

Answers to quiz questions

1. B
2. D

Forest plot interpretation

Study 1: Effect size (EF) was between 0 and 0.1, which indicates no effect and means that counseling in this study didn't have an effect on smoking cessation. The CI was very wide, indicating that clinicians can't rely on this study finding to be replicated in practice. The CI crosses the line of no effect, so this finding is probably by chance, decreasing the confidence with which clinicians can rely on it.

Study 2: EF was approximately -0.3, which indicates a small effect and means counseling didn't promote smoking cessation. The CI was not as wide as study 1, but still somewhat wide, indicating that clinicians should use caution in relying on this study finding to be replicated in practice. One tail of the CI touches the line of no effect, so this finding is likely the result of chance, decreasing the confidence with which clinicians can rely on it.

Study 3: EF was approximately 0.2, which indicates a small effect and means counseling promoted smoking cessation. The CI was narrow, indicating that clinicians can rely on this study finding to be replicated in practice. The CI doesn't cross the line of no effect, so this finding is not by chance, increasing the confidence with which clinicians can rely on it.

Study 4: EF was approximately 0.325, which indicates a small effect and means counseling promoted smoking cessation. The CI was narrow, indicating that clinicians can rely on this study finding to be replicated in practice. However, the CI crosses the line of no effect, which means this finding is likely by chance, decreasing the confidence with which clinicians can rely on it.

Study 5: EF was approximately 0.5, which indicates a medium effect and means counseling in this study promoted smoking cessation. The CI was relatively narrow, indicating that clinicians can most likely rely on this study finding to be replicated in practice. The CI doesn't cross the line of no effect, so this finding is not by chance, increasing the confidence with which clinicians can rely on it.

Overall effect: The EF was 0.2, which indicates a small effect and means that the findings across these studies support the impact of counseling on smoking cessation. The CI was narrow, indicating that clinicians can rely on this overall finding to be replicated in practice. The CI does not cross the line of no effect, so this finding is not by chance, increasing the confidence with which clinicians can rely on it. Therefore, the recommendation from these studies is that counseling be implemented in routine care to promote smoking cessation.