## Data Support for Swedish Pharmacy Residents

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# Purpose of this Document

The purpose of this document is to assemble some advice and resources to support Swedish Pharmacy residents in their journey from project proposal to a completed research project.

### Planning your Project

#### The causal logic of your project

Fundamentally, the resident research project is an effort to gather causal evidence for the claim that a particular treatment or way of utilizing medicine "worked" by being more effective than a rival or pre-existing treatment. To plan data collection for the strongest causal evidence is the purpose of research design [Campbell and Stanley, 1963].

The ideal research design would be a pure experiment with random assignment. The resident would randomly assign patients to treatment and control conditions, then compare outcomes following treatment. In such a scenario the resident could attribute any significant difference in outcomes to the treatment because the groups would differ only by chance in all other ways. Any pre-existing differences would be statistically insignificant.

Because the resident cannot randomly assign patients to conditions going forward, the project falls under the category of *quasi-experiment*. This means it is more vulnerable to confounding explanations of any difference in outcomes.

The resident research project will culminate in a comparison between two groups: a pre-implementation group and a post-implementation group. One difference between the groups is time, and recent history has made a big difference. Compare a pre-implementation group from the onset of the pandemic with a high incidence of COVID-19 to a more recent post-implementation group with much lower incidence of the virus. This difference between the two groups in COVID-19 infection may combine with the difference in drug dosing to influence treatment outcomes. This difference in COVID-19 infection could therefore be a *confound*.

The point is to clarify:

- What is the outcome to improve? This is the dependent variable.
- What is the difference in treatment intended to cause the improvement in the post-implementation group? This is the independent variable.
- All other variables are control variables. They should differ only by chance. If there is a noticeable pre-existing difference, and the level of that factor

in one group affects the outcome, it is a confound.

### How many patients?

Possibly the most pressing question for resident research projects is: How many patients do I need? The resident research project will culiminate in a series of comparisons between the pre-implementation and post-implementation groups. Outcomes of the two samples will differ by at least some quantity. The resident researcher expresses this difference as an effect, like this:

Assume that this effect suggests more favorable outcomes for the post-implementation group. This effect raises several questions:

- How do we evaluate this effect?
- Could we attribute it to chance? (because it would be very unlikely for both groups to have exactly the same outcomes)
- Or is it larger than that?

In statistical terms, this is a question of **statistical power**. Power is the ability to isolate a treatment effect when it really does exist [Cohen, 1988]. Power is a function of effect size, sample size, and statistical significance. In order to decide on a number of patients we need to have a sense of what size of effect we want to reliably detect.

#### Sample Size Estimation for Correlation Studies

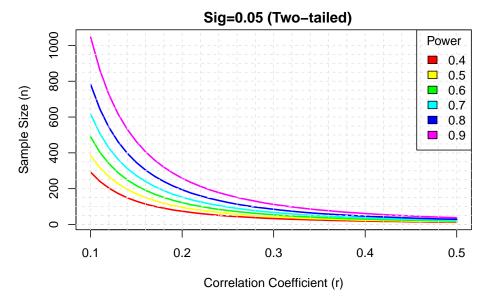


Figure 1: Power Analysis

## Collecting your Data

#### **Data Sources**

- Epic
- Cogito dashboards
- SlicerDicer
- Custom reporting (SQL)

### Granularity

- Patient-level data
- Encounter level data
- Medication administration level data
- Lab results level data

#### Advice for Data Collection

- 1. Define the most critical variables.
- 2. Study an exemplar (provided).
- 3. We need to figure out version control. Data proliferation and overload.

### Analyzing your Data

You have data. Congratulations! Let's analyze!

#### Preparing your data for analysis

The first step is to complete a number of tasks to prepare your data for analysis. One data matrix. See the exemplar.

#### Choosing appropriate statistics

It is important to know the measurement level of your variables. How do you express the outcome by which to compare your pre- and post- samples? Is it...

- Mortality rate (% surviving)? In such a case you would be comparing two proportions.
- "Time to..." a therapeutic level? In such a case you would be comparing two different quantities of time.

#### **Odds** ratios

Chi-square test of independence

Two-sample t-test

Z test of the difference of proportions

Cohen's d effect size

# Reporting your Results

Advice on graphs

Advice on tables

## Bibliography

Donald T. Campbell and Julian C. Stanley. Experimental and Quasi-Experimental Designs for Research. Houghton Mifflin Company, 1963.

Jacob Cohen. Statistical Power Analysis for the Behavioral Sciences. Lawrence Erlbaum Associates, Mahwah, New Jersey, 2nd edition, 1988.