

Your Keywords

In addition to the RoboPICO highlighting, you can custom-add Your Keywords to have them underlined in the Abstract view.

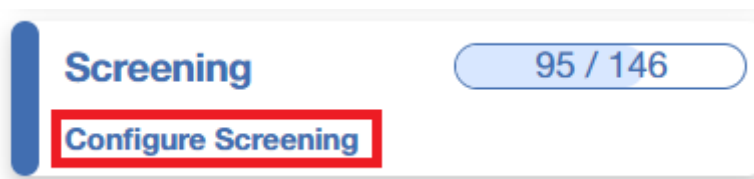
User Keywords can be added or edited in **two places**; the list of User Keywords can be populated and edited from the Configure Screening page, and then additionally populated and edited from the Abstract View for any study within a nest.

Steps for Configuring Keyword Underlining

On the Configure Screening page

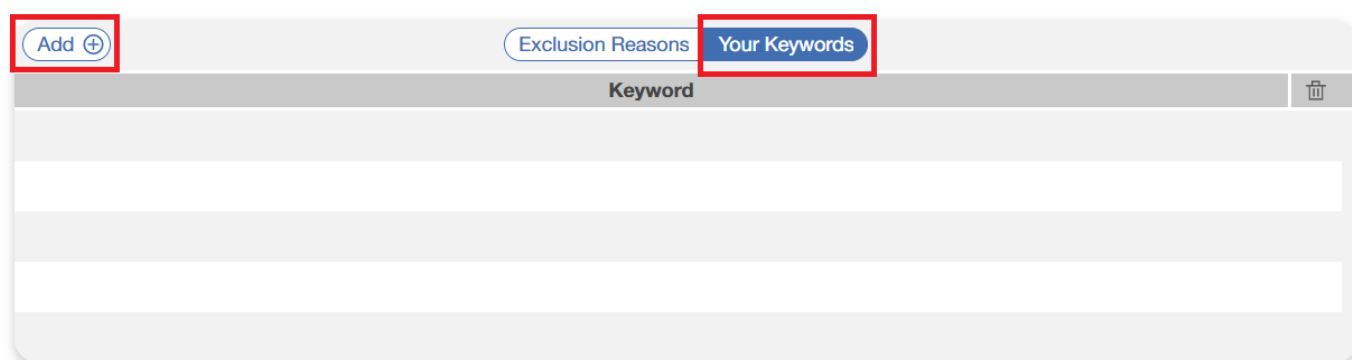
1. Go to the Configure Screening page

This is right below the “Screening” header in the AutoLit menu (see below).

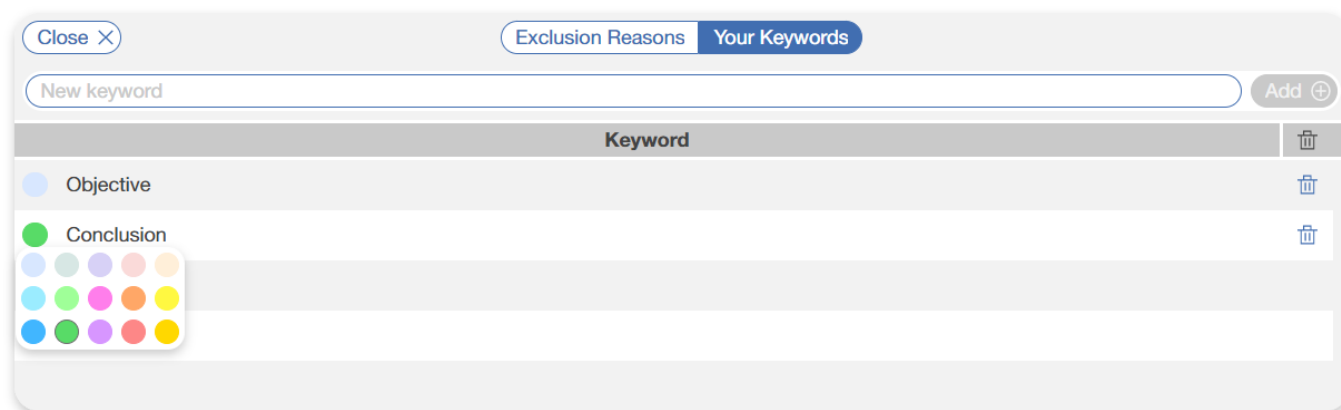


2. Add Keywords to the “Your Keywords” Section

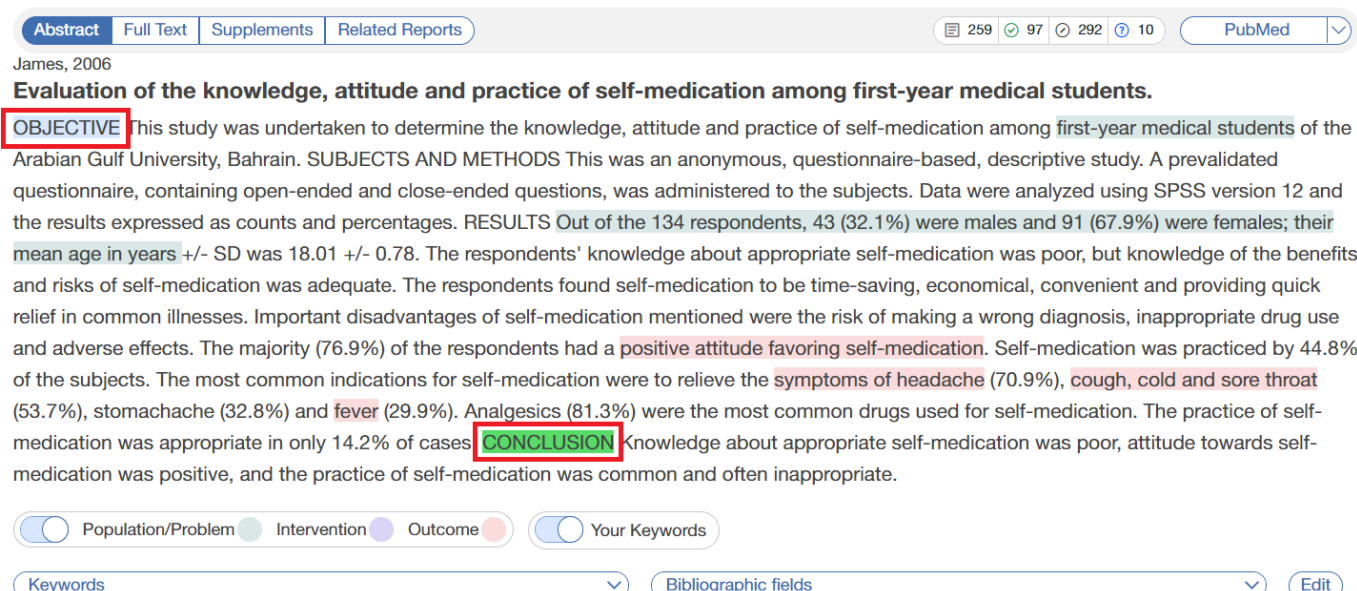
Click on “Your Keywords” in the toggle button next to Exclusion Reasons (see below). To add an exclusion reason click the “Add” button, type in your Keyword of interest and hit enter or add.



After adding a keyword, you can color code it by clicking the circle to the left of the keyword and choosing from the colors displayed. This color corresponds to the highlight color when that specific keyword is identified in an Abstract during Screening. If no color is chosen, the default is light blue.



In the above example, “Conclusion” is assigned green while “Objective” has the default blue. Below you can see how this looks in an Abstract during Screening.



3. Delete Your Keywords

If you need to delete a Keyword after creation, you can do so by selecting the trash can icon.

Deletion of the Keywords you created on this page can also be deleted from the Abstract view.

On the Abstract View

1. Go to the Abstract View in Screening

You can also add keywords during the screening process. Whenever you come across an abstract to screen, whether in the Screening module or Study Inspector, you can add keywords on the fly.

2. Click on “Your Keywords”

AbstractFull TextSupplementsRelated Reports

2599729210PubMed

James, 2006

Evaluation of the knowledge, attitude and practice of self-medication among first-year medical students.

OBJECTIVE This study was undertaken to determine the knowledge, attitude and practice of self-medication among first-year medical students of the Arabian Gulf University, Bahrain. **SUBJECTS AND METHODS** This was an anonymous, questionnaire-based, descriptive study. A prevalidated questionnaire, containing open-ended and close-ended questions, was administered to the subjects. Data were analyzed using SPSS version 12 and the results expressed as counts and percentages. **RESULTS** Out of the 134 respondents, 43 (32.1%) were males and 91 (67.9%) were females; their mean age in years +/- SD was 18.01 +/- 0.78. The respondents' knowledge about appropriate self-medication was poor, but knowledge of the benefits and risks of self-medication was adequate. The respondents found self-medication to be time-saving, economical, convenient and providing quick relief in common illnesses. Important disadvantages of self-medication mentioned were the risk of making a wrong diagnosis, inappropriate drug use and adverse effects. The majority (76.9%) of the respondents had a positive attitude favoring self-medication. Self-medication was practiced by 44.8% of the subjects. The most common indications for self-medication were to relieve the symptoms of headache (70.9%), cough, cold and sore throat (53.7%), stomachache (32.8%) and fever (29.9%). Analgesics (81.3%) were the most common drugs used for self-medication. The practice of self-medication was appropriate in only 14.2% of cases. **CONCLUSION** Knowledge about appropriate self-medication was poor, attitude towards self-medication was positive, and the practice of self-medication was common and often inappropriate.

Population/Problem

Intervention

Outcome

Your Keywords

KeywordsBibliographic fieldsEdit

3. Type in desired keyword and hit “Add.”

A modal opens with the same functions as in Configure Screening as described above including color coding and ability to edit and delete existing keywords.

Add +

Your Keywords

	Keyword	
<div></div>	Objective	<div></div>
<div></div>	Conclusion	<div></div>

Close

4. Any changes made here will be reflected in the abstract.

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Last update: 2023/04/24 16:57