



Annals Journal Club: A RADICAL Approach

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 your insights in the *Annals* online discussion. 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/misc/AJC.shtml>.

CURRENT SELECTIONS

Articles for Discussion

Frich JC, Ose L, Malterud K, Fugelli P. Perceived vulnerability to heart disease in patients with familial hypercholesterolemia: a qualitative interview study. *Ann Fam Med*. 2006;4:198-204.

Goldman RE, Parker D, Eaton C, et al. Patients' perceptions of cholesterol, cardiovascular disease risk, and risk communication strategies. *Ann Fam Med*. 2006;4:205-212.

Discussion Tips

Both journal club articles in this issue are qualitative research studies addressing patient risk perception and personalized medicine. Qualitative research involves methods that are particularly strong for discerning meaning and context from the perspective of the study group. Weaknesses of qualitative methods often relate to the degree of transparency of the analysis, the sampling of participants, and the transportability of the findings to other settings.²

Discussion Questions

- Why is an understanding of patients' risk perception important?
- What are the strengths and weaknesses of the focus

group study design (Goldman) vs the use of depth interviews? (Frich) How might the findings be different if the study questions were asked by surveys? What biases are apparent in the way the data were collected?

- How transparent does the analysis appear for both studies? Would the results be as trustworthy if the analyses were conducted by an individual rather than a team?
- How does the way the participants were selected affect your interpretation of the findings?
- In qualitative research, the term "saturation" is used to indicate that a sufficient sample has been achieved such that new participants contribute relatively little new information. Do these studies' claims of having reached saturation convince you that the important domains of information have been uncovered?
- What are the main findings of each study? How do the two studies inform each other?
- How transportable are the findings to other settings (particularly to yours)?
- What are the studies' implications for how clinicians should talk (or listen) to patients regarding risk and risk perception?
- With the much-vaunted advent of "personalized medicine"^{3,4} based on genetic information, how will patients and clinicians reach a shared understanding of familial risk and personal vulnerability to heritable illness? How can the studies' findings help clinicians and patients communicate about inherited disease risk?
- What do these studies say about the whole idea of (genomically) "personalized medicine" and how it might or might not be feasible and ethical in practice?
- What are the implications for training clinicians and educating patients?
- What are the policy implications of these findings, eg for reimbursement for primary care visits?

To explore the HeartAge calculator, visit <http://www.heartage.com>.

References

1. Stange KC, Miller WL, McLellan LA, et al. Annals journal club: it's time to get RADICAL. *Ann Fam Med*. 2006;4:196-197.
2. Crabtree BF, Miller WL, eds. *Doing Qualitative Research*. 2nd ed. Newbury Park, Calif: Sage Publications; 1999.
3. Snyderman R, Langheier J. Prospective health care: the second transformation of medicine. *Genome Biol*. 2006;7:104. Epub 2006 Feb 27.
4. Langreth R, Waldholz M. New era of personalized medicine: targeting drugs for each unique genetic profile. *Oncologist*. 1999;4:426-427.