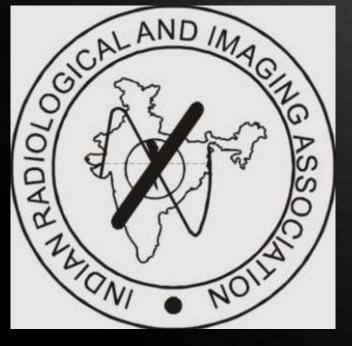


## KARNATAKA RADIOLOGY EDUCATION PROGRAM

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## CLINICAL RESEARCH – BRIDGING IMAGING & INNOVATION SESSION – 7 – REVIEW OF LITERATURE -CHALLENGES, TIPS, & MISTAKES TO BE AVOIDED



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## TIPS FOR REVIEW OF LITERATURE – WRITING & REVISING

### **ORGANIZE YOUR REVIEW:**

- AS BY THEME, CHRONOLOGY, OR METHODOLOGY.
- MAKE SURE EACH SECTION TRANSITIONS SMOOTHLY INTO THE NEXT.

### WRITE CLEARLY AND CONCISELY:

- USE CLEAR AND CONCISE LANGUAGE TO CONVEY YOUR FINDINGS.
- ✓ AVOID JARGON AND ENSURE YOUR WRITING IS ACCESSIBLE TO A BROAD AUDIENCE.

#### **REVISE AND EDIT:**

- REVIEW YOUR LITERATURE REVIEW FOR CLARITY, COHERENCE, AND COMPLETENESS.
- SEEK FEEDBACK FROM PEERS OR MENTORS AND MAKE NECESSARY REVISIONS.



# EXAMPLE / TASK FOR WRITING & REVISING

D	Тір	Description	Example
	Organize Your Review	Structure your literature review logically, such as by theme, chronology, or methodology.	Example: Organize sections by themes, starting with an introduction, followed by sections on "Contrast Agents," "Kidney Function," "Study Results," and concluding with "Implications for Future Research."
	Write Clearly and Concisely	Use clear and concise language, avoid jargon, and ensure accessibility to a broad audience.	Example: "This review examines the impact of MRI contrast agents on kidney function in patients with chronic kidney disease. Studies suggest potential risks, highlighting the need for cautious use in this population."
	Revise and Edit	Review for clarity, coherence, and completeness; seek feedback from peers or mentors and make revisions.	Example: After drafting the review, seek feedback from colleagues, revise sections for clarity, and ensure all references are correctly cited.

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## REVIEW OF LITERATURE - MISTAKES TO BE AVOIDED

### **INCONSISTENT TERMINOLOGY**:

 USING DIFFERENT TERMS FOR THE SAME CONCEPT WITHOUT CLARIFICATION. THIS CAN CONFUSE READERS AND MAKE THE REVIEW HARDER TO FOLLOW.

### **NEGLECTING OLDER STUDIES:**

FOCUSING ONLY ON RECENT PUBLICATIONS AND IGNORING OLDER, FOUNDATIONAL STUDIES.
IMPORTANT HISTORICAL CONTEXT AND FOUNDATIONAL RESEARCH CAN BE MISSED.

### ✓ NOT ADDRESSING CONFLICTING RESULTS:

AVOIDING OR IGNORING STUDIES THAT HAVE CONFLICTING RESULTS. IT'S IMPORTANT TO DISCUSS AND EXPLAIN DISCREPANCIES IN THE LITERATURE.

## **REVIEW OF LITERATURE - MISTAKES TO BE AVOIDED**

## ✓ OVER-GENERALIZING FINDINGS:

AND BASED ON THE FINDINGS OF THE REVIEWED STUDIES.

### **IGNORING METHODOLOGICAL DIFFERENCES:**

✓ NOT CONSIDERING THE METHODOLOGICAL DIFFERENCES BETWEEN STUDIES. DIFFERENCES IN STUDY DESIGN, SAMPLE SIZE, AND DATA COLLECTION METHODS SHOULD BE ACKNOWLEDGED AND DISCUSSED.

### ✓ LACK OF CRITICAL ANALYSIS:

SIMPLY SUMMARIZING STUDIES WITHOUT CRITICALLY ANALYZING THEIR STRENGTHS AND WEAKNESSES. CRITICAL

## **REVIEW OF LITERATURE – MISTAKES TO BE AVOIDED**

## **OMITTING GREY LITERATURE:**

✓ IGNORING NON-PEER-REVIEWED SOURCES LIKE GOVERNMENT REPORTS, THESES, AND CONFERENCE PAPERS.

INCLUDING GREY LITERATURE CAN PROVIDE A MORE COMPREHENSIVE VIEW OF THE TOPIC.

### ✓ FAILING TO UPDATE THE REVIEW:

✓ NOT UPDATING THE LITERATURE REVIEW AS NEW RESEARCH BECOMES AVAILABLE. A REVIEW SHOULD BE CURRENT AND REFLECT THE LATEST FINDINGS.

### **V POORLY WRITTEN ABSTRACT:**

AN ABSTRACT THAT DOESN'T ACCURATELY REFLECT THE CONTENT OF THE REVIEW.

### ✓ NOT ENGAGING WITH THE LITERATURE:

FAILING TO ENGAGE IN A MEANINGFUL DIALOGUE WITH THE EXISTING LITERATURE. THIS MEANS NOT MERELY SUMMARIZING BUT ALSO INTERPRETING AND CONNECTING THE STUDIES TO YOUR OWN RESEARCH.

# QUIZ – SEARCH/ SCAN THE PROVIDED ARTICLE, FIND THE GREY LITERATURE

Int J Gen Med. 2021 Jun 14;14:2491–2506. doi: <u>10.2147/IJGM.S316708</u>

#### The Conundrum of 'Long-COVID-19': A Narrative Review

<u>Mandeep Garg</u><sup>1,⊠</sup>, <u>Muniraju Maralakunte</u><sup>1</sup>, <u>Suruchi Garg</u><sup>2</sup>, <u>Sahajal Dhooria</u><sup>3</sup>, <u>Inderpaul Sehgal</u><sup>3</sup>, <u>Ashu Seith</u> <u>Bhalla</u><sup>4</sup>, <u>Rajesh Vijayvergiya</u><sup>5</sup>, <u>Sandeep Grover</u><sup>6</sup>, <u>Vikas Bhatia</u><sup>1</sup>, <u>Priya Jagia</u><sup>7</sup>, <u>Ashish Bhalla</u><sup>8</sup>, <u>Vikas Suri</u><sup>8</sup>, <u>Manoj</u> <u>Goyal</u><sup>9</sup>, <u>Ritesh Agarwal</u><sup>3</sup>, <u>Goverdhan Dutt Puri</u><sup>10</sup>, <u>Manavjit Singh Sandhu</u><sup>1</sup>



## ANSWER – bioRxiv, medRxiv

An extensive review of the available literature was done using different databases, including Google Scholar, PubMed, Web of science, bioRxiv, medRxiv, and ResearchGate, references from relevant articles, and internet sources (WHO reports) till 25th April 2021. Search terms included Long-COVID-19, post-COVID, chronic COVID, post-COVID syndrome and long-haul COVID, viral illness following COVID-19, post-COVID illness, COVID recovery, predictors of Long-COVID-19. A total of 212 articles out of 5846 screened manuscripts were utilized for this comprehensive review. Most of the studies evaluated specific symptoms based on previously applied questionnaire/surveys in patients recovered from COVID-19 and included admixture of both hospitalized and non-hospitalized patients of mild, moderate and severe COVID-19. Based on the current scientific evidence, the present article comprehensively reviews the epidemiology, etiopathogenesis, clinical manifestations, predictors, and management strategies in COVID-19 survivors in their convalescent/recovery phase. We have also shared the clinical images of patients with Long-COVID-19 from our personal experience with COVID-19 in the two apex, tertiary care medical institutes of India having fully dedicated COVID-19 hospital wings. Informed written consent from the patients was obtained.

# THANK YOU

