Online Participation,s1368083, ITCT, UoE, 2013-2104

by MAZEN BAROUDI

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Online participation

Submission for ITCT course

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2013/14 Semester 1

Part I. Self-assessment

Criteria	Unit origin of post (s)	Your selected posts (font 8/9 pt fine) inserted here (~1200 W in total)	Marks & self-assessment (75-100 W each)
Timeliness Postings are well written and usually made in a timely fashion (ie, in good time for others to read and respond to before the discussion closes).	Unit 2 Thought Question 3 Thursday, 14 November 2013, 10:53 PM	**Post 1:** The intention of randomized control trials was to discover a treatment that can be the best treatment of all patients with a specific disease. The lacks of generalizability lead to the pragmatic trials were there are less inclusion and exclusion criteria. On the Opposite the stratified medicine is trying to identify the specific immunological and genetic characteristics of each and every patient to decide which medicine can work best for him. This method of personalized treatment sounds great, but if this new measurement will overcome the old RCTs or nut this is another issue. I think this new method regardless of the high costs of it is restricted in the immunological, chronic and serious diseases; other fields like infectious diseases will remain the playground for RCTs. *High costs actually doesn't means always a bad thing when it has a better effects; less relapse rate, less period of treatment and better life quality for the patients, this will prevent for extra expenditure related to other kind of "empirical" treatments.* I don't think that this new way will replace the RCTs, but instead they can complete each other as even the medications used in stratified medicine should pass first by controlled trials to ensure their efficacy.	Except for the first unit, I managed to participate as early as possible. Giving the fact that English is not my mother tongue, I tried hard to write my participations in simple, understandable English, so everybody can read, understand and comment in a timely fashion. I will give myself **7** out 10 in this criteria **Mark out of 10: 7**
Engagement Postings draw on other course participants' responses in a constructive way (ie, not simply confirming a similarity or difference in	Unit 2 Thought Question 3 Friday, 8	**Post 2:** I can see that most of you suggest that controlled blood pressure to be as a primary outcome, however I think that this will be hard to measure and it is better to have a scale outcome than to have a nominal one. As here we are measuring blood pressure it is better to measure the reduction in blood pressure in both arms, as this can reflect	In post 2 I tried to explain my opinion highlighting the differences that I made for the study design with justifications for my decision.

views, but elaborating and explaining similarities or differences.)	November 2013, 2:53 PM	the compliance in more reliable way. Regarding inclusion criteria, restricting the study group to non-compliant patients may make the effect of the intervention more clear, but as I can guess that the problem of patient's compliance is very common I would prefer to include all the patients to try to make this intervention as a general measure for all the patients in the future. **See also Post 1**	In post 1, I gave a clarification why high costs (which some of the course member criticize) doesn't always a problem. I have awarded myself **7** out of 10 for engagement as I have met some of the criteria but was not always engaged in the discussion.
			Mark out of 10: 7
Relevance Postings are relevant to the general themes of the Thought questions.	Unit 1 Thought Question 1 Saturday, 26 October 2013, 5:59 PM	**Post 3:** While Torgerson put the blame on other methods than RCTs, the history is full of examples of biased RCTs which lead to wrong practices. RCTs are so expensive and time consuming trials that can only be justified in the presence of an important clinical question that can be taken from more simple trials such as case control studies. I think that the only thing that restricts RCTs from being the perfect method is that these trials are often being funded and controlled by drug companies. Showing half the results will drive us to conclude that there is two heads for a fair coin. To compare with selection, randomization and exclusion biases can all lead to truth blackout. Rather than forcing all trials to be registered only, I think there should be a governmental academic committee that regulate and control all clinical trials and try to exclude any kind of bias. **See also Post 1, 4, 5 and 6**	Regarding relevance I think that my posts were always relevant to the general theme of the thought questions. The Post I attached here is an example of this but all the posts here are closely relevant to the thought questions. According to that I will award myself **10** out of 10
			Mark out of 10: 10
Critical thinking		**Post 4:**	I think most of my posts

Postings demonstrate evidence of critical analysis and exploration of concepts and ideas relevant to the general themes of the Thought questions, or other themes that have emerged in the discussion.	Unit 2 Thought question 4 Friday, 8 November 2013, 10:09 PM	An example of a randomized crossover study is ISRCTN12286781 (The Middlesbrough study: a randomized, controlled trial of dietary supplements with omega-3/omega-6 fatty acids in mainstream school children). The question raised in this trial was: Can Omeg-3 and 6 supplements increase the educational attainment between school children who do not have any neurologic or psychiatric problems. The study was designed as a one –way crossover study, 250 school children were recruited to undertake the interventional supplementation (Omega-3 and Omega-6) or the Placebo for three month then both trial arms will have the supplements for another three months. The primary outcome was to measure the working memory and the reading ability at three and six months. 50 participants will be randomly tracked until they leave the school at age 16/18. I tried to search for the trial results, which was ended in 2006, but I couldn't find the results. I think the crossover design for this trial was based on an ethical or financial base, as the inclusion/exclusion criteria would not be a problem to recruit more participants in the trial. In my opinion a classical double-blinded RCT would be more feasible to detect the difference (if any) between the two arms, as the study participants are normal school children without any cognitive impairment or learning disability, this may raise the needs to provide the intervention supplementation for a longer period of time to detect any changes.	exceeded the simple exploration of the ideas discussed to more deep critical thinking. In post 4 attached, I provided a simple abstract for a study then I tried to criticise the study design. In post 5 I tried to build up a study design for the question and give a justification for my opinions. I will give myself **9** out of 10 for this criteria
	Unit 2 Thought Question 3 Friday, 8 November 2013, 2:15 PM	**Post 5:** Null Hypothesis: regular feedback sessions with the clinic nurse have no effects on patient's compliance to treatment. Target Group: All patients with prescribed hypertension medications in the hypertension clinic at the Royal Infirmary of Edinburgh.	

		Study Design: to avoid dilution in the study group we can use Zelen trial design as the control group will not be aware of the study outcome, Hawthorne effect can be avoided. We will assign the study group into two arms the intervention group will be consented to give regular feedback about their compliance to their prescribed medication and the control group will not be aware of the study. We can further protect our study from dilution by simply stratifying the study group by the week days with adaptation to ensure balanced arms according to (age, sex, hypertension medication prescribed). The Primary outcome could be the decrease in the systolic and diastolic blood pressure between the two arms. Secondary Outcomes could include the hypertension complication such as stroke and heart failure to evaluate this intervention as a method to protect against these diseases. **See also Post 1 and 6.**	
			Mark out of 10: 9
Evidence base Where relevant, key points in postings are supported by good use of current literature, from the Unit readings and elsewhere.	Unit 3 Thought Question 2 Tuesday, 12 November 2013, 10:00 PM	**Post 6:** Choosing the method of randomization depends on several aspects: size of the trial, number of stratification factors, and availability of a computerized randomization program. (A. Hackshaw, 2009). Giving the fact that this trial is concerning 3 age groups, gender, and 3 disease severities (3*2*3)=18 with two arms that means 36 strata, I will discuss my answer based on the number of recruited participants. If the number of the participants is small or medium (Hundreds), we can use the stratification (with blocks in each strata) or the minimization to insure that equal numbers of patients are allocated to each of these 36 groups. In a single	Most of the thought questions asked for a personal opinion. Even though I tried to build up my opinion on a solid literature review. In the post attached I tried to summarise the possible answers for the thought question and to build up my answer systematically. I will attain myself 8 out of 10 in this criteria

	center study we can use the stratification, whereas the minimization would be acceptable if the trial is done in two or more centers (A. Hackshaw, 2009). Secondly if the size of the study is large (thousands) then the simple randomization will probably leads to an equal allocation of the participants in the two arms and will protect us from using more complex methods. Although in a multi-center trial stratifying according to the center would be preferable if we think that different level of centers can affect the trial results (Torgerson, D. & C., 2010).	
TOTAL MARKS		Mark out of 50: 41

Part II. Reflections

Being an online student for the first time, my concerns were all about the methods of communication available to better understand the course materials. Having the chance to read other peoples' comments, opinions and explanations made the course more active and lively. I think that the online participation enriched my experience and my knowledge quite behind what is ready in the course materials. Even though I didn't present in all thought discussions, I was always keen to read all the posts. This exposed me to a wide range of ideas from members with different backgrounds and experiences.

In Unit one thought discussions the idea of misleading poorly designed RCTs were explored. Different sources of bias were outlined. As I have no experience in clinical trials this helped me to better understand the clinical trials terminology and the pros and cons of RCTs. The concept of external validity explained by the course leader (Unit1, thought discussion 1) drove my attention outside the importance of well-designed RCTs. The concept of the "stakeholders" that was differently interpreted by Kristen (Unit 1, thought discussion 2) to be "Anyone (i.e. doctor, patient, pharma) who would be interested or helped by the research findings" was really interesting and helped me to better understand the view, despite this my idea was that to success in implementing researches' findings "public media, journals and national health programs should lead this process to ensure that good, up to date practices are used by physicians", I was also agreed that even well-designed RCTs can be misleading by "Showing half the results will drive us to conclude that there is two heads for a fair coin".

In unit two, different aspects of study design were explored, in thought discussion one (FIRST FIVE steps before setting up a trial), different opinions from different course members were discussed and that helped me to be exposed to ideas from peoples with more experience. Thought discussion three were helpful to apply my theoretical knowledge in a practical way for the first time, and in thought discussion four different trials were presented, that was a good opportunity to further understand the less common study designs, their usage, weakness and strength.

Some of the ideas in the course materials were not clear enough to me. For example I didn't realize the difference between personalized and stratified medicine until it was discussed more vigorously in unit three thought discussions. The Bandolier article firm my belief that even well-designed trial can be wrong by chance and showing this result and hiding other results can lead to wrong practices. The debate about Oseltamivir and its marketing without a solid evidence based data is one of the most recent examples about publication bias.

Coming from different country without any background on clinical trials' regulations, I was not aware about the different regulatory bodies and their roles in the clinical trials. My engagement in reading and responding to the thought discussions, gave me a clearer

picture of these issues that I should deepen it further. As a clinician thought discussions helped me to be aware, critical and wise when reading papers for my own clinical practice.

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GRADEMARK REPORT

FINAL GRADE

65/100

GENERAL COMMENTS

Instructor

Dear Mazen,

Thank you for your assignment submission. Please find below the tutor's marks and comments as laid out in the assignment specifications folder for the Online participation assignment Parts I & II:

Part I:
Timeliness
Your posting is from Unit 3 not Unit 2 and was posted 10 days before the close of the discussion and indeed clearly written. By posting closer to the start of a Unit discussion you could elicit more engagement from others. 7/10 pts

Engagement
These are informative and thoughtful posts underpinned but direct engagement with a peer or tutor is not evident. 6/10 pts

Relevance
Your post is linked to the topic at hand and you draw from relevant readings but by referring to specific examples in support of the statements made (expense, funding) you could have strengthened the alignment. 8/10 pts

Critical thinking
You evaluate concepts which you explore further in part by suggesting an alternative trial design, but this is based on your subjective view /opinion and not underpinned by your experience or the literature. In order to strengthen your analysis and for deeper levels of critical thinking try drawing also from the literature in support of/or against your ideas presented. Ask yourself what else might lie at the root of the design choice and why, challenge an idea brought forth by considering the limitations, consider alternative designs backed up by past examples. 6/10 pts

Evidence base
Agreed. You have drawn from the course readings, but you could demonstrate your

competence even more by making links to results from external literature and current practice which should be referenced fully. 8/10 pts

Total tutor mark: 35/50 pts
Participant mark: 41/50 pts
Average: 38/50 pts

Part II
Section 1: Account of new experience and initial concerns but unclear how/if this feeling eventually changed over time or how online discussion compared to the other methods of communication? Other areas for reflection might have been around online learning/communicating in general compared to conventional modes of communication. Was it easy/hard/daunting/tedious to logon? To scroll through reems of posts? etc. 6/10 pts

Section 2: You describe selected examples of your online learning but you do not expand further on the online discussion experience itself and how your feelings/approach to a new form of communications changed as the weeks/Units went on. Was there anything that surprised/angered/scared you about the online discussion? 15/30 pts

Section 3: You do not engage in reflection about the online discussion experience as fully as you could have. You share your own learning from the content, but It would have been helpful, for example, to be more specific about how the online discussions supplemented the formal Unit lessons in that learning ? 6/10 pts

Total Tutor mark:27/50 pts
+ Part I average: 38/50 pts

Final mark: 65/100 pts (B)

This is a very good result.

The Tutor Team

General note about reflection:

On the MSc CT we regard reflection as the opportunity to learn from the learning

experience itself (here participating in online discussions) rather than from the learning material. In addition to the valid points you have already made when reflecting in the future try asking yourself even more about the (here) discussion experience - for example, what is familiar/unfamiliar compared to other forms of communication? How have your feelings changed about the online discussion experience compared to the very first post? How has this impacted on your learning-if at all? What are the questions your experience raises about your approach to learning/communicating in general? Is there anything you would do differently the next time?