

# วิธีค้นหา

## systematic review / RCT

### เรื่องนี้สอนว่าอะไร ??

- สมัยพระเจ้าเสือครองกรุงศรีอยุธยา คราวหนึ่งเสด็จประพาสทางชลมารค (ทางเรือ)
- มหาเดเล็กคนสนิทของพระองค์นั่งฟังพระแท่นหลับสบาย
- ฝีพายคนหนึ่งเหลียวมาเห็นเข้าก็น้อยใจตัวเองขึ้นมา บวกกับความเหน็ดเหนื่อยล้าในการที่ต้องพายเรือถึงกับพูดออกมาดัง ๆ ว่า
- "คนเหมือนกันนี่หว่า คนหนึ่งซึหลับสบาย เราสิต้องพายเรือเหงื่อไคล ย้อย คนเหมือนกัน ทำไมถึงเป็นเช่นนี้" แกล้งคำว่า "คนเหมือนกัน" หลายครั้งและหนักแน่น เพื่อพระเจ้าเสือจะได้ทรงสดับ

- ถึงพลับพลาที่ประทับระหว่างทาง เป็นพลับพลายกพื้นเตี้ย ๆ ใต้ถุนพลับพลามีสี่หามมาออกลูกอยู่ พระเจ้าเสือเสด็จขึ้นประทับได้ยินเสียงลูกหมาร้อง ตรัสให้มหาดเล็กคนสนิทที่นอนหลับมาในเรือไปเสียที่อื่น แล้วให้ตามฝีพายนายคนเหมือนกันมาเฝ้าโดยเร็ว เมื่อได้ตัวมาเฝ้าแล้ว

- มีพระดำรัสว่า "นี่เจ้า เสี่ยงอะไรร้องอยู่ใต้ถุนนี้ ลงไปดูทีหรือ"
- นายคนเหมือนกันลงไปดู พอเห็นว่าเป็นหามมาออกลูกอยู่ ก็รีบขึ้นมากกราบทูล "ขอเดชะ สุนัขมาตกลูกอยู่ใต้ถุนนี้ ลูกสุนัขร้องพระพุทธรเจ้าข้า"
- "ลูกมันมีกี่ตัววะ"
- "ไม่ทราบเกล้าฯ พระพุทธรเจ้าข้า"

- "ทำอะไร ถึงจะรู้ละ"

นายคนเหมือนกันต้องมุดใต้ถุนพลับพลาเข้าไปนับลูกหมาทั้ง ๆ ที่ ไม่ต้องการจะมุดเพราะกลัวแม่มันจะกัคอา เสร็จแล้วขึ้นมาราบทูล "ลูกสุนัขมี ๔ ตัวพระพุทธเจ้าข้า"

- "ตัวผู้กี่ตัว ตัวเมียกี่ตัว"

นายคนเหมือนกันต้องมุดใต้ถุนพลับพลาอีกครั้งที่ ๓ แล้ว ขึ้นมาราบทูล "ตัวผู้ ๒ ตัว ตัวเมีย ๒ ตัว พระพุทธเจ้าข้า"

- "ลืออะไรบ้างวะ"

- "แม่มันลืออะไรวะ"

- ครั้นแล้ว รับสั่งให้นายคนเหมือนกันนั่งเฝ้าอยู่ ณ ที่นั้น มีรับสั่งให้คนไปตามมหาดเล็กคนที่นั่งหลับในเรือมาเฝ้า รับสั่งให้ลงไปดูว่าเสียงอะไรร้องอยู่ใต้ถุน

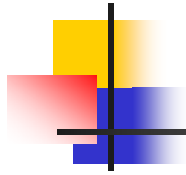
- มหาดเล็กคนนั้นมุดลงไปแล้วขึ้นมาราบทูล ครั้นมีรับสั่งซักถึงจำนวนลูกหมา เพศของหมาและสีของหมาก็ทูลตอบได้ทันที ไม่ต้องมุดใต้ถุนพลับพลาเป็นวาระที่ ๒

ถ้ารู้ประเด็นเฉพาะของคำถามวิจัยล่วงหน้า  
จะทำให้ค้นบทความได้ดีขึ้น !

## Question to search strategy

### STEP 1

Clinical Question	Clinical Scenario	MEDLINE Strategy
Patient Population	congestive heart failure, elderly	heart failure, congestive Limit to Aged
Intervention	digoxin	digoxin
Comparison (if any)	none or placebo	
Outcome	rate of hospitalization	hospitalization
Type of Question	therapy	
Type of Study	RCT	Limit to randomized controlled trial as publication type



# Select resources

---

## STEP 2

- PUBMED
- SCOPUS
- EBM reviews from OVIDS
- BMJ evidence centre
- Supersearch (Siriraj)
- SUMsearch
- TRIP database
- Health evidence. CA
- Uptodate



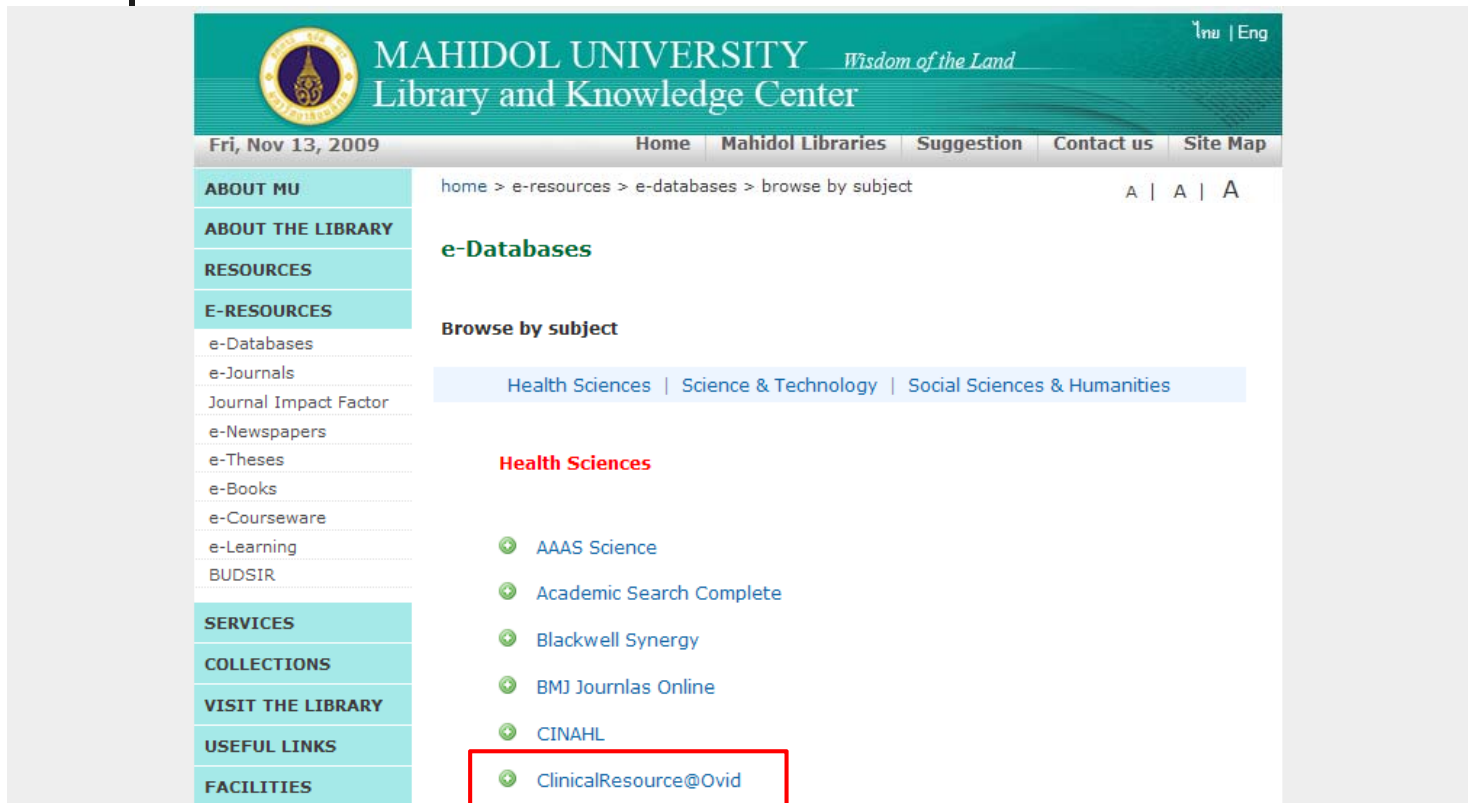
# Select resources

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## STEP 2

- CINAHL
- Nursing Consult
- ProQuest Nursing & Allied Health Source

# EBM reviews



The screenshot shows the Mahidol University Library and Knowledge Center website. The header includes the university logo, name, and tagline "Wisdom of the Land". The date is Fri, Nov 13, 2009. Navigation links include Home, Mahidol Libraries, Suggestion, Contact us, and Site Map. A sidebar on the left lists categories like ABOUT MU, ABOUT THE LIBRARY, RESOURCES, E-RESOURCES, SERVICES, COLLECTIONS, VISIT THE LIBRARY, USEFUL LINKS, and FACILITIES. The main content area is titled "e-Databases" and "Browse by subject". Under "Health Sciences", a list of databases is shown, with "ClinicalResource@Ovid" highlighted by a red box.

MAHIDOL UNIVERSITY *Wisdom of the Land*  
Library and Knowledge Center

Fri, Nov 13, 2009 Home Mahidol Libraries Suggestion Contact us Site Map

home > e-resources > e-databases > browse by subject A | A | A

**e-Databases**

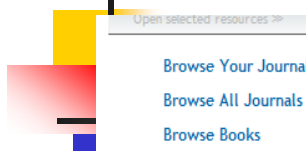
**Browse by subject**

Health Sciences | Science & Technology | Social Sciences & Humanities

**Health Sciences**

- AAAS Science
- Academic Search Complete
- Blackwell Synergy
- BMJ Journals Online
- CINAHL
- ClinicalResource@Ovid**

# EBM reviews



Open selected resources >>


Browse Your Journals@Ovid  
Browse All Journals  
Browse Books  
Clin-eguide

- ☐ [Books@Ovid](#) November 12, 2009
- ☐ [Journals@Ovid Full Text](#) November 12, 2009
- ☐ [Mahidol University Journals@Ovid](#)

☐ [Primal Pictures](#)

- ☐ [EBM Reviews - ACP Journal Club](#) 1991 to October 2009
- ☐ [EBM Reviews - Cochrane Central Register of Controlled Trials](#) 4th Quarter 2009
- ☐ [EBM Reviews - Cochrane Database of Systematic Reviews](#) 4th Quarter 2009
- ☐ [EBM Reviews - Cochrane Methodology Register](#) 4th Quarter 2009
- ☐ [EBM Reviews - Database of Abstracts of Reviews of Effects](#) 4th Quarter 2009
- ☐ [EBM Reviews - Health Technology Assessment](#) 4th Quarter 2009
- ☐ [EBM Reviews - NHS Economic Evaluation Database](#) 4th Quarter 2009
- ☐ [EBM Reviews Full Text - Cochrane DSR, ACP Journal Club, and DARE](#)
- ☐ [All EBM Reviews - Cochrane DSR, ACP Journal Club, DARE, CCTR, CMR, HTA, and NHSEED](#)
- ☐ [Clin-eguide](#)

## ? Hints:

- To begin a search, click the name of the desired database OR select more than one database and click "Open Selected Resources".
- To get more information about a database, click the information icon: 
- NOTE: Databases that don't have a checkbox next to them can not be included in multiselect searching.

# BMJ evidence centre



**RESOURCES**

**E-RESOURCES**

- e-Databases
- e-Journals
- Journal Impact Factor
- e-Newspapers
- e-Theses
- e-Books
- e-Courseware
- e-Learning
- BUDSIR

**SERVICES**

**COLLECTIONS**

**VISIT THE LIBRARY**

**USEFUL LINKS**

**FACILITIES**

**LIBRARY KM**

**LIBRARY QA**

**LIBRARY INTRANET**

**OLD WEBSITE**

**QUICK LINKS**

History

**Browse by subject**

Health Sciences | Science & Technology | Social Sciences & Humanities

**Health Sciences**

- AAAS Science
- Academic Search Complete
- Blackwell Synergy
- BMJ Journals Online**
- CINAHL
- ClinicalResource@Ovid
- DAO - PQDD
- Dissertations Full Text
- EBSCO A to Z
- Faculty of 1000
- HighWire

# BMJ evidence centre



**The Group**

- BMJ
- Student BMJ
- BMJ Careers
- BMJ Learning
- BMJ Journals

**Our Products**

- BMJ Evidence Centre
  - Accessing BMJ Evidence Centre services
  - Best Health
  - Best Practice
  - BMJ Point of Care
  - Clinical Evidence
  - Action Sets
  - Evidence Updates
  - Evidence consultancy
  - Systems integration

Home > Our Products Home > BMJ Evidence Centre

## BMJ Evidence Centre

**Contact us**

- For medical professionals
- For healthcare providers
- For medical schools
- For vendors and partners

**Leadership • Guidance • Support**

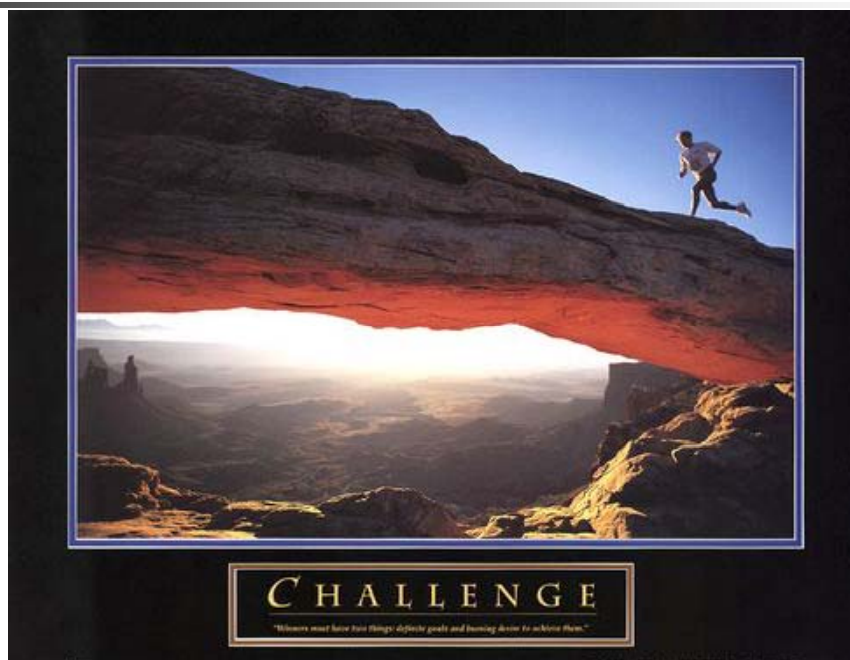
The BMJ Evidence Centre aims to build evidence into practice, to support improvements in the consistency and quality of health care.

Producing high-quality evidence-based analyses requires specific skills, resources and a dedicated focus. It is clear that getting the best evidence and applying this at the point of decision is not something that clinicians, policy makers and providers can do on top of their regular jobs.

# Clinical evidence

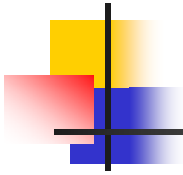
The screenshot shows the ClinicalEvidence website interface. At the top, there's a navigation bar with links like 'หน้าแรก', 'ลงชื่อออก', 'บริการช่วยเหลือ', and 'ติดต่อเรา'. Below this is the 'ClinicalEvidence' logo and search filters for 'หมวด' (Category) and 'รายการทั้งหมด' (All items). A search bar contains the text 'สืบค้นเอกสาร'. The main content area is titled 'Breast cancer (non-metastatic)' by Justin Stebbing, Geoff Delaney, and Alastair Thompson. It lists various filters: 'คัดการ', '1 ความสำคัญ', 'เงื่อนไขการรักษา', 'ข้อมูลใหม่ (33)', 'แนวทางปฏิบัติทางคลินิก (33)', 'เอกสารอ้างอิง', and 'ความคิดเห็นเพิ่มเติม'. The primary operable breast cancer section highlights 'Less than whole-breast radiotherapy after breast-conserving surgery' and provides a summary of treatment success, noting that it's more effective at reducing recurrences at 8 years with moderate-quality evidence. A sidebar on the right offers patient leaflets, updates, and related BMJ Journal articles.

## Let's start the computer session



Winner must have two things; definite goals and a burning desire to achieve them."





## ■ STEP 3 –SEARCH and SAVE

### ■ PUBMED

www.pubmed.com

The screenshot shows the PubMed homepage in a web browser. The address bar displays <http://www.ncbi.nlm.nih.gov/pubmed/>. The page features a search bar with 'PubMed' entered, and links for 'Advanced search' and 'Help'. A 'Welcome to PubMed' banner states that the database contains over 19 million citations. Below the banner, there are three main sections: 'Using PubMed' with links like 'PubMed Quick Start' and 'PubMed FAQs'; 'PubMed Tools' with links like 'Single Citation Matcher' and 'Clinical Queries' (highlighted with a red arrow); and 'More Resources' with links like 'MeSH Database' and 'Journals Database'. At the bottom, there is a section for 'NLM/NCBI H1N1 Flu Resources' and a 'FLU.GOV' logo.

PubMed home x

http://www.ncbi.nlm.nih.gov/pubmed/

NCBI Resources How To My NCBI Sign In

PubMed.gov  
U.S. National Library of Medicine  
National Institutes of Health

Search: PubMed Advanced search Help

Search Clear

**Welcome to PubMed**

PubMed comprises more than 19 million citations for biomedical articles from MEDLINE and life science journals. Citations may include links to full-text articles from PubMed Central or publisher web sites.

**Using PubMed**

- PubMed Quick Start
- New and Noteworthy
- PubMed Tutorials
- Full Text Articles
- PubMed FAQs

**PubMed Tools**

- Single Citation Matcher
- Batch Citation Matcher
- Clinical Queries
- Topic-Specific Queries

**More Resources**

- MeSH Database
- Journals Database
- Clinical Trials
- E-Utilities

**NLM/NCBI H1N1 Flu Resources:**

- Newest H1N1 influenza sequences
- Submit flu sequences to GenBank

**FLU.GOV**  
Know what to do about the flu

# Pubmed tutorial

The screenshot shows the PubMed Tutorial introduction page. The browser window title is "PubMed Tutorial - Introduction - Welcome - Windows Internet Explorer". The address bar shows "http://www.nlm.nih.gov/bsd/disted/pubmedtutorial/index.html". The page header includes the NLM logo and "United States National Library of Medicine National Institutes of Health". A search bar for "Search NLM Web Site" is present. The main heading is "PubMed Tutorial". A sidebar on the left lists the tutorial's contents: Introduction, Using this Tutorial, PubMed Overview, What's in PubMed?, Navigating PubMed, Understanding the Vocabulary, Building the Search, Managing the Results, Saving the Search, Getting the Articles, Beyond PubMed, My NCBI, and Review Exercises. The main content area starts with a "Welcome!" message, followed by an "UPDATE IN PROGRESS" notice. It then states that the tutorial is being updated to reflect the recent redesign of PubMed. A "Quick Tour" icon is visible. The "Goals and Objectives" section lists five points: understanding PubMed's scope, understanding MeSH, building a search, managing results, and saving search strategies.

PubMed Tutorial - Introduction - Welcome - Windows Internet Explorer

http://www.nlm.nih.gov/bsd/disted/pubmedtutorial/index.html

Search NLM Web Site

United States National Library of Medicine National Institutes of Health

## PubMed Tutorial

Index | Glossary | FAQ | MEDLINE/PubMed Resources Guide | Back to PubMed

**Welcome!**

Welcome to the "PubMed Tutorial", the Web-based learning program that will show you how to search PubMed®, the National Library of Medicine (NLM®) journal literature search system.

**UPDATE IN PROGRESS**

Please note that this tutorial is being updated to reflect the recent [redesign of PubMed](#). Some screens and demos may be out of date at this time (sections of Managing the Results: [Collections](#) and subsequent pages as of November 6). Completion is expected towards the end of November. To see a list of recent PubMed changes, go to PubMed's [New/Noteworthy](#).

For brief tutorials on specific topics, see also the [PubMed Quick Tours](#)

**Goals and Objectives**

By the end of this course, you should be able to:

- Understand PubMed's scope and content.
- Understand how the MeSH vocabulary is used to describe and retrieve citations.
- Build a search using MeSH and PubMed search tools (Details, Limits, History, etc.)
- Manage your results using display, sort, the Clipboard, save, print, e-mail and order features and My NCBI filters.
- Save your search strategies.
- Link to full-text articles and other resources.

# Clinical Queries

The screenshot shows the PubMed Clinical Queries page. The header includes the NCBI logo and links to "Resources" and "How To". A "My NCBI Sign In" link is in the top right. The main heading is "PubMed Clinical Queries". Below this is a search bar with a "Search" button and a "Clear" button. A note states that results are limited to specific clinical research areas. The page is divided into three columns: "Clinical Study Categories", "Systematic Reviews", and "Medical Genetics". Each column has a "Category" or "Topic" dropdown menu and a "Scope" dropdown menu. Below each column is a section for "Sample Results" and a link to "Filter citations".

NCBI Resources How To My NCBI Sign In

## PubMed Clinical Queries

Search

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#) directly.

### Clinical Study Categories

Category:

Scope:

#### Sample Results of Clinical Study Category Query

[Filter](#) citations to a specific clinical study category and scope. These search filters were developed by Havnes RB et al.

### Systematic Reviews

#### Sample Results of Systematic Reviews Query

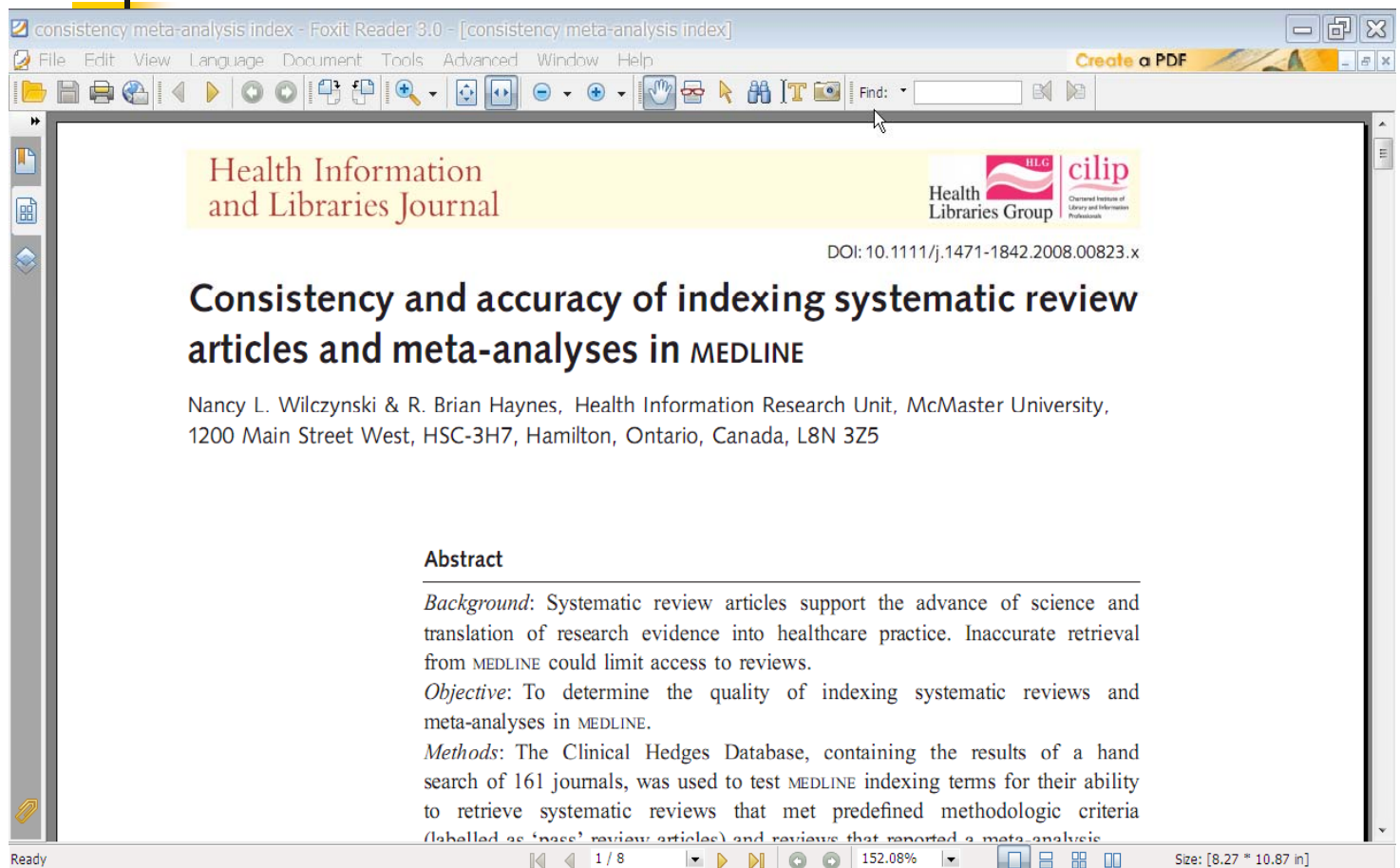
[Filter](#) citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development

### Medical Genetics

Topic:

#### Sample Results of Medicinal Genetics Query

[Filter](#) citations to topics in medical genetics.



**Table 4** Performance characteristics of single terms in retrieving 'pass' review articles

Search strategy—Ovid syntax	Sensitivity (%) (95% CI) <i>n</i> = 753	Specificity (%) (95% CI) <i>n</i> = 48 275	Precision (%) (95% CI) <i>n</i> = varies	Accuracy (%) (95% CI)
Review.pt	76.5 (73.5–79.5)	91.9 (91.7–92.1)	12.8 (11.9–13.8)	91.7 (91.4–91.9)
Meta analysis.pt	19.0 (16.2–21.8)	99.7 (99.6–99.8)	50.2 (44.4–56.0)	98.5 (98.4–98.6)
Guideline.pt	1.5 (0.6–2.3)	99.7 (99.6–99.7)	6.2 (2.6–9.7)	98.1 (98.0–98.3)
Practice guideline.pt	1.5 (0.6–2.3)	99.7 (99.6–99.7)	7.3 (3.1–11.4)	98.2 (98.0–98.3)
Meta-analysis as topic.sh	3.3 (2.0–4.6)	99.8 (99.7–99.8)	18.4 (11.9–25.0)	98.3 (98.2–98.4)
Review literature as topic.sh	0	99.9 (99.9–100.0)	0	98.4 (98.3–98.5)
Practice guidelines as topic.sh	1.3 (0.5–2.1)	99.7 (99.6–99.8)	0	98.2 (98.0–98.3)
Guidelines as topic.sh	0	99.7 (99.6–99.8)	0	98.1 (98.0–98.3)

pt = publication type; sh = subject heading; CI = confidence interval.

# Filter table

PubMed Help -- P... x +			
http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=helppubmed&part=pubmedhelp#pubmedhelp.Clinical_Queries_Fil			
Clinical Queries Filters			
Clinical Queries using Research Methodology Filters			
Category	Optimized For	Sensitive/ Specific	PubMed Equivalent
therapy	sensitive/broad	99%/70%	((clinical[Title/Abstract] AND trial[Title/Abstract]) OR clinical trials[MeSH Terms] OR clinical trial[Publication Type] OR random*[Title/Abstract] OR random allocation[MeSH Terms] OR therapeutic use[MeSH Subheading])
	specific/narrow	93%/97%	(randomized controlled trial[Publication Type] OR (randomized[Title/Abstract] AND controlled[Title/Abstract] AND trial[Title/Abstract]))
diagnosis	sensitive/broad	98%/74%	(sensitiv*[Title/Abstract] OR sensitivity and specificity[MeSH Terms] OR diagnos*[Title/Abstract] OR diagnosis[MeSH:noexp] OR diagnostic * [MeSH:noexp] OR diagnosis,differential[MeSH:noexp] OR diagnosis[Subheading:noexp])
	specific/narrow	64%/98%	(specificity[Title/Abstract])
etiology	sensitive/broad	93%/63%	(risk*[Title/Abstract] OR risk*[MeSH:noexp] OR risk * [MeSH:noexp] OR cohort studies[MeSH Terms] OR group*[Text Word])
	specific/narrow	51%/95%	((relative[Title/Abstract] AND risk*[Title/Abstract]) OR (relative risk[Text Word]) OR risks[Text Word] OR cohort studies[MeSH:noexp] OR (cohort[Title/Abstract] AND stud*[Title/Abstract]))
prognosis	sensitive/broad	90%/80%	(incidence[MeSH:noexp] OR mortality[MeSH Terms] OR follow up studies[MeSH:noexp] OR prognos*[Text Word] OR predict*[Text Word] OR course*[Text Word])
	specific/narrow	52%/94%	(prognos*[Title/Abstract] OR (first[Title/Abstract] AND episode[Title/Abstract]) OR cohort[Title/Abstract])
clinical prediction guides	sensitive/broad	96%/79%	(predict*[tiab] OR predictive value of tests[mh] OR scor*[tiab] OR observ*[tiab] OR observer variation[mh])
	specific/narrow	54%/99%	(validation[tiab] OR validate[tiab])
The Clinical Queries search filters are based on the work of Haynes RB et al.			
PubMed Help			

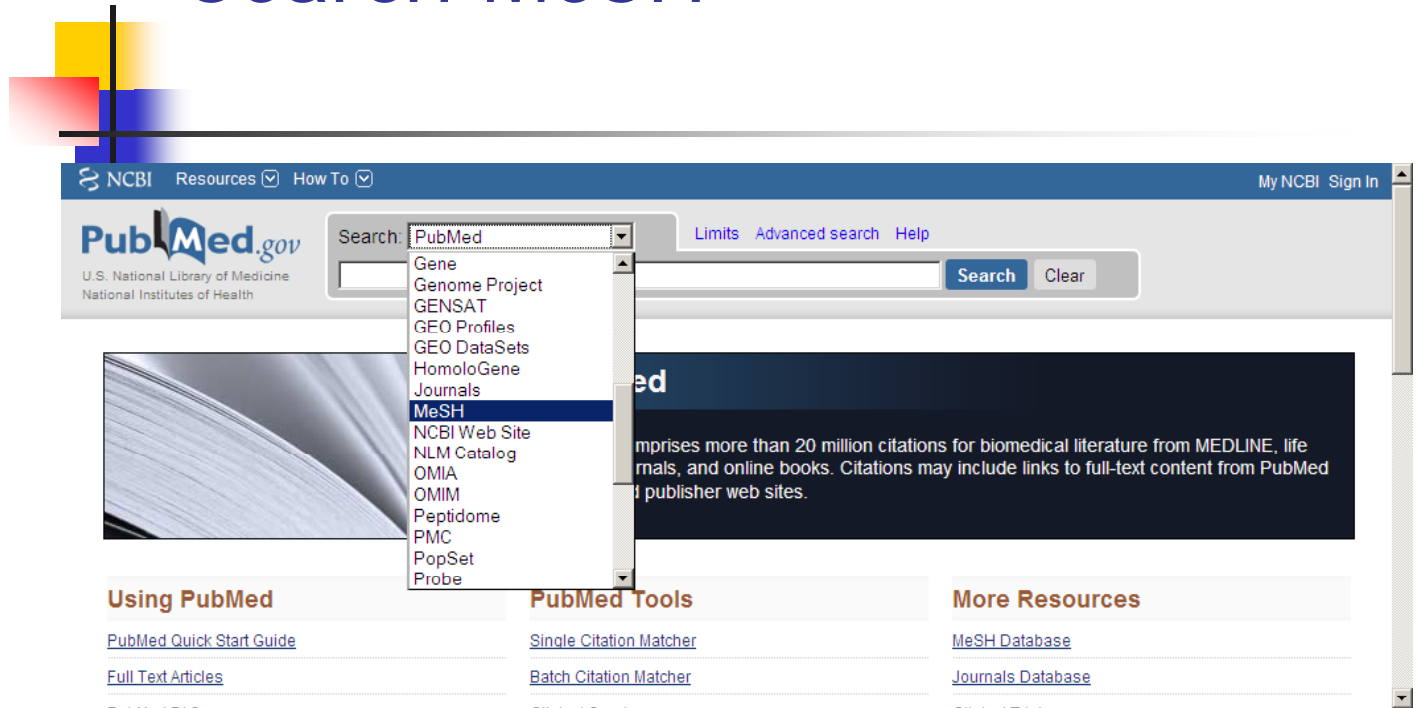
## Keyword สำหรับเนื้อหาได้มาอย่างไร

PICO: Hepatoma or hepatocellular carcinoma, transarterial chemotherapy, supportive care, survival

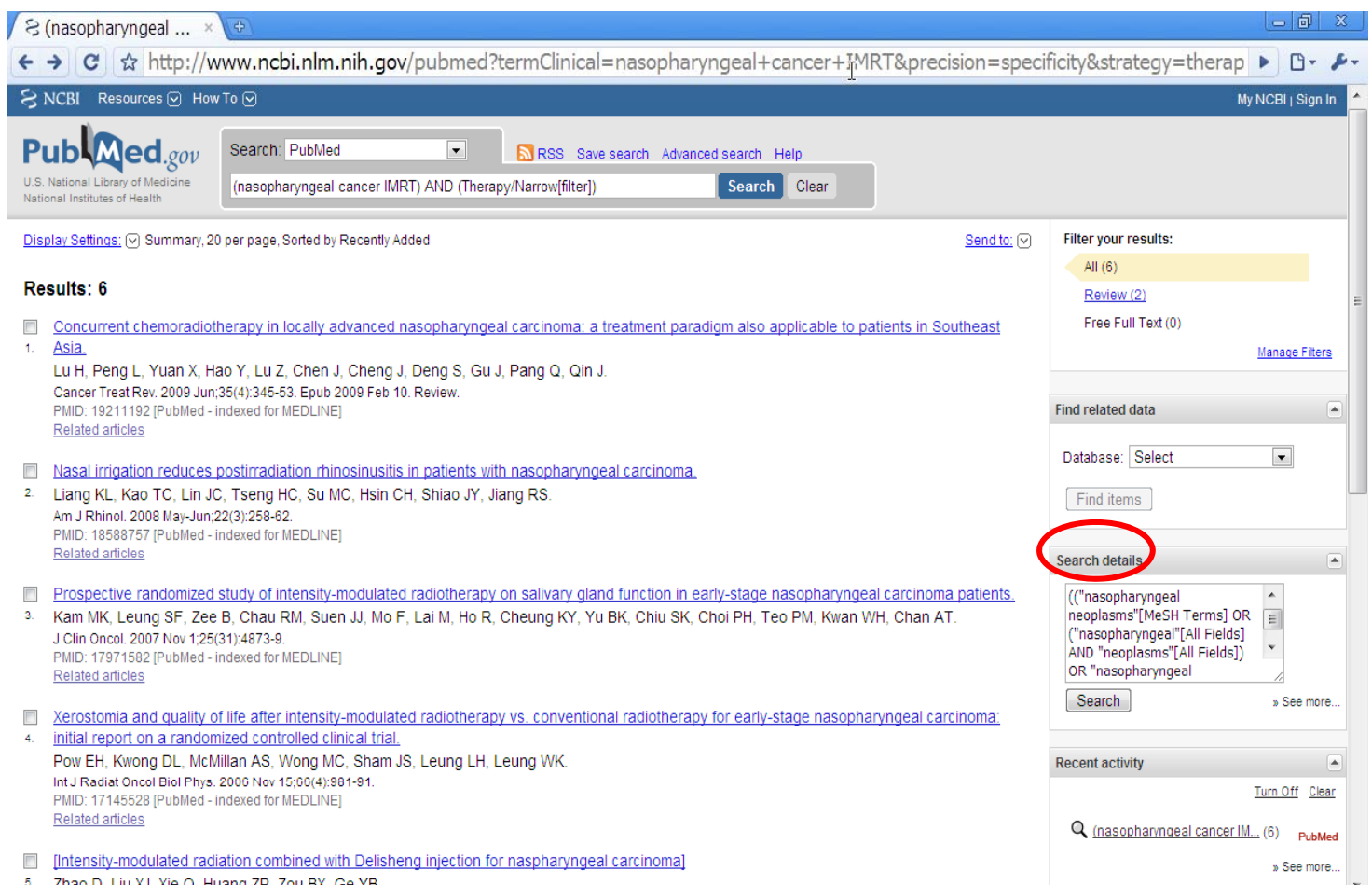
ตัวอย่างส่วนประกอบต่างๆของคำถาม

1. ประชากร: ผู้ป่วยโรคมะเร็งตับที่ไม่สามารถรักษาโดยการผ่าตัด
2. การรักษา: Transarterial therapy คือการรักษาโดยใช้สายสวนทางหลอดเลือดแดงเข้าสู่บริเวณที่เป็นมะเร็งตับและฉีดยาเคมีหรือสารอุดหลอดเลือดเพื่อกำจัดมะเร็งโดยตรง
3. การรักษาที่ต้องการเปรียบเทียบ: การรักษาทามอาการเท่านั้น
4. ผลลัพธ์: อัตราการรอดชีวิต 1 ปีหลังจากเริ่มรับการรักษา

# Search MeSH



## Search detail



## ตัวอย่าง search detail

### ■ NPC:

#### Search details

```
"Nat Prod Commun"[Journal] OR  
"npc"[All Fields]
```

Search

[See more...](#)

## ตัวอย่าง search detail

### ■ Nasopharyngeal carcinoma

#### Search Details

##### Query Translation:

```
"nasopharyngeal neoplasms"[MeSH Terms] OR  
("nasopharyngeal"[All Fields] AND "neoplasms"[All Fields]) OR  
"nasopharyngeal neoplasms"[All Fields] OR  
("nasopharyngeal"[All Fields] AND "carcinoma"[All Fields]) OR  
"nasopharyngeal carcinoma"[All Fields]
```

Search

URL



# ตัวอย่าง abstract systematic review

BMJ. 1995 Oct 7;311(7010):899-909.

## **Chemotherapy in non-small cell lung cancer: a meta-analysis using updated data on individual patients from 52 randomised clinical trials. Non-small Cell Lung Cancer Collaborative Group.**

[No authors listed]

### **Abstract**

**OBJECTIVE:** To evaluate the effect of cytotoxic chemotherapy on survival in patients with non-small cell lung cancer.

**DESIGN:** Meta-analysis using updated data on individual patients from all available randomised trials, both published and unpublished.

**SUBJECTS:** 9387 patients (7151 deaths) from 52 randomised clinical trials.

**MAIN OUTCOME MEASURE:** Survival.

**RESULTS:** The results for modern regimens containing cisplatin favoured chemotherapy in all comparisons and reached conventional levels of significance when used with radical radiotherapy and with supportive care. Trials comparing surgery with surgery plus chemotherapy gave a hazard ratio of 0.87 (13% reduction in the risk of death, equivalent to an absolute benefit of 5% at five years). Trials comparing radical radiotherapy with radical radiotherapy plus chemotherapy gave a hazard ratio of 0.87 (13% reduction in the risk of death; absolute benefit of 4% at two years), and trials comparing supportive care with supportive care plus chemotherapy 0.73 (27% reduction in the risk of death; 10% improvement in survival at one year). The essential drugs needed to achieve these effects were not identified. No difference in the size of effect was seen in any subgroup of patients. In all but the radical radiotherapy setting, older trials using long term alkylating agents tended to show a detrimental effect of chemotherapy. This effect reached conventional significance in the adjuvant surgical comparison.

**CONCLUSION:** At the outset of this meta-analysis there was considerable pessimism about the role of chemotherapy in non-small cell lung cancer. These results offer hope of progress and suggest that chemotherapy may have a role in treating this disease.

# ตัวอย่าง abstract systematic review

Thromb Haemost. 2012 Nov 8;109(1). [Epub ahead of print]

## **Accuracy of emergency physician-performed ultrasonography in the diagnosis of deep-vein thrombosis. A systematic review and meta-analysis.**

Pomero F, Dentali F, Borretta V, Bonzini M, Malhotra R, Douketis JD, Fenoglio LM.

Francesco Dentali, U.O. Medicina Interna, Ospedale di Circolo, Viale Borri 57, 21100 Varese, Italy, Tel.: +39 0332 278594, Fax: +39 0332 278229, E-mail: fdentali@libero.it.

### **Abstract**

Duplex ultrasound is the first-line diagnostic test for detecting lower limb deep-vein thrombosis (DVT) but it is time consuming, requires patient transport, and cannot be interpreted by most physicians. The accuracy of emergency physician-performed ultrasound (EPPU) for the diagnosis of DVT, when performed at the bedside, is unclear. We did a systematic review and meta-analysis of the literature aiming to provide reliable data on the accuracy of EPPU in the diagnosis of DVT. The MEDLINE and EMBASE databases (up to August 2012) were systematically searched for studies evaluating the accuracy of EPPU compared to either colour-flow duplex ultrasound performed by a radiology department or vascular laboratory, or to angiography, in the diagnosis of DVT. Weighted mean sensitivity and specificity and associated 95% confidence intervals (CIs) were calculated using a bivariate random-effects regression approach. There were 16 studies included, with 2,379 patients. The pooled prevalence of DVT was 23.1% (498 in 2,379 patients), ranging from 7.4% to 47.3%. Using the bivariate approach, the weighted mean sensitivity of EPPU compared to the reference imaging test was 96.1% (95%CI 90.6-98.5%), and with a weighted mean specificity of 96.8% (95%CI:94.6-98.1%). Our findings suggest that EPPU may be useful in the management of patients with suspected DVT. Future prospective studies are warranted to confirm these findings.

PMID: 23138420 [PubMed - as supplied by publisher]

# ตัวอย่าง randomized trial

J Natl Cancer Inst. 1994 May 4;86(9):673-80.

## A randomized trial comparing perioperative chemotherapy and surgery with surgery alone in resectable stage IIIA non-small-cell lung cancer.

Roth JA, Fossella F, Komaki R, Ryan MB, Putnam JB Jr, Lee JS, Dhingra H, De Caro L, Chasen M, McGavran M, et al.

Department of Thoracic and Cardiovascular Surgery, University of Texas M. D. Anderson Cancer Center, Houston 77030.

### Abstract

**BACKGROUND:** Patients with resectable stage IIIA non-small-cell lung cancer have a low survival rate following standard surgical treatment. Nonrandomized trials in which induction chemotherapy or a combination of chemotherapy and radiation prior to surgery were used to treat patients with regionally advanced primary cancers have suggested that survival is improved when compared with treatment by surgery alone.

**PURPOSE:** We performed a prospective, randomized study of patients with previously untreated, potentially resectable clinical stage IIIA non-small-cell lung cancer to compare the results of perioperative chemotherapy and surgery with those of surgery alone.

**METHODS:** This trial was designed to test the null hypothesis that the proportion of patients surviving 3 years is 12% for either treatment group against the alternate hypothesis that the 3-year survival rate would be 12% in the surgery alone group and 32% in the perioperative chemotherapy group. The estimated required sample size was 65 patients in each group. The trial was terminated at an early time according to the method of O'Brien and Fleming following a single unplanned interim analysis. The decision to terminate the trial was based on ethical considerations, the magnitude of the treatment effect, and the high degree of statistical significance attained. In total, 60 patients were randomly assigned between 1987 and 1993 to receive either six cycles of perioperative chemotherapy (cyclophosphamide, etoposide, and cisplatin) and surgery (28 patients) or surgery alone (32 patients). For patients in the former group, tumor measurements were made before each course of chemotherapy and the clinical tumor response was evaluated after three cycles of chemotherapy; they then underwent surgical resection. Patients who had documented tumor regression after preoperative chemotherapy received three additional cycles of chemotherapy after surgery.

**RESULTS:** After three cycles of preoperative chemotherapy, the rate of clinical major response was 35%. Patients treated with perioperative chemotherapy and surgery had an estimated median survival of 64 months compared with 11 months for patients who had surgery alone ( $P < .008$  by log-rank test;  $P < .018$  by Wilcoxon test). The estimated 2- and 3-year survival rates were 60% and 56% for the perioperative chemotherapy patients and 25% and 15% for those who had surgery alone, respectively.

**CONCLUSIONS:** In this trial, the treatment strategy using perioperative chemotherapy and surgery was more effective than surgery alone.

**IMPLICATIONS:** This clinical trial strengthens the validity of using perioperative chemotherapy in the management of patients with resectable stage IIIA non-small-cell lung cancer. Further investigation of the perioperative chemotherapy strategy in earlier stage lung cancer is warranted.

## Results! of RCTs, save search

The screenshot shows a web browser window with the address bar displaying the URL: <http://www.ncbi.nlm.nih.gov/pubmed?termClinical=nasopharyngeal+cancer+IMRT&precision=specificity&strategy=therap>. The page is from the NCBI (National Center for Biotechnology Information) website, specifically the PubMed search interface. The search bar contains the query: "(nasopharyngeal cancer IMRT) AND (Therapy/Narrow[filter])". The results section shows 6 results, with the first result being "Concurrent chemoradiotherapy in locally advanced nasopharyngeal carcinoma: a treatment paradigm also applicable to patients in Southeast Asia". The right sidebar contains filters for the results, including "Filter your results:" with options for "All (6)", "Review (2)", and "Free Full Text (0)". There is also a "Find related data" section with a database selector and a "Search details" section showing the search query: "((\"nasopharyngeal neoplasms\"[MeSH Terms] OR (\"nasopharyngeal\"[All Fields] AND \"neoplasms\"[All Fields]) OR \"nasopharyngeal\"".

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Wang XY, Wu MH, Liu F, Li Y, Li N, Li GY, Shen SR.

Department of Gastroenterology, The Third Xiangya Hospital, The Central South University, Changsha, 410013, China.

### Abstract

Nasopharyngeal carcinoma-associated gene 6 (NGX6) was shown to be a novel putative tumor suppressor gene in colon cancer. The purpose of this study is to investigate its role in regulation of miRNA expression for in the hopes of translating this data into a novel strategy in control of colon cancer. In this study colon cancer HT-29 cells were stably transfected with NGX6 or vector-only plasmid and then subjected to miRNA array analysis, and Q-RT-PCR was then used to verify miRNA array data. Then bioinformatic analyses using Sanger, Target Scan, and MicroRNA software were performed to obtain data on the target genes of each miRNA and define their function. Our results showed that 14 miRNAs were found to be differentially expressed in NGX6-transfected cells compared to the control cells. In particular, miR-126, miR-142-3p, miR-155, miR-552, and miR-630 were all upregulated, whereas miR-146a, miR-152, miR-205, miR-365, miR-449, miR-518c, miR-584, miR-615, and miR-622 were downregulated after NGX6 transfection. Q-RT-PCR confirmed all of these miRNAs, and invalidated miR-552 and miR-630. Furthermore, bioinformatic analyses of these 12 miRNAs, among these miRNAs, target genes of miR-615 are unclear, another 11 miRNAs produced a total of 254 potential target genes and further study showed that these genes together formed a regulatory network that contributes to apoptosis, mobility/migration, hydrolysis activity, and molecular signaling through targeting JNK and Notch pathways. Taken together, these results have suggested that NGX6 plays an independent role in regulation of apoptosis, mobility/migration, and

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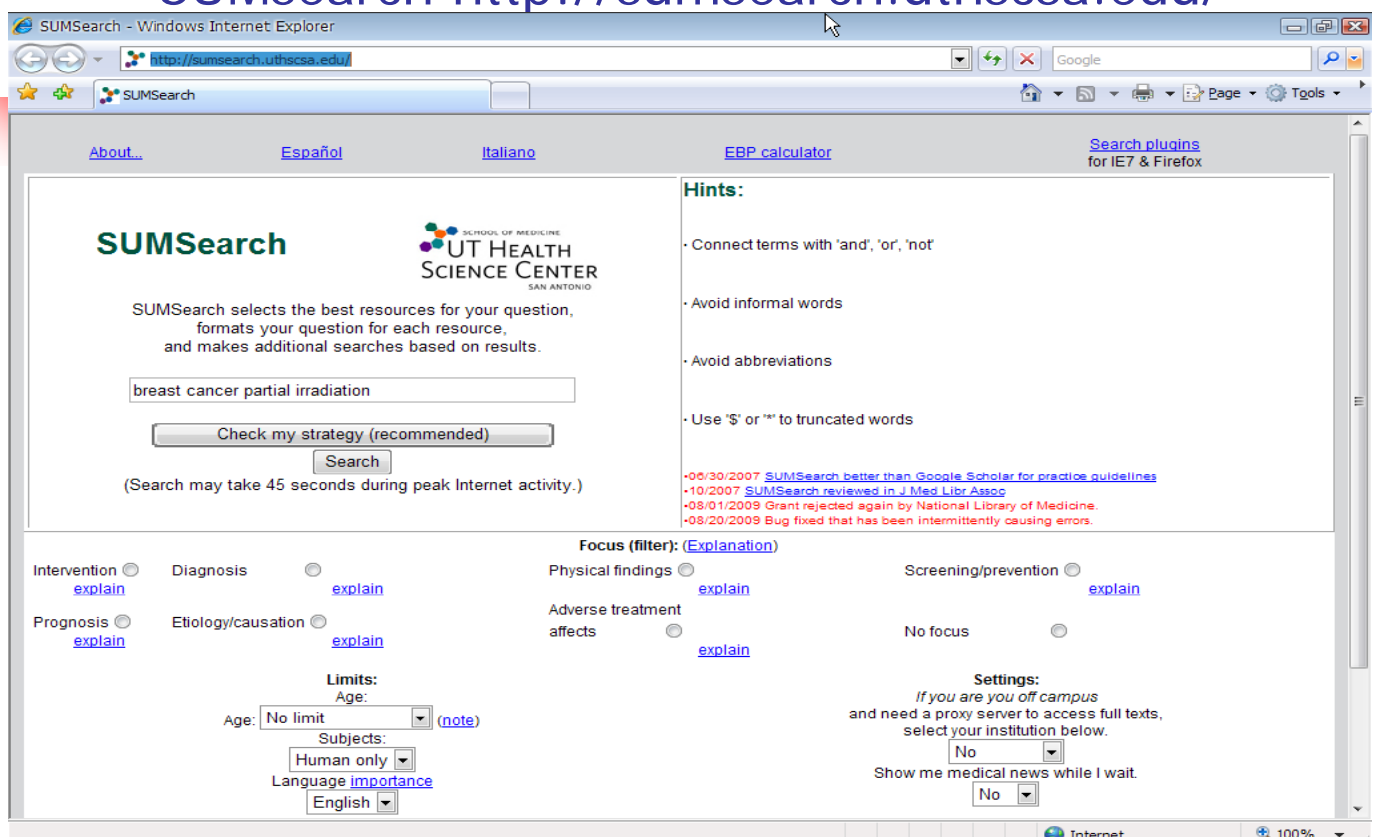
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## Comparison of PubMed, Scopus, Web of Science, and Google Scholar: strengths and weaknesses

Matthew E. Falagas,<sup>\*,†,1</sup> Eleni I. Pitsouni,<sup>\*</sup> George A. Malietzis,<sup>\*</sup> and Georgios Pappas<sup>‡</sup>

<sup>\*</sup>Alfa Institute of Biomedical Sciences, Athens, Greece; <sup>†</sup>Department of Medicine, Tufts University School of Medicine, Boston, Massachusetts, USA; and <sup>‡</sup>Institute of Continuing Medical Education of Ioannina, Ioannina, Greece

**ABSTRACT** The evolution of the electronic age has led to the development of numerous medical databases on the World Wide Web, offering search facilities on a particular subject and the ability to perform citation analysis. We compared the content coverage and practical utility of PubMed, Scopus, Web of Science, and Google Scholar. The official Web pages of the databases were used to extract information on the range of journals covered, search facilities and restrictions, and update frequency. We used the example of a keyword

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**TABLE 1. Characteristics of databases**

Characteristic	Pub Med	Scopus	Web of Science	Google Scholar
Date of official inauguration	06/1997 <sup>a</sup>	11/2004	2004 <sup>b</sup>	11/2004
Content				
No. of journals	6000 (827 open access)	12,850 (500 open access)	8700	No data provided (theoretically all electronic resources)
Languages	English (plus 56 other languages)	English (plus more than 30 other languages)	English (plus 45 other languages)	English (plus any language)
Focus (field)	Core clinical journals, dental journals, nursing journals, biomedicine, medicine, history of medicine, bioethics, space, life sciences	Physical sciences, health sciences, life sciences, social sciences	Science, technology, social sciences, arts and humanities	Biology, life sciences and environmental sciences, business, administration, finance and economics, chemistry and materials science, engineering, pharmacology, veterinary science, social sciences, arts and humanities
Period covered	1950-present	1966-present	1900-present	Theoretically all available electronically
Databases covered	Medline (1966-present), old Medline (1950-1965), PubMed Central, linked to other, more specialized, NLM databases	100% Medline, Embase, Compendex, World textile index, Fluidex, Geobase.	Science citation index expanded, social sciences citation index, arts and humanities citation index, index	PubMed, OCLC First Search

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- Includes only journal articles
- Focuses on biomedical journal literature
- Database size - over 14 million citations
- Uses MeSH, Medical Subject Headings as its controlled vocabulary.

### CINAHL

(Cumulated Index to Nursing & Allied Health Literature)

- Coverage: 1982-the present
- Indexes 1100 journals
- Includes journal articles, book chapters, dissertations, AVs, nurse practice acts, etc.
- Focuses on nursing and allied health literature
- Database size – 920,000 citations
- Based upon MeSH with addition of nursing / allied health terms called CINAHL Subject Headings

- Includes only journal articles
- Focuses on biomedical journal literature
- Database size - over 14 million citations
- Uses MeSH, Medical Subject Headings as its controlled vocabulary.

*E.g.*

MeSH is **nursing theory**, no explosion possible

- Uses **PT** for Publication type  
*E.g. review in pt*
- Not possible to identify peer-reviewed journals

- Includes journal articles, book chapters, dissertations, AVs, nurse practice acts, etc.

- Focuses on nursing and allied health literature

- Database size – 920,000 citations

- Based upon MeSH with addition of nursing / allied health terms called CINAHL Subject Headings

*E.g.*

CINAHL is **nursing theory** and can be exploded to include specific theories

- Uses **DT** for Document type  
*E.g. research in dt*
- Peer-reviewed journal limit available

# Nursing Consult

Mosby's Nursing Consult - Home - Mozilla Firefox

http://www.nursingconsult.com/php/170375877-2/home.html

Home Evidence-Based Nursing Books Journals Drugs Guidelines Patient Education Clinical Updates Images News SKILLS

Search: [ ] For [ ] With [Any] Focus [ ] Go [ ] Advanced Search | Last Results

Home

**About Mosby's Nursing Consult**

- What's New
- About Us
- Explore Features
- FAQs
- Magnet Recognition
- Nursing Advisory Board
- Press Room
- Take A Tour
- Testimonials

**Personal Account Login**

User Name: [ ] Password: [ ] Log On

Athens User: [Click here to login](#)

Forgot your password? [Click Here](#)

**Welcome to Mosby's Nursing Consult!**

Mosby's Nursing Consult offers a vast array of information to help you in your nursing practice. Our available reference information includes:

- Over 30 leading nursing books
- Over 30 leading full-text nursing journals
- Evidence-Based Nursing Monographs
- Drug information and calculators
- Over 250 Practice Guidelines
- 8,000 Patient Handouts
- 8,000 images
- "Best Practice" Clinical Updates
- Dictionary
- MEDLINE
- Mosby's Index
- Nursing and Medical News

**Evidence-Based Nursing Collection** More ...

- [Pancreatitis](#)
- [Crohn Disease](#)
- [Sepsis and Septic Shock](#)

**Nursing News** More ...

× หา : nurse ↓ถัดไป ↑ก่อนหน้า ↻ เป็นสิ่งทั้งหมด ☐ ตัวพิมพ์ใหญ่-เล็กตรงกัน

กำลังถ่ายโอนข้อมูลจาก www.nursingconsult.com...



# ProQuest Nursing & Allied Health Source

Basic Search - ProQuest - Mozilla Firefox

http://proquest.umi.com.ejournal.mahidol.ac.th/login

ProQuest

Basic Advanced Topics Browse Publications My Research

Databases selected: Multiple databases...

Basic Search

Tools: Search Tips Browse Topics

Search Clear

Database: Multiple databases... Select multiple databases

Date range: All dates

Limit results to: ☐ Full text documents only ☐ Scholarly journals, including peer-reviewed About

More Search Options

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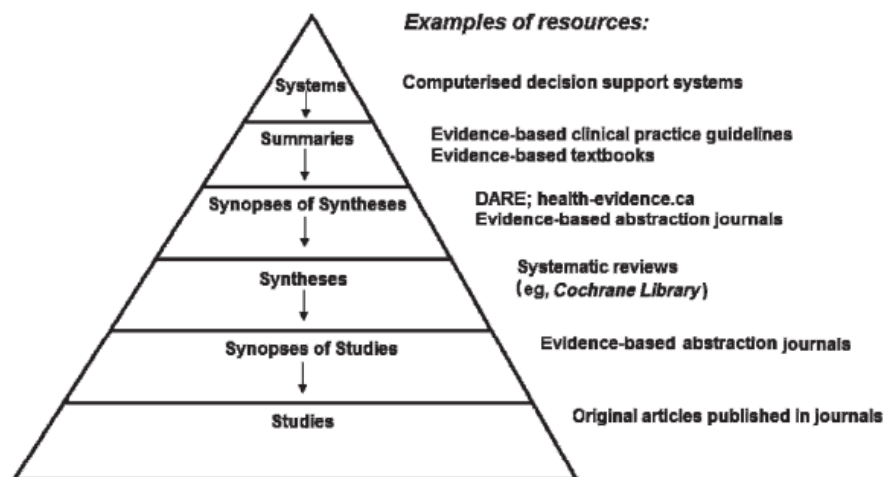
Text-only interface ProQuest

× หา : nurs

↓ จัดไป ↑ ก่อนหน้า ↻ เบื้องหลังทั้งหมด ☐ ตัวพิมพ์ใหญ่-เล็กตรงกัน

เสร็จสิ้น

## Health-evidence.ca



The 6S hierarchy of pre-appraised evidence

health-evidence.ca

Promoting evidence-informed decision making

BROWSE articles SEARCH articles

You are not currently logged in

Home About Us How to Use This Site Additional Resources Contact Us

Will Work 4 Food

Most accessed review this week

November 09, 2009

School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18 (28 views)

Tailored emails from health-evidence.ca

Welcome!

health-evidence.ca aims to support evidence-informed decision making in public health by providing current research evidence in a searchable online registry. Findings of a research project funded by the Canadian Institutes of Health Research, demonstrated a need for a reliable source of review evidence that public health practitioners and decision-makers could easily access and employ.

The health-evidence.ca team regularly searches for, screens, and rates systematic and

health-evidence.ca

Articles

Search

Print Search | Back to Search

Did you mean malignant instead of cancer? - Include both terms

Options - Click here to refine your search

Current Results

To sort click a column heading

Article	Authors	Date	Rating
Screening for prostate cancer	Ilic, D. et al.	2006	10 (strong)
Community-based strategies to promote cervical cancer screening (Report)	Black, M. et al.	2000	10 (strong)
Effectiveness of strategies to increase cervical cancer screening: A systematic review of the literature 1989-1999 (Report)	Black, M. et al.	2000	10 (strong)
The effectiveness of community interventions to increase fruit and	Cilicks, D. et		

# Is the study worth doing?

Lancet **1993**; 342:221-223.

*Lucy M Carpenter*

**“Good systematic reviews  
provide a valuable foundation  
for new research initiatives.”**

**Two new resources that will  
help the EQUATOR Network  
to help others to address  
these serious problems**


[PLOS ONE](#)



Centre for Reviews and Dissemination



The Cochrane Collaboration













**PubMedHealth specializes in reviews of clinical effectiveness research**, with easy-to-read summaries for consumers as well as full technical reports.

**PROSPERO**

International prospective register of systematic reviews

**NHS**National Institute for  
Health Research**Home**[Register a review](#)[My PROSPERO records](#)[My details](#)[Search PROSPERO](#)[Search CRD databases](#)[About PROSPERO](#)[Help with registration](#)[Support for PROSPERO](#)[References and resources](#)[Contact](#)[Disclaimer](#)

Home

[Sign in or Join](#)**PROSPERO, looking good one year on**

PROSPERO, the first open access online facility to prospectively register systematic reviews reports a successful first year with researchers from 27 countries around the world registering reviews.

We are delighted to announce that BMJ and BMJ Open have joined PLoS in supporting the principle of protocol registration and the aims of PROSPERO. In addition, the new BMC Journal Systematic Reviews launched with a featured series of articles supporting systematic review registration and PROSPERO including a commentary on the NIHR position by Dame Sally Davies.

[Read more...](#)**Register your review protocol details**

Registration is free and open to anyone undertaking systematic reviews of the effects of interventions and strategies to prevent, diagnose, treat, and monitor health conditions, for which there is a health related outcome.

Register your review when the protocol (or equivalent) has been completed but before screening studies for inclusion begins.

Simply:

- Sign in
- Click on 'Register a review'
- Complete the required fields
- Click submit



Brought to you by: The Canadian Partnership Against Cancer

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**cancerview.ca**  
CONNECTING CANADIANS TO QUALITY CANCER RESOURCES

Search

Participate & Connect | Prevention & Screening | **Treatment & Support** | Research & Trials | Quality & Planning | First Nations, Inuit & Métis | Resource Library

## Guidelines Resource Centre

... > Professionals > Clinical Guidelines > Guidelines Resource Centre > SAGE Directory of Cancer Guidelines > Search SAGE

Twitter Facebook Google+ LinkedIn Email RSS

### Guidelines Resource Centre

SAGE Directory of Cancer Guidelines

- How to use SAGE
- Search SAGE

### Search Standards and Guidelines Evidence (SAGE)

Sort result by **Relevance** ▼

Display **10** ▼ records per page

## Other interesting databases

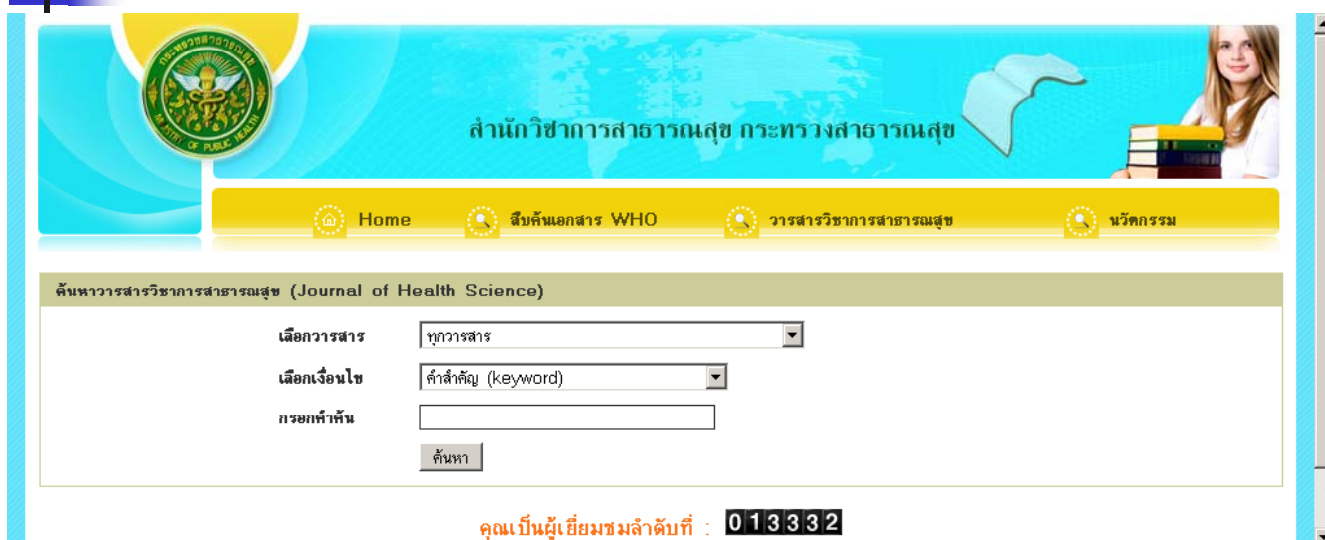
- Systematic review:
  - National guideline clearing house (free)
  - Guideline from specialist's association
- RCT
  - Cochrane central register of controlled trial

# จพสท ออนไลน์



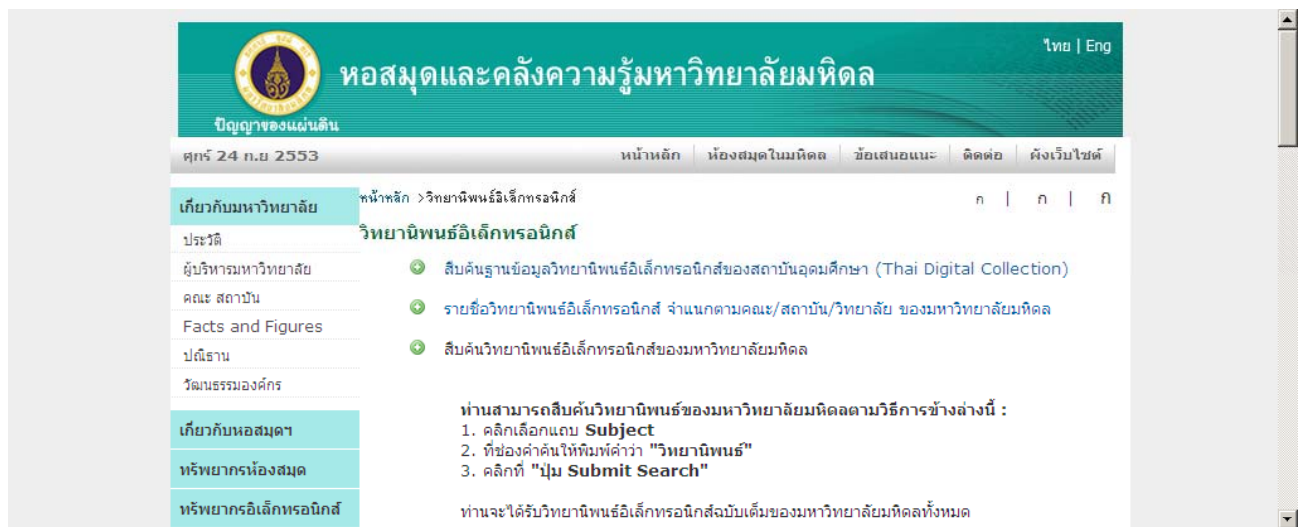
The screenshot shows the homepage of the Journal of The Medical Association of Thailand (JMAOT) online. The header features the JMAOT logo on the left, the text "สมาคมแพทยสมาคมแห่งประเทศไทย ในพระบรมราชูปถัมภ์" and "The Medical Association of Thailand" in the center, and a decorative image of a temple on the right. Below the header is a navigation bar with links: "หน้าหลัก", "คณะกรรมการ", "ประวัติสมาคม", "กิจกรรม", "สมัครสมาชิก", "จพสท. ออนไลน์", and "ติดต่อ". The main content area is divided into two columns. The left column, titled "นายกสมาคม ฯ", features a portrait of a man in a military uniform and the text "พล.ต.ท. จอห์น อาวเจนพงษ์". The right column, titled "จพสท. ออนไลน์", contains a search bar with a dropdown menu set to "All word" and a "Search" button. Below the search bar is a list of volumes: "Volume [ 93 || 92 || 91 || 90 || 89 || 88 || 87 || 82 ]". At the bottom of the right column, it says "Journal of The Medical Association of Thailand" and "Volume 93 No. 9 September 2010".

# สำนักวิชาการสาธารณสุข



The screenshot shows the homepage of the Journal of Health Science. The header features the logo of the Ministry of Public Health on the left, the text "สำนักวิชาการสาธารณสุข กระทรวงสาธารณสุข" in the center, and a decorative image of a woman holding books on the right. Below the header is a navigation bar with links: "Home", "สืบค้นเอกสาร WHO", "วารสารวิชาการสาธารณสุข", and "นวัตกรรม". The main content area is titled "ค้นหาวารสารวิชาการสาธารณสุข (Journal of Health Science)". It contains a search form with three dropdown menus: "เลือกวารสาร" (set to "ทุกวารสาร"), "เลือกเงื่อนไข" (set to "คำสำคัญ (keyword)"), and "กรณยกทำค้น" (set to "ค้นหา"). Below the search form is a button labeled "ค้นหา". At the bottom of the page, it says "คุณเป็นผู้เยี่ยมชมลำดับที่ : 013332".

# วิทยานิพนธ์มหิดล



หอสมุดและคลังความรู้มหาวิทยาลัยมหิดล

ไทย | Eng

ศุกร์ 24 ก.ย 2553

หน้าหลัก | ห้องสมุดในมหิดล | ข้อเสนอแนะ | ติดต่อ | ผังเว็บไซต์

เกี่ยวกับมหาวิทยาลัย

ประวัติ

ผู้บริหารมหาวิทยาลัย

คณะ สถาบัน

Facts and Figures

ปณิธาน

วัฒนธรรมองค์กร

เกี่ยวกับหอสมุด

ทรัพยากรห้องสมุด

ทรัพยากรอิเล็กทรอนิกส์

หน้าหลัก > วิทยานิพนธ์อิเล็กทรอนิกส์

วิทยานิพนธ์อิเล็กทรอนิกส์

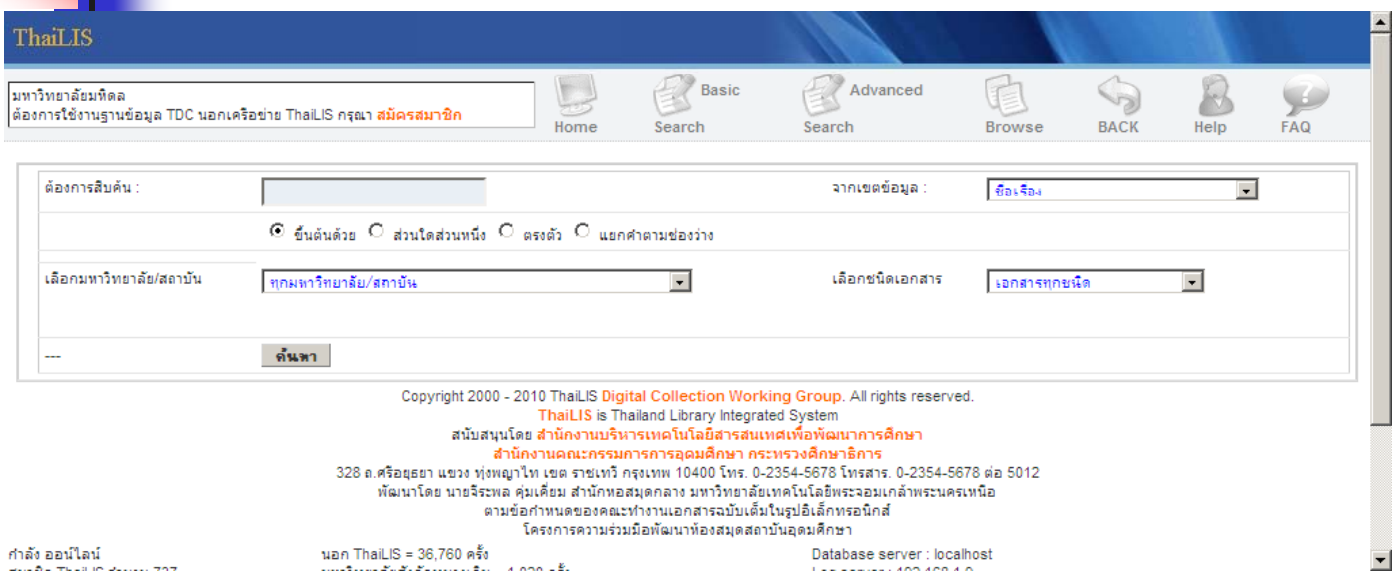
- สืบค้นฐานข้อมูลวิทยานิพนธ์อิเล็กทรอนิกส์ของสถาบันอุดมศึกษา (Thai Digital Collection)
- รายชื่อวิทยานิพนธ์อิเล็กทรอนิกส์ จำแนกตามคณะ/สถาบัน/วิทยาลัย ของมหาวิทยาลัยมหิดล
- สืบค้นวิทยานิพนธ์อิเล็กทรอนิกส์ของมหาวิทยาลัยมหิดล

ท่านสามารถสืบค้นวิทยานิพนธ์ของมหาวิทยาลัยมหิดลตามวิธีการข้างล่างนี้ :

- คลิกเลือกแถบ **Subject**
- ที่ช่องคำค้นให้พิมพ์คำว่า "วิทยานิพนธ์"
- คลิกที่ "ปุ่ม Submit Search"

ท่านจะได้รับวิทยานิพนธ์อิเล็กทรอนิกส์ฉบับเต็มของมหาวิทยาลัยมหิดลทั้งหมด

# Thai LIS Digital Collection



ThaiLIS

มหาวิทยาลัยมหิดล

ต้องการใช้งานฐานข้อมูล TDC นอกเครือข่าย ThaiLIS กรุณา [สมัครสมาชิก](#)

Home Search Search Browse BACK Help FAQ

ต้องการสืบค้น :

จากเขตข้อมูล : **ชื่อเรื่อง**

☒ สืบค้นด้วย ☐ ส่วนใดส่วนหนึ่ง ☐ ตรงตัว ☐ แยกคำตามช่องว่าง

เลือกมหาวิทยาลัย/สถาบัน : **ทุกมหาวิทยาลัย/สถาบัน** เลือกชนิดเอกสาร : **เอกสารทุกชนิด**

**ค้นหา**

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ThaiLIS is Thailand Library Integrated System

สนับสนุนโดย สำนักงานบริหารเทคโนโลยีสารสนเทศเพื่อพัฒนาการศึกษา

สำนักงานคณะกรรมการการอุดมศึกษา กระทรวงศึกษาธิการ

328 ถ.ศรีอยุธยา แขวงทุ่งพญาไท เขตราชเทวี กรุงเทพฯ 10400 โทร. 0-2354-5678 โทรสาร. 0-2354-5678 ต่อ 5012

พัฒนาโดย นายจิระพล คุณเดียม สำนักหอสมุดกลาง มหาวิทยาลัยเทคโนโลยีพระจอมเกล้าพระนครเหนือ

ตามข้อกำหนดของคณะทำงานเอกสารฉบับเต็มในรูปแบบอิเล็กทรอนิกส์

โครงการความร่วมมือพัฒนาห้องสมุดสถาบันอุดมศึกษา

กำลังออนไลน์

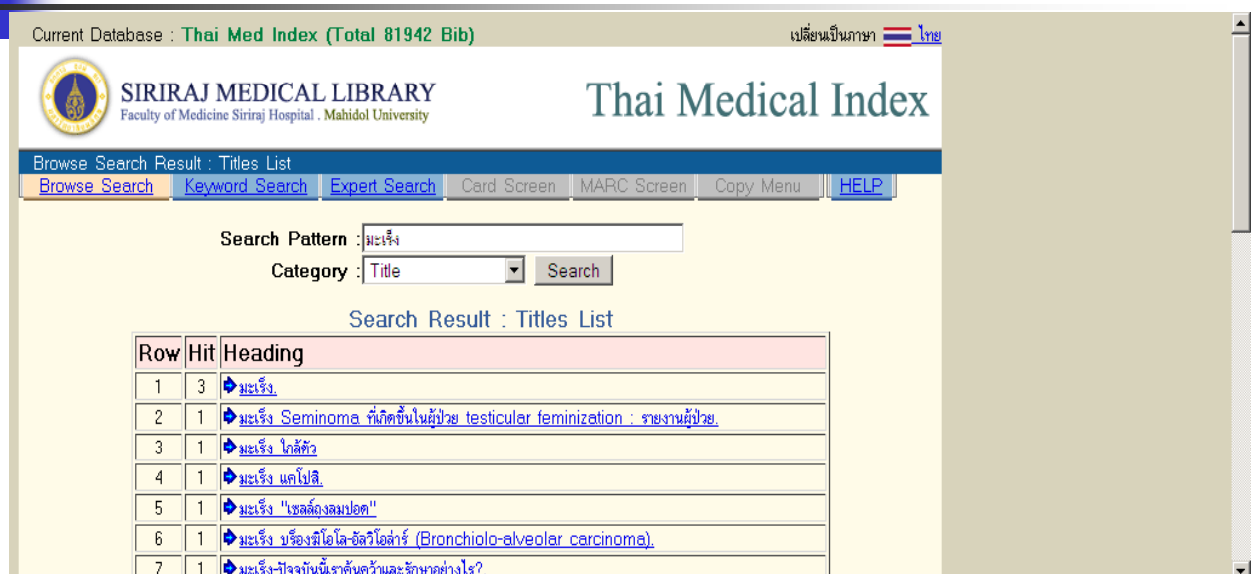
นอก ThaiLIS = 36,760 เครื่อง

Database server : localhost

# สำนักงานกองทุนสนับสนุนการวิจัย (สกว.)



# Thai Medical Index





# Plagiarism

- **Plagiarism** is the unauthorized use or close imitation of the language and thoughts of another author and the representation of them as one's own original work.
- Within academia, plagiarism by students, professors, or researchers is considered academic dishonesty or academic fraud and offenders are subject to academic censure.

From Wikipedia, the free encyclopedia

## eTBLAST

The screenshot shows the eTBLAST web application running in a Mozilla Firefox browser. The address bar displays the URL `http://invention.swmed.edu/etblast/etblast.shtml`. The browser's menu bar includes File, Edit, View, History, Bookmarks, Tools, and Help. The toolbar shows navigation buttons (back, forward, home, stop, reload) and a search bar with the Google logo. The main content area features the title "eTBLAST: A text similarity-based engine for searching literature collections". Below this, there is a section for "Input your text" with a large text input box. To the right of the input box is a "Search Database" section with a list of databases: MEDLINE (selected), NASA, IOP, CRISP, USPTO (coming), PMC, "Methods" (coming), OMIM (coming), and DrugBank (coming). Below the input box, there is a "--OR--" separator and a section for "Upload a 'text only' file" with a text input field and a "Browse..." button. At the bottom of the main content area is a "Search" button. On the right side of the browser window, there is a "News" sidebar. The sidebar contains a section titled "eTBLAST-related p..." with a paragraph about the tool's publication and a "Duplicate citation database i...". Below this is a section titled "New results post process..." with three items: "Find an Expert" (identifies authors), "Find a Journal" (identifies journals), and "View History" (provides a graphic of publication activity). At the bottom of the sidebar, there is a section titled "A Google Personalized Page Gadget for etBlast searches is av..." and a paragraph about the ethics of duplicate publications.

http://invention.swmed.edu/etblast/etblast.shtml - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://invention.swmed.edu/etblast/etblast.shtml

Most Visited Getting Started Latest Headlines iGoogle Google - บัญชีผู้ใช้

eTBLAST: A text similarity-based engine for searching literature collections

Input your text

Search Database

- ☒ MEDLINE
- ☐ NASA
- ☐ IOP
- ☐ CRISP
- ☐ USPTO (coming)
- ☐ PMC
- ☐ "Methods" (coming)
- ☐ OMIM (coming)
- ☐ DrugBank (coming)

--OR--

Upload a "text only" file

Browse...

Search

News

eTBLAST-related p...

eTBLAST and D'eja' vu spot eTBLAST tool published in eTBLAST Post-processors Duplicate citation database i...

New results post process...

"Find an Expert" - identifies authors that are the most published

"Find a Journal" - identifies journals that published on your topic

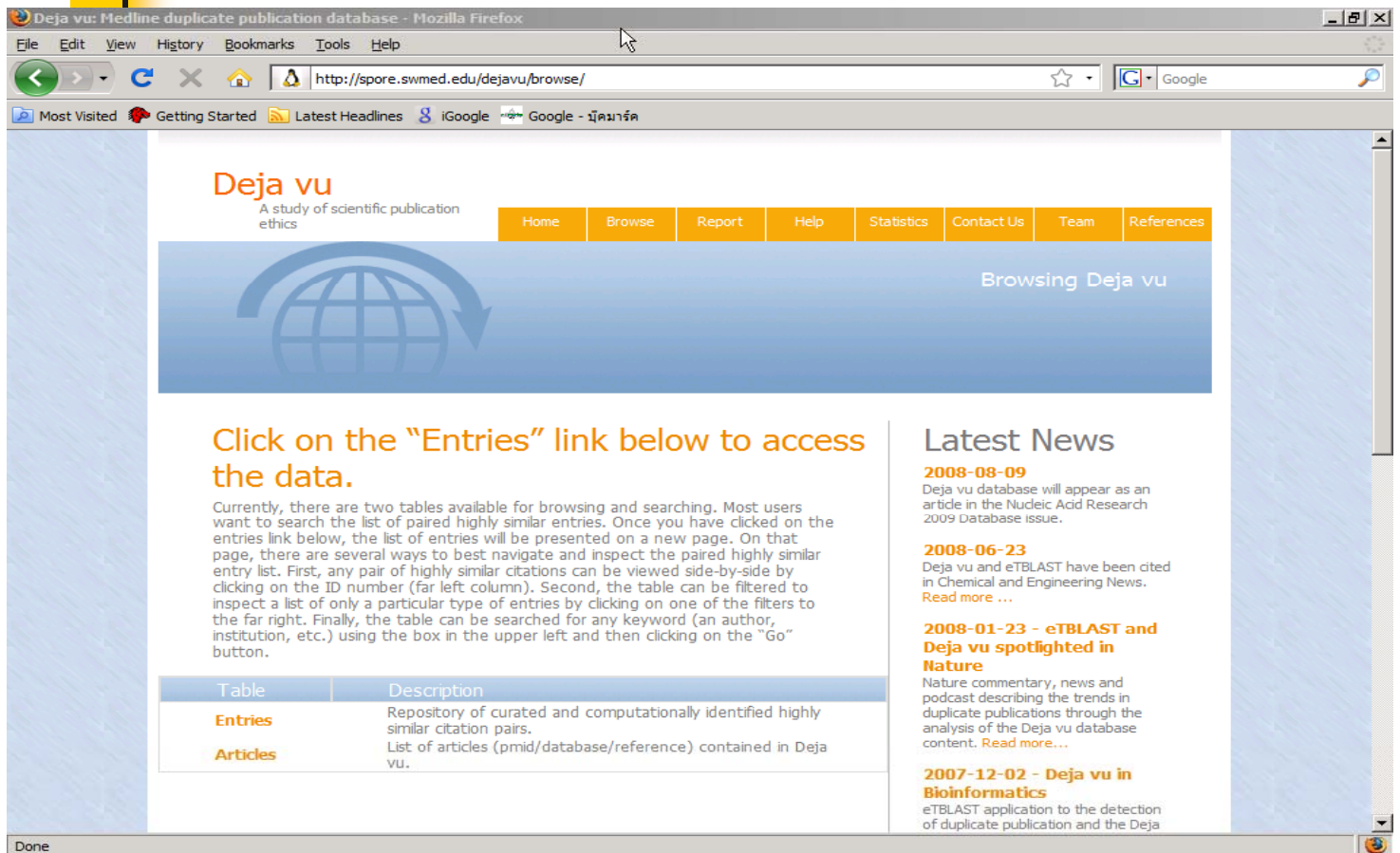
"View History" - provides a graphic of the publication activity c...

A Google Personalized Page Gadget for etBlast searches is av...

Study of the ethics of duplicate publications: Commentary, news publications identified by eTBLAST and deposited in our Deja vu...

(10 items remaining) Downloading picture http://invention.swmed.edu/etblast/etblast\_logos/getblast.jpg...

# Browsing Deja vu



## Take-home message

- คำถามวิจัยให้ชัดเจนระดับหนึ่งก่อน
- การ “แกะรอยทางเดินเก่า” ที่ “น่าเชื่อถือที่สุด” มีคำตอบไว้แล้ว (Literature review) “และไปใช้ได้จริง” เพื่อไม่ให้เดินซ้ำ
- ได้คำถามวิจัยสุดท้าย โดยการทำงานร่วมกับ “literature review”
- โน้มน้าวให้ผู้อนุมัติทุน หรือผู้อ่านเห็นประเด็นในการวิจัย (Writing introduction) อย่าลืมบอกประเด็นที่จะได้จากงานวิจัยนี้
- ระมัดระวังการคัดลอก (plagiarism)