click on 'open' to continue to step 3.

3. The form where data is to be entered should now be displayed on the screen. Before starting please note that under the menu option 'view' there is an option titled 'design view'. This option should not be selected as it enables the user to change parameters within the form and this could effect the ability to merge this file with the master file. If by chance this option is selected simply click on the 'view' menu option again and select 'form view' to return to the data entry window.

Form Layout & Functions

The screening form contains 16 fields. A description of each field is provided in the next section.

Fields 1-5 which correspond to reviewer and article identification have been imported. Please begin data entry under the section titled 'Rejection Criteria'. If the study is not rejected two sections follow as well as a question regarding whether the study condition is AOM (two sections: Questions addressed, and study design).

The tab or enter key can be used to move to a subsequent field. Once the last item has been entered these keys can then be used to move to the next record (abstract). Data entry for a specific abstract may not include all fields, either due to rejection criteria or specific question(s) not addressed. If this occurs either tab through the fields or click on the arrow to the right of the white box next to 'Record' located at the bottom of the form window to continue to the next entry (abstract).

ACCESS assigns record numbers based on the order of entry. This number may be different from the field 'Record#', which is determined by ENDNOTE. To toggle between ACCESS records use arrows located next to the word 'Record' at the bottom of the form (mentioned

above). This area also displays total number of abstracts screened and current entry (record) number.

Fields (Screening Form Items)

Reviewer - Identifier that indicates who derived the information from screening the abstract.

Response Options: 1. Glenn Takata
2. Rita Mangione-Smith

Record# - Assigned by ENDNOTE (listed on the abstract form).

Response Options: (1 – total number of abstracts identified through literature search)

Unique Identifier – Assigned by either the database used to perform the literature search or Tricia Morphew (listed on the abstract form).

Author – Lists up to three authors followed by et al. if there are more than three.

Year of Publication – self-explanatory

Fields (Screening Form Items)

QUESTION ADDRESSED (Question1…Question4): CHECK BOXES PROVIDED

Response options: 1. Yes
2. No
9. Unsure

Question 1 addressed? – Q1: Natural History

Question 2 addressed? – Q2: Speech and Language

Question 3 addressed? – Q3: Hearing

Question 4 addressed? – Q4: Diagnostic Method

***(If all NO's, REJECT, STOP*)**

STUDY DESIGN: CHECK BOXES PROVIDED – SELECT ONE

Study Design

Response options:
1. Randomized controlled trial
2. Non-randomized controlled trial
3. Prospective comparative cohorts
4. Retrospective comparative cohorts
5. Case control
6. Natural history/observational single cohort
9. Unsure

STUDY CONDITION IS AOM? (CHECK BOXES PROVIDED)

Response options:
1. Yes
2. No
9. Unsure

Screening Form Instructions, Addendum 1/19/2000

Question 6a:

We are only including clinical studies. If the article reports findings of an evidence-based analysis, the study will be rejected for the purposes of our evidence-based analysis of the four key questions; however, please note the article as a possible source of citations and as a reference for our evidence report introduction or conclusions.

Question 6c:

At this stage, we are including any study focussing on otitis media. If the study only includes otitis media as an outcome without otitis media as the main focus of the investigation, that study is not eligible for our evidence-based analysis of the four key questions.

OM refers to the general term otitis media. Otitis media includes otitis media with effusion, acute otitis media, and unspecified otitis media.

Synonyms for otitis media with effusion:

serous otitis media	mucoid otitis media	tympanic hydrops
secretory otitis media	secondary otitis media	glue ear
allergic otitis media	hydrotubotympanum	fluid ear
catarrhal otitis media	exudative catarrh	middle ear effusion
nonsuppurative otitis media	tubotympanitis	tubotympanic catarrh
serotympanum	acute serous otitis media	chronic serous otitis media
catarrh		

Synonyms for acute otitis media:
acute suppurative otitis media
acute purulent otitis media
bacterial otitis media

Synonyms for chronic or persistent forms of otitis media:
chronic otitis media
chronic tubotympanic suppurative otitis media
chronic atticoantral suppurative otitis media
chronic suppurative otitis media
chronic purulent otitis media
persistent otitis media

Question 6d:

Only reject studies that are exclusively on patients older-than 12 years of age. If a study includes patients younger-than and older-than 12 years of age, the study is included at this stage; and, we will determine at the review stage if the data on patients younger-than 12 years of age can be extracted.

Question 6e:

Only reject studies that are exclusively on patients with craniofacial defects, primary mucosal disorders, immunodeficiencies, or Down Syndrome. If the study includes children with and without these medical conditions, the study is included at this stage; and, we will determine at the review stage if the data on children without these medical conditions can be extracted.

Questions 7a-7d:

Please refer to the Causal Pathways and Scope to determine if the study addresses any of the four key questions.

Question 8:

The study types are standard terms.

Question 9:

See synonyms for acute otitis media above under Question 6c.

REJECTION CRITERIA (R1…R5): CHECK BOXES PROVIDED

Response options:
1. Yes
2. No
9. Unsure

R1: Case report/ editorial/ letter/ clinical practice/ overview/ practice guidelines, consensus statements

R2: Non-human subjects

R3: Study condition is not OM

R4: Age of study population >12 …

R5: Study population includes patients with any one of the following: Craniofacial defects, primary mucosal disorders, immunodeficiencies, or Down syndrome

(If one or more of R1 through R5, REJECT, STOP)