What are we Picketing and why?

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WHAT DOES THE WORD 'PICKET' MEAN TO YOU?
If you remember the 1980s, and the grey days of the Thatcher government in the UK, the word picket may evoke images of a line of angry Yorkshire miners defending their democratic right to strike for better pay and conditions. Those of you with an eye for 2000s American HBO comedy-drama may imagine the early sequences of Desperate Housewives; the white picket fence does convey an image of individuals ensconced in comfort behind mind-numbing domesticity (among other activities). To the more military, a picket is a soldier in a forward position placed to warn against an enemy advance.

We’re not angry miners or constrained housewives. But in 2010 we would like to stretch the third meaning – the forward position. Our 21st century Picket, recently launched in the Education and Practice edition of the Archives of Disease in Childhood, monitors the unrelenting stream of medical literature for valid and clinically relevant information. We independently abstract it into a standard format, and then provide an expert critical appraisal, which places this new information into context.

There are several journal alert services and Picket mostly uses Evidence Updates provided by the BMJ Group. This service identifies potentially interesting and relevant articles by hand searching 140 journals each year and from 60,000 articles selects 120 of high methodological quality and clinical relevance. Those 1 in 20 articles passing the validity1 criteria by trained researchers are then assessed for relevance via the McMaster Online Rating of Evidence international network of around 4000 clinicians. Each article is rated by between three and five experts. What we then do for the Picket articles is this. The most newsworthy and clinically relevant ‘sentinel’ articles are chosen by the editors and then abstracted by clinicians trained in evidence-based practice. The abstract is then complemented by an expert commentary which places the articles in clinical context. In this way, the Picket system will push the most relevant new clinical paediatric research to you in a digestible format every couple of months.

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This system is based on the premise that practice-changing articles should be, primarily, methodologically sound. The methodologies we rely on are tailored to the type of question asked. For example, therapy questions require randomised controlled trial data, whereas prognostic information comes from well-conducted cohort studies. This is very different from the question-answering Archimedes section, where a scenario triggers a clinical question to be asked, evidence sought and clinical bottom lines supplied which give the best evidence answer for the problem.

We hope that you will contribute to this in a number of ways. First, if you are an unsung advocate of evidence-based medicine and would like to be involved in abstracting some of the papers, please get in touch with us via the journal. Second, if you find that we’re missing important developments in your field, or you’ve found a journal alert service which does it better than Evidence Updates, we’d like to hear about that too. Third, we hope that you find our Picket, our forward position watching and commenting on the literature, a useful tool and look forward to your feedback.

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