CHAPTER 4

SEARCHING PRACTICALITIES

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This chapter builds on Chapters 2 and 3, by considering the practicalities of conducting a search, reasons for modifying a search structure, and how to modify search plans as needed. This chapter also addresses some common issues that may confront the searching clinician.

It is sometimes confronting and frustrating for searching clinicians to realise how little evidence is available to answer their search question. Searchers need to keep in mind that evidence will only be available on library databases or internet sources if a paper has been published on the topic of interest, in a peer-reviewed journal that is available via that database. Lack of literature on a particular topic might mean a number of things:

- No research has been published in that area. This usually doesn't mean that no research has been conducted, just that the research findings may not have been published. This is a salient reminder to all clinicians and researchers, that if you conduct research, you should publish the findings, because other clinicians will benefit from reading your efforts.
- The journals in which the research has been published are not accessible through library databases or internet sources (although this is becoming rarer each year).
- Your library may not have access to the databases which hold the journals in which the research is published. This is certainly a growing concern around the world as the costs of maintaining access to library databases regularly increase.
- The keywords being used may not be the same as the key words used in the published research, hence there maybe a mismatch in terms which could result in not locating the articles clinicians hope are available.
If searchers only have access to the freely available literature (the approach we have taken in this book), they need to be aware that there may well be other literature published in their area of interest for which subscription is required. However, as we have shown in this book, there are many instances where freely available secondary evidence (such as clinical guidelines and systematic reviews) provides a comprehensive overview of primary research, some of which may not individually be freely available. In these instances, and if the secondary evidence is methodologically sound, the clinical searcher could be satisfied that the secondary evidence provides a robust and believable overview of the individual primary research.

Often it is necessary to revise or modify your search plan as you go along. This may be because you are finding too many hits, too few or no hits at all. It may be that the hits you are finding lack relevancy (finding the wrong article content) when you are searching the databases or internet. Finding too many hits often results in many irrelevant articles. This can be frustrating. This is usually a result of having too few and/or too broad a search terms. Having too few, or zero, hits from your search may result in some relevant literature being overlooked. This may suggest that there are too many search terms, or they may be too specific and/or too complex.

In order to ensure that clinicians find the most relevant, available literature, they may need to modify their search terms by narrowing search terms, broadening search terms and setting limits. However, before discussing these specific actions, this chapter first presents another way, in which you could modify the search plan, by redesigning the search PECOT. In doing so, clinicians may need to narrow or broaden their search terms and consider using limits.

**Redesigning your PECOT.** Clinicians setting their PECOT structure need to make decisions. Often these decisions are made automatically. Depending on the initial search results, clinicians may need to revisit these decisions because:

- each element of the PECOT can take a different focus and
- different elements of the PECOT could be the focus of the search.

This chapter presents examples to illustrate these points. However, first in summary, different options are outlined which could be the focus for the PECOT elements.