What are the search strategies used by CINAHL Clinical Queries?

Clinical Queries allow the user to limit searches using specific search strategies to aid in retrieving scientifically sound and clinically relevant study reports indexed in CINAHL databases.

Searches can be refined using specific search strategies designed to produce results in 5 research areas:

- Therapy
- Prognosis
- Review
- Qualitative
- Causation (Etiology)

As research may require different emphasis, three strategies are provided for each area:

- High Sensitivity – the broadest search to include ALL relevant material. It may include less relevant materials.
- High Specificity – the most targeted search to include only the most relevant result set, may miss some relevant materials.
- Best Balance – retrieves the best balance between Sensitivity and Specificity.

Clinical Queries are designed for clinician use. For reference, the search strategies behind the limiter values are below:

- Therapy - High Sensitivity:
  
  ((MH "prognosis+" not MM "prognosis") or (MH "study design+" not MM "study design+") or (TI random* or AB random* or MW random*))

- Therapy - High Specificity:
  
  ((MH "double-blind studies") or (TI random* assignment or AB random* assignment or MW random* assignment))

- Therapy - Best Balance:
  
  (TI randomized or AB randomized or MH treatment outcomes or PT clinical trial)

- Prognosis - High Sensitivity:
  
  ((MH "study design+" not MM "study design+") or (TI diagnos* or AB diagnos* or MW diagnos*) or (TI outcome or AB outcome or MW outcome))

- Prognosis - High Specificity:
  
  ((TI prognos* or AB prognos*) or (MH "prospective studies" not MM "prospective studies"))

- Prognosis - Best Balance:
((TI diagnos* or AB diagnos* or MH “outcomes (health care)+”) or (MH “prospective studies” not MM “prospective studies”))

- Review - High Sensitivity:
  
  ((TI meta analy* or AB meta analy* or MW meta analy*) or (PT review) or (PT systematic review))

- Review - High Specificity:
  
  ((TI meta analys* or AB meta analys*) or (TI systematic review or AB systematic review))

- Review - Best Balance:
  
  ((MH “confidence intervals” not MM “confidence intervals”) or (MW “drug therapy”) or (PT review))

- Qualitative - High Sensitivity:
  
  ((MH “study design+” not MM “study design+”) or MH “attitude” or (MH “interviews+” not MM “interviews+”))

- Qualitative - High Specificity:
  
  ((MH “grounded theory” not MM “grounded theory”) or (TI thematic analysis or AB thematic analysis or MW thematic analysis))

- Qualitative - Best Balance:
  
  ((TI interview or AB interview) or (MH “audiorecording” not MM “audiorecording”) or (TI qualitative stud* or AB qualitative stud*))

- Causation (Etiology) - High Sensitivity:
  
  ((MH “nonexperimental studies+” not MM “nonexperimental studies+”) or (MH “confidence intervals” not MM “confidence intervals”) or (MH “funding source” not MM “funding source”))

- Causation (Etiology) - High Specificity:
  
  ((MH “survival analysis+” not MM “survival analysis +”) or (TI relative risk or AB relative risk or MW relative risk))

- Causation (Etiology) - Best Balance:
  
  ((MH “confidence intervals” not MM “confidence intervals”) or (TI mortalit* or AB mortalit* or MW mortalit*) or (TI risk factor* or AB risk factor* or MW risk factor*))

See also:

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