|  |  |  |
| --- | --- | --- |
|  | **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

Reference List

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 (4) Annesley TM. The discussion section: your closing argument. *Clin Chem* 2010;56:1671-4. PM:20833779

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

 (6) Annesley TM. Bars and pies make better desserts than figures. *Clin Chem* 2010;56:1394-400. PM:20663963

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 (9) Annesley TM. Who, what, when, where, how, and why: the ingredients in the recipe for a successful Methods section. *Clin Chem* 2010;56:897-901. PM:20378765

 (10) Annesley TM. "It was a cold and rainy night": set the scene with a good introduction. *Clin Chem* 2010;56:708-13. PM:20207764

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 (13) Boyd JC, Rifai N, Annesley TM. Preparation of manuscripts for publication: improving your chances for success. *Clin Chem* 2009;55:1259-64. PM:19460835