



Possible Unintended Consequence of an Evidence-Based Clinical Policy Change

Kurt S. Stange, MD, PhD, Editor

Ann Fam Med 2015;13(4):iii. doi:10.1370/afm.1824.

The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online at: <http://www.AnnFamMed.org/site/AJC/>.

CURRENT SELECTION

Article for Discussion

Ursu A, Sen A, Ruffin MT. The impact of cervical cancer screening guidelines on chlamydia screening. *Ann Fam Med*. 2015;13(4):xxx-xxx.

This article provides a chance to consider an unintended consequence from a well-meaning and evidence-based clinical guideline change.

DISCUSSION QUESTIONS

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?

- How strong is the study design for answering the question? What alternative study designs might be possible?
- To what degree can the findings be accounted for by:
 1. How patients were selected, excluded, or lost to follow-up?
 2. Temporal changes in screening rates due to factors other than the cervical cancer screening guideline change?
 3. How the main variables were measured?
 4. Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a 3rd factor)?
 5. Chance?
 6. How the findings were interpreted?
- What are the main study findings?
- How comparable is the study sample to similar patients in your practice? What is your judgment about the transportability of the findings?
- What contextual factors are important for interpreting the findings?
- How might this study change your practice? Policy? Education? Research?
- What are the implications of the study, and of urine tests and primary care office staffing and roles, for screening for sexually transmitted diseases?
- Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL.* *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/content/4/3/196>.