Critical reading using the READER acronym at an international workshop
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**Introduction**

There is increasing interest in evidence based medicine and critical evaluation of medical literature as an aid to decision making and greater emphasis on using results of research in decision making is one of the recent advances in general practice. There are well recognized models for critical reading which apply more complex rules of epidemiology but this paper describes the use of the READER model; a simple, easily applied method of assessing research, most suitable for those who have limited time for reading. This method is used in general practice training schemes and in continuing medical education in Ireland and the United Kingdom; this study describes its use by participants from a number of countries at a critical reading workshop held at the 14th WONCA World Conference in Hong Kong in 1995.

**Methods**

The sample was a self selected sample of those who attended a critical reading workshop at the 14th WONCA World Conference. The workshop, lasting 1 hour and 15 minutes, was structured in three parts:

1) an introduction to critical reading and the criteria to be used in assessing a paper (20 minutes);

2) assessment of a paper (30 minutes);

3) discussion of the paper and the assessment model (20 minutes).

Following the introduction and discussion of the method, participants were given a copy of the READER model as described in the *British Journal of General Practice* and invited to apply this model to a published paper. The paper chosen was one which described a structured intervention to reduce the use of benzodiazepines in a general practice.

**Results**

The workshop was attended by 28 GPs. There were 24 valid replies from participants from Australia, Canada, China, Denmark, Hong Kong, Ireland, Netherlands, United Kingdom and Malaysia. The sample was self selected both by participants attendance at the conference and their choice to attend this workshop.

The mean score from a possible total of 5 under the heading Relevance was 4.3 (SD 0.56), for Education was 2.67 (SD 0.70) and for applicability was 3.87 (SD 0.85). From a possible total of 10 the mean score under the heading Discrimination was 5 (SD 1.28) with a mid value (median) of 5. The overall mean score was 15.88 (SD 1.73) and the scores ranged from 13–19.

**Discussion**

The group scored the paper highly on relevance to their own practice and would therefore have considered this paper worth reading. This is remarkable as the research described in the paper was based in a National Health Service practice located in the south west of England while participants in the workshop were from nine countries and four continents.

The paper scored moderately on educational value, defined as potential to change behaviour, but the relatively higher score for applicability was surprising in view of the diversity of practice and different medical care systems and the scores indicated that most participants believed it would be possible to carry out this intervention in their own practice. The paper scored 5 for Discrimination. To score more than 6 a study would require double blind control but due to the nature of the intervention and the limitations of the methodology the paper scored well compared to a potential maximum of 6.
Critical reading

This paper had previously been assessed using a similar structured workshop by the Conference of Teachers of the Irish College of General Practitioners (ICGP). The mean scores achieved by this group are shown for comparison (Table 1) and show remarkable similarity and distribution (Figure 1) even though the participants were very different.

While this is a small study it is important for three reasons: 1) the READER model for critical reading was applied by general practitioners from many countries and was a simple easily applied method of critical appraisal; 2) the results from the heterogeneous group attending the WONCA workshop were similar to those achieved by a relatively homogenous group of general practice teachers in Ireland; and 3) the study appraised, while dealing with an intervention in one practice in south west England, appeared relevant and applicable to participants even with their disparate backgrounds.

### References