Research paper on methods: the study was a randomized controlled clinical trial

Experience, Belief

Abstract

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Problem/ Purpose: Previous research studies conducted in urban emergency set-ups have identified the barriers and beliefs associated with poor adherence to follow-up with primary care providers after visits to the emergency department amongst children with asthma. The purpose of the study was to develop an emergency department based intervention that incorporated screening of asthma symptoms, a video designed to influence beliefs about primary care physician follow-up, and a follow up remainder that was mailed to the participants, and to measure the impact of the intervention on PCP follow-up rates and asthma-linked outcomes.

Sample: The study enrolled children aged between 0 and 18 years who had been discharged following asthma treatment at an urban children's hospital emergency department.

Procedures/ Statistical tests: The participants were randomized into two groups. The intervention subjects whose screening for persistent asthma symptoms turned positive were given a letter to take their primary care provider, watched a video showing families and health care providers holding discussions on the importance of controlling asthma, and lastly, they were sent reminders to follow up with a primary care provider via mail. The control group received the usual instructions to attend a follow up visit with a primary care provider within 3-5 days. All the subjects were called 1, 3, and 6 months post-discharge from the emergency department and follow-up with a primary care provider confirmed through a review of records. Data was also

collected on the following outcome measures: asthma-related quality of life, symptoms, and beliefs held about asthma. The data was analyzed using STATA Version 7. 0 and SPSS Version 10. 1.

Results: 433 participants were randomized to either group. At baseline, the demographic and asthma clinical status measures were similar between the two study groups. After implementation of the intervention and before ED discharge, the subjects in the intervention group were more likely to support beliefs about the merits of regular care than those in the control group. In spite of this, the proportion of subjects that attended a follow up visit with a primary care provider during the 4 weeks post-emergency department discharge (44. 5%) was similar to that of the controls (43. 8%). The other study measures that are AQOL, drug use, and emergency department visits over the 6 months that followed were also identical between the study groups.

Conclusion: The authors concluded that the intervention influenced beliefs in the short-term but they did not improve primary care provider follow-up or asthma-linked outcomes.

Limitations: The study was conducted at one center and it enrolled mainly African-Americans hence its findings cannot not be extrapolated to all settings.

Implications for area of practice: The study failed to improve primary care provider follow-up and asthma-linked outcomes. Future studies, therefore, should evaluate other forms of interactive education that can be implemented in the emergency department to improve these measures.

Brief critique of article: The title of the article is short and concise. It provides

in a nutshell the subject matter of the study. The background section establishes the need for the study. The methods section provides step-by-step description of the process and procedures followed. The findings of the study are well presented using both descriptive statistics and figures. The discussion section describes the results of the study in light of existing literature. The limitations of the study are explicitly stated and the conclusion is succinct.

References

Zorc J. J., Chew, A., & Shaw, K. (2009). Beliefs and barriers to follow-up after an emergency department asthma visit: A randomized trial. Pediatrics, 124 (4), 1135-1142.