Challenges and opportunities in trauma research: study designs and patient-reported outcome measures

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CHALLENGES AND OPPORTUNITIES IN TRAUMA RESEARCH

STUDY DESIGNS AND PATIENT-REPORTED OUTCOME MEASURES

1. Particularly studies of surgical treatments might be less sensitive to confounding if treatment preference is not subject to patient characteristics and 'allocation to' treatment is close to a random process. (this thesis)

2. By the inclusion of randomized controlled trials alone, some meta-analyses have lost sight of the generalizability and context of the evaluated treatments. (this thesis)

3. Standardized quality and outcome measurements are difficult to implement for the orthopedic trauma patient population, since there is an almost innumerable combination of injuries secondary to different trauma mechanisms and circumstances. (this thesis)

4. Despite the advances and use in routine care, there are still substantial challenges regarding implementation and standardization of patient-reported outcome measures. (this thesis)

5. It is important that the field of orthopedic trauma actively engages in the shift from physician-reported to patient-reported outcomes, to ensure that achieving high value for patients becomes the overarching goal of health care. (this thesis)

6. There will always be an argument for more research and for better data, but waiting for more data is often an implicit decision not to act or to act on the basis of past practice rather than best available evidence. (Frieden TR. The New England journal of medicine. 2017)

7. The popular belief that only randomized, controlled trials produce trustworthy results and that all observational studies are misleading does a disservice to patient care, clinical investigation, and the education of health care professionals. (Concato J. The New England journal of medicine. 2000)

8. Because many decisions need to be made in the absence of randomized trials, it is important to adopt a sound approach to the design and analysis of observational studies. (Hernán MA. American Journal of Epidemiology. 2016)

9. There is no single, best approach to the study of health interventions; clinical and public health decisions are almost always made with imperfect data. (Frieden TR. The New England journal of medicine. 2017)

10. Determining the group of relevant outcomes to measure for any medical condition (or patient population in the context of primary care) should follow several principles. Outcomes should include the health circumstances most relevant to patients. (Porter ME. The New England journal of medicine. 2010)

11. It is too bad that we cannot cut the patient in half in order to compare two regimens of treatment. (Béla Schick, (1877–1967), Austrian pediatrician) – The counterfactual concept, the basis of causal thinking in epidemiology.

12. Obstacles are what you see when you take your eyes off of the goal. (Vincent Thomas Lombardi, (1913–1970), American football player, coach, and executive in the National Football League) – One cannot succeed without the necessary will to overcome obstacles; the challenge is to stay focused on the objective.

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