

GEMs Author Checklist

Formatting:

- The creative title is appropriate, sensitive, accurate, and concise and is also unique from reference title.
- The citation is included in proper AMA format.
- All necessary author information is included (name, credentials, institution, city, state).
- The Word Document has been completed in an easy-to-use format that can easily be edited with Track Changes by the Deputy Editor (consistent font and spacing, simple bullet point usage, etc.).
- There is no plagiarism in the document.
- No additional resources are cited in the GEM. Only the article being summarized is used to complete the table.
- Numerical and statistical results are formatted properly (see GEMs Author Handbook).

Key Takeaway:

- The key takeaway contains only one or two sentences.
- The primary outcome and key results are clearly communicated.
- The magnitude of the result is stated (e.g., *moderately* or *improve by 5%*).

Study Design:

- The study design is identified.
- If the study is a meta-analysis or systematic review, the design of the studies and the number of each kind of study are included (e.g., meta-analysis and systematic review of 21 randomized controlled trials, 6 cohort studies, and 1 cross-sectional study).

Level of Evidence:

- The LOE is accurately identified using the CEBM Table.
- If the LOE is downgraded, an explanation is present.

Background Information:

- This section contains three to five sentences using the “Introduction” section of the reference.
- This section answers the following questions:
 - What is currently known about the topic?
 - Has previous research adequately studied this? If so, does conflicting evidence exist?
 - Is it a common concern in primary care?

PICO:

- All descriptors are a brief phrase.
- The descriptors are accurately identified.

Methods:

- The methods are included as bullet pointed complete sentences.
- Information on patient demographics is provided, such as inclusion and exclusion criteria, age range, disease severity, etc.
- Proper intervention and comparator information is included so it could be replicated by the reader (see [Interventions and Comparators Worksheet](#) for additional information).
- Pertinent information on the trial process is included.
- Scales are described in the methods if numerical results utilizing scales are reported. Scale information should only be present in the methods section. Scale information should include:
 - Name of the scale (and abbreviation if used later in text)
 - What the scale measured
 - Range of possible scores
 - What does a high score vs a low score indicate?
- When the outcomes were measured (frequency, intervals, follow up).
- MCID (minimal clinically important difference) is reported (if stated in the reference).

Participants and Follow Up:

- Number of participants in the intervention and control groups are accurate.
- The follow up section states how long patients were followed for.

Results:

- The results are included as bullet pointed complete sentences.
- The primary outcome is presented first.
- Comparisons for statistical differences are clearly stated (what is being compared to what?).
- Statistically significant outcomes are included with numerical and statistical results.
- Outcomes that are statistically insignificant should include numerical and statistical results when the insignificant result is important, a primary outcome, definitive, or a surprise.
- All statistics used could be easily understood by primary care physicians.
- Confidence intervals are used if available. If they are not, then *P*-values should be used (if available).
 - No “floating *P*-values”, meaning all *P*-values should have an accompanying numerical result.
- Mean differences are only used for continuous and discrete variables (see GEMs Author Handbook for more information).
- Risk ratios, odds ratios, and NNTs are only used for dichotomous variables (see GEMs Author Handbook for more information).

Limitations:

- The limitations are included as bullet pointed complete sentences.