|  |  |  |
| --- | --- | --- |
|  | **Table** | **Figure** |
| YES: | **Self-explanatory**   * Reader can understand message from table, w/o reading text | **Self-explanatory**   * Reader can understand message from figure, w/o reading text |
| Why | * Compare data side by side * Provide the enough details to appreciate the statistical and the magnitude of the relationships [distinction between statistical and clinical significance] * Enough information to be | * Picture worth 1000 words * Trends over time * Capture critical concepts * Depict interrelationships |
| TMI | * Repeating all data in text and table * Too many decimal points [both for characteristics, effect size and stat significance, e.g. p=0.4345] * Give results in table title * Too many subgroup analyses [they can go in * Legend that recapitulates everything in table [strive for clear & concise] | * Repeating all data in text & table * Too many data points * Too many concepts * Too many tick marks * Too many colors * Too many boxes * Legend that recapitulates everything in figure [clear & concise] |
| Too little information | * Undefined abbreviations & symbols * Title doesn’t provide enough information to understand what data are in table * Title doesn’t give enough information to know what data are in table * Missing statistical testing | * Undefined abbreviations & symbols * Title doesn’t provide enough information to understand what figure is about * Too little information to merit a figure e.g. 2 bars |
| 1. Aesthetics & irritating reviewer | * Black cell borders for entire table * Merging cells together * Putting in elaborate shading * Tiny font * Do not introduce dumb formatting, i.e. by adding manual spaces * P-values in clinical characteristics in table 1 (Circ formally prohibits this) * Useless grouping in table, having nothing to do with later analyses; * Reclassification table which combines event and non-event subjects and reports combined numbers of people reclassified – there is a good paper by Pepe in AJE against this… | * Lines connecting everything to everything * Tiny font in labels * Ugly or smudgy original data * Magnifying the scale to exaggerates significance * Axes for similar data [e.g. men vs. women] change between panels * Using overly ornate font |

# Rubrics – So What?

## Can read aloud and capture the point of article & attention of reader

## Contradiction, puzzle, enigma, confusing in the literature attempting to address ‘although the literature

### HIV testing Confusion, so we are setting out definitions

### Sickle cell research, get HgBF higher, there are regional and ethnic differences, Saudi Sickle cell pts have HgBF 20 vs. AA 5%, but same single gene mutation

## Novelty, innovation – limited literature

### What if me too

### Methodological rigor

### Reinforce tentative conclusions, reinforcing

## Studying limited

## Conventional wisdom without data

## Public health significance

# GIPSY

## Grabber

## I argue that

## Prove it

## So what

## Yes, but – acknowledge limitations

1-13

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(5) Annesley TM. Bring your best to the table. *Clin Chem* 2010;56:1528-34. PM:20702786

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