

Aphorisms and Short Phrases as Pieces of Knowledge in the Pedagogical Framework of the Andalusian School of Public Health

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ABSTRACT

Background: Bearing in mind the philosophical pedagogical significance of short phrases for the training of researchers in the health care ambit, we hence have studied the aphorisms and striking phrases expressed during the epidemiology course at the Andalusian School of Public Health.

Methods: Belonging to the qualitative type and applied through the establishment of a multidisciplinary focus group made up of ten post-graduated students, where one of them acted as a moderator. The collection of information lasted four months. Information was classified in two ways: Firstly, aphorisms and short phrases with a pedagogical impact; and secondly, data with statistical, epidemiological, epistemological, pragmatic, or heuristic component, and for scientific diffusion. It was decided to perform a triangulation that included a descriptive presentation and a basic categorical analysis. The two teachers with a highest interpretative load have been identified .

Results: A total of 127 elements, regarded as of interest by the focus group, were collected. Forty-four of them (34.6%) were aphorisms, and 83 were short phrases with a pedagogical load (65.3%). Most of all them were classified as statistical elements (35.4%) followed by epistemological (21.3%) and epidemiological (15.7%) elements. There was no tendency towards aphorisms or short phrases (P > 0.05) among the teachers with more informative representation.

Conclusion: There has been a tilt in the contents towards the statistical area to the detriment of the epidemiological one. Concept maps have visualized classifications. This sort of qualitative analysis helps the researcher review contents acquired during his/her training process.

Keywords: Aphorisms, epidemiology, expert testimony, focus group, knowledge, metaphor, qualitative research

"Health is not only to be well but to be able to use well every power we have"

Florence Nightingale (1820–1910)

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INTRODUCTION

The term aphorism comes from the Latin word *aphorismus*, and this last from the Greek αφορισμος (Aphorismós). In turn, it also comes from the term *aphorizein* (define, separate), which is formed by *apo* (out of, away) and *horos* (boundary, limit). It differs from apothegm (from the Greek term *apophthegma* to the Latin) in that this last term is a brief and amusing phrase with a moral and instructive content. At first, an aphorism referred to the medical rules written by Hippocrates (460 BC to 370 BC).^[1] In English, these rules are known as "pearls of knowledge".^[2-8] The Encyclopedia Britannica defines the term as a concise expression of doctrine or principle of any generally accepted truth conveyed in a pithy, memorable statement.^[9]

To us, G. S. Morson's assays^[10-12] [Figure 1] represent the basic theoretical framework for developing this article. His writings are crucial for defining an aphorism as a sort of short prose piece. They should be differentiated from quotations,^[13] riddles,^[14,15] short phrases (dicta),^[11,12] maxims,^[16-20] proverbs,^[21] slogans,^[22,23] witticisms,^[12] and epigrams.^[21] It is also advisable to differentiate them from adages,^[10-12] rule of thumb,^[10-12] and anecdotes.^[24] Morson's thesis advocates for distinguishing between aphorism^[10-12,21,25-29] and the positive-natured short phrase (dictum – dicta),^[10-12] while it states that the first is, in a way, the opposite of the second [Figure 1].^[10-12]

On the other hand, Miquel Porta has expressed that aphorisms are to the thought as to what music scores are to music: that is, an invitation,

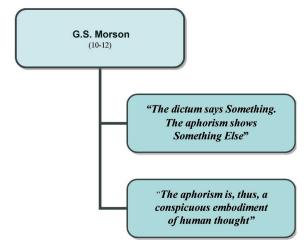


Figure 1: Two fundamental statements pronounced by G. S. Morson

a pathway.^[30] As to the health care area, the concept aphorism is used to create evidences.^[31]

As to other issues, a concept map is a teaching strategy within the constructivism theory that results in significant learning processes by relating concepts. It is characterized by its simplification, hierarchization, and visual impact.^[32-36] Despite all these publications, we have not found any original survey that had studied the contents of a methodology course through the use of aphorisms and short phrases.

We bear in mind the epistemological significance of these concepts and the potential utility that they have in a researcher's career; our main objective in this work included compiling and classifying the highest number of aphorisms and short phrases during the course called Andalusian School of Public Health (ASPH)'s Epidemiology and Clinical Research. Our secondary goals comprised the following: (1) to analyze its temporal distribution during the course; (2) to identify teachers with more collected information; and (3) to carry out a concept map that may include the most suggestive concepts of each type by following the guidelines of constructivism learning.

METHODS

At the end of the ASPH's Epidemiology and Clinical Research Diploma, 14th edition, we intended to compile the most interesting aphorisms and short pedagogical phrases expressed by the teacher during 300 presential teaching hours of the aforementioned course, as well as two review sessions and the material provided by the intranet (virtual campus). The length of the course is around 1 year, with 1-week-in-a-month period of presential teaching and a holiday break in August. Our edition lasted from April 2009 until April 2010. In order to academically pass the Epidemiology Expert exam, it is necessary to submit a personalized research project. This article does not explicitly analyze that part of the teaching content.

Hypothesis

Once we accepted the null hypothesis that our course is an acceptable proof of the teaching work of the Andalusian Public Health School, our work hypothesis was to highlight the educational significance of aphorisms and short phrases.

Focus group

The technique used for the study was qualitative, which required the constitution and development of a focus group and the exchange of information via e-mail during the 4 months that followed after the conclusion of classes and the final exam. The informant had to state with clarity the aphorism text, or short phrase, the teacher, and the moment it had been referred. The process of collecting material lasted 4 months (April–July 2010). Fourteen students out of a group of 25 were asked to collaborate by following a criterion of personal knowledge and psychological structure (universe = 25; sample = 14). The number of answers was 10. Therefore, the focus group was eventually made up by 10 students of the course.

The different medical specialties included: two pharmacists in the pre-doctoral phase, who were involved in active research projects both in primary health care services and in hospital; a nurse carrying out teaching functions on bioethics of research; a physical therapist engaged in teaching and research functions; an intensivist in pre-doctoral training; a family doctor carrying out teaching and research functions at a center; a biologist in basic research engaged in impact research; an in-hospital neurologist in pre-doctoral training; an in-hospital pediatrician in charge of the management of a welfare service and in the teaching of post-graduated students; and a family doctor carrying out and managing research works in primary health care.

There was no leadership in the group, although one of the members acted as moderator.

Once all the information was collected, we decided to draft a classificatory list that could meet the highest reasonable criteria. The elimination process was almost zero, as it represented a low percentage (less than 5%) of the information provided by the researchers who decided to form the focus group. Repetition of elements was generally the cause of elimination. The first classification focused on Morson's articles [Figure 1]^[10-12], which constituted the base of our concept scheme: The information with a higher positive content was included within the group of highly pedagogical phrases (dicta),^[11,12] while those with a distinctive epistemological and philosophical value were classified as aphorisms.^[11,12] At the same time, we

classified aphorisms and short sentences ("dicta") into five subtypes: (a) statistical, (b) epidemiological, (c) epistemological, (d) for scientific diffusion, and (e) pragmatic or heuristic.

A classification comprising scientific concepts must include a series of special features, as for instance, to be a partition in the mathematical sense, and, at the same time, those elements included in the group must have an equivalence relation.^[37] In general, a classification is regarded as more natural than another when the concepts comprising the first one are, from the pedagogical point of view, more productive. Although we took into account these principles, it is worth mentioning that the object to be classified was not essentially scientific but, basically, epistemological and pedagogical.^[37] Any formal coincidence that may have occurred between epistemological aphorisms and short epistemological phrases was resolved by discussing it within the group. Classifications functioned as qualitative categories. Temporal distribution and the drafting of concept maps were developed as secondary goals.

Preliminary triangulation

Quantitative results, described in this paper, are the result of simultaneous triangulation.^[38-40] A Chi-square test was used to prove the dependence hypothesis between the two most mentioned teachers and their pedagogical elements. The descriptive statistical study was carried out through the R program, version 2.9.2.^[41]

Ethic permission

All members in charge of both the course and the educational institution knew, at all times, the origin and the development process of this work and gave their consent to it.

RESULTS

The compiled information is described and classified as follows:

A) Statistical aphorisms

- 1. Statistics analyzes variability
- 2. What is special about statistics is its capability to quantify uncertainty
- 3. Statistics proves association instead of causality

- 4. Descriptive statistics is not the poor sister of research
- 5. Let us assess between what is observed and what is expected!
- 6. Our world, our life, our destiny are dominated by uncertainty; this is perhaps the only statement we may assert without uncertainty – Bruno de Finetti
- 7. The concept of representativity is intuitive and cannot be defined. Then, a sample can be representative when it has the same variability than the population
- 8. Random can be defined as something that cannot be programmed
- 9. Astolineal regression, what R² (determination coefficient) says goes

B) Statistical short phrases

- 10. The central limit theorem turns what is normal into non-normal
- 11.As to sociological subjects, determination coefficients (R²) tend to be low since variables used are scarcely informative
- 12. Transformation of data into a square root and logarithmic transformation are the processes that most linearize a distribution
- 13.A mathematical mean can also be known as mathematical hope (E)
- 14. There are terminological differences between multivariate linear regression (where all predictors are continuous) and the analysis on the covariance (where some predictor, or predictors, is a factor)
- 15. In order to make $\beta 0$ have sense in a multivariate linear regression, all variable predictors must have zero as a possible value. Otherwise, it is necessary to center the predictor
- 16. Astomultivariatelinearregression, coefficients of a variable in a model are determined by measurement units. Significance does not depend on measurement units
- 17. In logistic regression, $\beta 0$ can only be interpreted in cohort studies
- 18. The model of logistic regression fails to explain the deviance, or remoteness. It is equal to the sum of squares of residuals in linear regression. The more remoteness, the higher the maladjustment

- 19.Residual deviance is the degree of unawareness after executing the control through one or various predictors
- 20.Sample estimators are random variables, while population means are regarded as parameters
- 21.A sample is a methodological intermediary that is used to give an answer to our question
- 22. The sample size does not always solve representativity
- 23. The fallacy of transposed conditionals
- 24. Confidence intervals in the Bayesian background are probability intervals, while the parameter is situated somewhere amid the extremes. Confidence intervals within the frequentist environment are not probability intervals
- 25.The most homogenous the variables, the highest is the design effect
- 26.A null hypothesis is always an equality hypothesis
- 27.Expected frequencies are those that should have occurred if the null hypothesis (H0) was true
- 28.Odds ratio (OR) distribution is abnormal
- 29. The distribution of the natural logarithm of odds ratio is normal (Ln OR)
- 30.A parameter is a population statistical value
- 31.Estimates on parameters may be point estimates or may be attained through confidence intervals
- 32. The origin of the sampling error is due to the use of probabilistic sampling
- 33. The sampling error is assumed by the process of analyzing the sample instead of the complete population
- 34. The probability distribution curve concerning the normal sample is characterized by the following: (a) when mean, median, and mode coincide; (b) when it is asymptotic, that is, it goes parallel with the abscissas axis toward infinity; (c) when it is two-tailed
- 35.The central limit theorem is the statistical foundation of confidence intervals
- 36.Multilevel or hierarchical regression can differentiate one group of variables from the other and is mostly used in Pedagogy than in Health Science
- 37.In a linear model, differences among

variables are constant; but when there are non-constant differences, it is said that there is interaction. Then, the effect of a variable depends on the level of the other

- 38.In an interaction model, coefficient of variables does not have the same meaning than in those cases where there is no interaction
- 39.Systematic revisions increase sample size and reduce random errors
- 40. Right censoring in survival studies comprise:(a) conclusion of the study before the event of interest occurs; (b) death due to another cause than that regarded as an event of interest; and (c) lost to follow-up
- 41.Survival probability [S(t)] is the probability that an individual may live for a determined period of time
- 42.Survival analysis does always compute the median
- 43. The size of the sample has little influence on the qualitative research
- 44. The logistic regression model is multiplicative
- 45.It is always necessary to carry out a good descriptive statistical study. Otherwise, it is equal to carrying out an inadequate medical history

C) Epidemiological aphorisms

- 46. The art of epidemiology includes the ability of obtaining reasonable answers from imperfect data
- 47.Health and disease are not random phenomena
- 48.In case–control studies, research goes backward, from effect to exposure
- 49. In transversal studies, time cannot be seen

D) Short epidemiological phrases

- 50.A number needed to treat (NNT) over 10 is unacceptable
- 51.A ratio is a quotient between two absolute frequencies, where the numerator is not included in the denominator
- 52. The term odds is a type of quotient used to express the quantitative relation between the probability that an event may occur, as in the case of a disease, and the probability that it may not

- 53.A proportion is a type of fraction in which the numerator is included in the denominator
- 54. As to paired case–control studies, the statistical analysis must take into account the pairing process. Conditioned logistic regression is the method of statistical analysis
- 55. Two selection biases concerning case– control studies are those known as Berkson's bias (it is worth bearing in mind the intrinsic differences of case–control data collected from hospitals and the community) and Neyman fallacy (a higher proportion of survivors in prevalent cases)
- 56.Case–control studies are useless for determining incidence rates
- 57. The main goal of a case–control study is to provide a valid and reasonably precise estimate of the strength of association of a hypothetical cause–effect relation
- 58. In health services, efficiency is attained by the achieving of a goal using the less possible resources and with the aim of increasing the well-being of the population to whom it is addressed
- 59.In an open cohort, the incidence density is the only factor that can be studied: Incidence density = number of new cases divided by ∑time at risk/people per year
- 60. The first epidemiological transition took place after the World War II when cardiovascular diseases and cancer began to be the main causes of death rather than infections
- 61. There is a great deal of bias in an epidemiological indicator in which the numerator and the denominator come from different sources
- 62.In ecological studies, only the extremes can be obtained from contingency tables
- 63. Two epidemiological measurements of transversal studies comprise: (a) prevalence quotient, which does not permit their introduction into a multivariate model, and therefore does not either permit the control of the confusion and (b) prevalence odds ratio, which does therefore permit the control of confusion
- 64. Social desirability bias involves giving a politically correct answer to an opinion poll

65.Questionnaire and opinion poll are not the same concepts in qualitative research

E) Epistemological aphorisms

- 66. To research is to measure
- 67.Continuous variables are the jet set of variables
- 68.God never said that all regressions should be linear (R. G. Millar)
- 69. Scientific research is an act of intellectual rebellion
- 70.As to scientific thought, transparency is crucial
- 71.A model is an abstraction of reality. A sample is a model of the population
- 72.Randomness does not guarantee representativity, but objectivity
- 73. The nucleus of the Bayesian logic includes the gradual integration of information
- 74. Decisions are dichotomic. Assessments concerning hypotheses are not dichotomic. They gain or lose credibility
- 75.God would never give a confidence interval
- 76. With regard to survival analysis, time can be defined at one's discretion, as long as it makes sense
- 77. In qualitative research, we look for meanings right from the meaning of things
- 78. The fact about methodological flexibility, inherent to qualitative research, and the need to express a working hypothesis is in itself a paradox
- 79.In qualitative research issues, truth is a slippery concept
- 80.Imagination to power

F) Short epistemological phrases

- 81.In the scientific sphere, hypotheses are never thoroughly accepted, although in the theological sphere, they possibly are
- 82. Any research work must be carried out on a problem that can be posed as a question
- 83. According to the Royal Spanish Academy, deconstruction is the process of dismantling a concept or an intellectual construction through analysis and thus discloses contradictions and ambiguities
- 84.Definitions are, quoting Karl Popper, read from right to left

- 85. The only allusion of the words Science and Technology reveals the opposition of both concepts: science is related to knowledge, while technology refers to the use of knowledge
- 86.Paradigms are universally acknowledged scientific achievements, which for some time have provided models of problems and solutions to the scientific community. They come from the philosophical work of Thomas Kühn
- 87. Thomas Bayes grasped the significance of developing a quantitative and exact theory of inductive reasoning
- 88.A scientific hypothesis should never be dropped for lack of statistical significance. Data can show an increase in likeliness despite the lack of significance
- 89. Science is achieving changes of paradigms in the course of time
- 90. The official thesis concerning the estimation of the sample size begins with an illogical approach, since it demands to speculate on a sampling parameter
- 91. There are seven requirements to make a research work ethical (E. Emanuel): (1) it must be worth it; (2) it must have scientific validity; (3) it must carry out an equitable selection of individuals; (4) there must be a convenient risk/benefit proportion; (5) it must undergo an independent assessment; (6) it must be provided with informed consent; and (7) it must be respectful with the individuals included in the work
- 92.Research through opinion polls and questionnaires quantifies what is qualitative

G) Aphorisms on scientific diffusion

- 93.Nobody puts a candelabrum under a table
- 94. English is the Esperanto of science
- 95. The summary is the offspring of the research work
- 96.No one is born an orator, but becomes one

H) Short phrases on scientific diffusion

- 97. Discussion on a research work should begin by discussing biases and end discussing causality criteria
- 98. With regard to drafting a research protocol, a second bibliographical revision tends to be

less intense than the first one

- 99. The researcher must, during his/her career, upgrade the diffusion process.
- 100.Acknowledgments for original articles should be addressed to persons
- 101. The features of a good title at the head of an original article should comprise the following: (2–3 descriptors) + (2–3 conjunctions) + (2–3 prepositions)
- 102. Tables included in an original article must contain logic and order
- 103.Original articles publishing results of a qualitative research through questionnaires should avoid the use of baroque style
- 104. In PowerPoint presentations, one should avoid the abuse of capital letters, while keeping the coherence of the background of slides
- 105.Debates after an announcement are necessary and must exist as a form of culture

I) Pragmatic aphorisms

106. All that glitters is not gold

- 107.If you add rubbish to a statistical analysis, you get rubbish
- 108. Knowledge is spread, technology is patented
- 109.I am a hostage to my confidence intervals
- 110.Science is not a democracy; it cannot be put to the vote
- 111. We must reach the maximum admissible sampling error for our research work
- 112.A good design is more important than a good analysis
- 113.As to questionnaire designing, stylistic figures should be avoided; one must go straight to the point
- 114. There is no real consensus on what public opinion is
- 115.Let data speak by themselves
- 116. It is worth bearing in mind what to answer
- 117.Do not mess around with the assessor

J) Short pragmatic phrases

- 118. The most frequent causes for the rejection of a research project are as follows: (a) lack of originality; (b) a badly structured summary; (c) a scarce respect for the scientific method; and (d) a careless selection of the type of study to achieve the goals in mind
- 119. VIA = Validity, Important, Applicability

- 120. The sector diagram is a piece of cake for each frequency
- 121. An analysis should be developed bearing in mind the design
- 122.In general, it is preferable not to categorize continuous variables
- 123. In a gross analysis, odds ratios are interpreted as indicated by the frequencies shown on the upper left corner of contingency tables (Box 1) (tetrachoric table)]
- 124.As to rate problems, standardize through a variable is equal to control through that variable
- 125.In diagrams developed for survival studies, right censoring is the most frequent censoring
- 126.In questionnaire designing, it should be advisable to avoid bias contagion among questions, that is, to avoid the halo effect
- 127.In the course of an oral presentation, it is important to look at all the audience while speaking

DISCUSSION

A group of 10 post-graduated students, who were included in a focus group, have collected 127 pedagogical aphorisms and short phrases in a course given by the Andalusian Public Health School (Granada). The group has tried to identify those teachers with a higher interpretative load; also, the students designed two concept maps to better visualize the resulting classifications.

The most important bias of this research work is the approach it has in the final phase of the course and in the earlier subsequent period. The students' motivational factor derived from the process of carrying out the project, from the scientific experiences they underwent, their reunion with their teachers, and the materials used in the intranet during the course (virtual campus).

The control of bias has been determined by the size of the focus group, which we have regarded as acceptable for a qualitative research work like this, by the immediacy in the execution of the work, thanks to "fresh" information provided just once the course was over, and by the possibility of having access to the specific virtual campus even until a year after the course was over. We believe there is another aspect controlling the bias of the information reported in this paper, and it is an aspect represented by the diverse medical specialties of the members belonging to the focus group and whose specialties are listed in "Methodology." At the end of the course, each student is able to assess the most relevant pieces of information that he/she may have assimilated.^[38] Articles with a quantitative design have the capacity for the generalization of data and other biases; as to qualitative research, these concepts are also observed during the qualitative research, although within a different approach.^[42]

We felt it was necessary to carry out a basic triangulation with an adequate descriptive language and an unequivocal statistical process in order to analyze the work of the two most quoted teachers of the group.^[39-40] There is a work published by McMillan on Odontology that describes a reasoning idea very similar to ours.^[43] Differential components are greater than the common ones.

To have a clear thinking and well-founded concepts should be the basic features of any researcher who begins his/her career.^[44] Sometimes, the planned composition of a curriculum implies to leave aside time-consuming projects that would not yield the expected results despite the efforts invested in them. In this regard, aphorisms and pedagogical phrases save time in the daily work of a researcher during the training process.^[11,21,30,44]

As to early postgraduates, it is essential to follow a training course in both general skills and research methodology. For years, efforts have been focused on the training of younger health care professionals in problem-based learning (PBL).^[45,46] A lot of controversy has been raised as to know when a person is well trained, and what this person knows or is able to carry out. The hustle and bustle on concepts belonging to both the general and specialist medicine has been continuous. Thanks to the unfolding of both artificial intelligence and blurred logic,^[45,46] today's newest conception on expert knowledge opts, after a lot of years of studying and specific training, for specialization. The idea of an "expert generalist" is difficult to specify within the explanatory system of expertise studies.^[45,46] Eventually, most people tend to cognitively organize the information received and store it in great units, or knowledge drawers. This manifest evidence was discovered by analyzing the knowledge of chess players.^[47]

Metacognition is the awareness of one's knowledge and of one's way of doing things. It is related to what an individual knows about his/her cognitive process. Metacognitive activities, implicitly or explicitly, allow and underlie in the development and achievement of the dynamics of expertise.^[45-49] We believe that the contents of this article can positively help develop cognitive and metacognitive aspects described in previous paragraphs. They also provide a creativity profile for the continuous^[50,51] and post-graduate training.^[52]

Although the scientific language is characterized by its accuracy, simplicity, and positivity, we want to highlight the use of metaphors as a useful tool in the teaching and learning of health care knowledge.^[53] We expressly want to make reference to the metaphors included in the following elements: 4, 9, 67, 68, 69, 75, 80, 93, 95, 105, 107, 109, 110, 115, and 117. Number 80 illustrates the most famous history phrase of the French Spring of 1968 by stimulating the researcher's imagination to perform an oral presentation of his/her work.

We have organized all the data collected in statistical,^[54,55] epidemiological,^[56-60] epistemological,^[61] diffusion, and pragmatic (or heuristic)^[62,63] elements, and we think we have done it in an unusual way since this type of classification is new and has been used in this article for the first time.

We cannot comment one by one the 127 informative elements included In this research [Figure 2]. We shall only refer those elements that the focus group considered interesting or needed a complementary explanation of the texts shown in results.

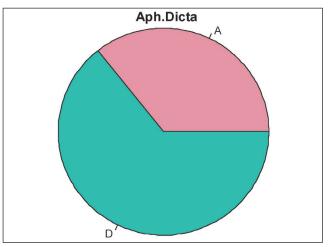


Figure 2: Distribution of the Information in Aphorisms (A) and Short Phrases with a Pedagogical Value (Dicta)

In the element number 115, for instance, "Let data speak by themselves" – classified as a pragmatic aphorism – illustrates the Newtonian idea of induction.^[64] With the use of new technologies, even data will be able to speak to other data thanks to the exchange of information traveling through research networks.^[65,66] Data's structure can possess their own semantics.^[67,68] The element 109, "I am a hostage to my confidence intervals," constitutes a heuristic aphorism that emerged in the classrooms and which illustrates the relations that are present in the estimation of the sampling size and the standard error.^[69]

The element number 9, classified as a statistical aphorism, notes the mathematical value of the coefficient of determination in a linear regression model, with respect to the lesser value of, for example, the remoteness analysis in a model of logistic regression.^[70]

Many students and researchers fail to differentiate the two directions of conditional probability P(A/B) and P(B/A), where this is an error called fallacy of the transpose conditional or fallacy of conditioning factors; that explains the significance of the element 23 and its classification as statistical phrase.^[71] To us, the short statistical phrase found in the element number 36 is of remarkable significance as it reports the relevance of multilevel regression in pedagogy,^[72] and it is due to the special adaptation of this analysis method for the educational background at any level. Short statistical phrases 15 and 17 do refer to the meaning that β_0 has (independent term/corner) in the linear regression model (centering of predictor) and in logistic regression model (it only can be achieved mathematically in the cohort design).^[70,73] The natural design used in the interpretation of the independent term (β_0) is that used in a cohort, where the exposition level is known and the health level is prospectively assessed after some time.^[70]

The short epidemiological phrase number 57 clearly differentiates the concept of association from causality found in the design of cases and controls.^[74-77] The epistemological phrase of

the element number 84 describes the Popperian idea of building a definition from a concept^[71,78] (Definition \leftarrow Concept).

The element number 93 is an aphorism of scientific diffusion extracted from chapter 5 of the Gospel of Saint Matthew that asserts the need to spread any accomplished research work. In these current days, the "candelabrum" should be one with a high impact factor.^[79] The pragmatic aphorism included in the element number 117 warns us against embroiling too much a scientific reality, which must be simple and clear for its comprehension and for a good communication.^[80]

The short epidemiological phrase number 55 describes in its first part Berkson's bias for case–control design, which Alvan Feinstein and collaborators so masterly analyzed some years ago.^[81-84] The pragmatic short phrase number 119 depicts the acronym VIA, which is so interesting within the methodological background of health based on evidence.^[85,86] The element number 50, classified as an epidemiological short phrase, makes reference to NNT, a concept that is also basic within this ambit.^[85,86] An NNT, when expressed correctly, must be associated with the control employed, the therapeutical result, the necessary time to achieve it, and the confidence intervals.

The last element to comment is number 6; it includes a statistic aphorism and is an homage to Bruno Finneti,^[87] noted for the operational subjective conception of probability.

We see the occurrence of a higher percentage of elements of the statistical type (35% of the whole) as a direct result of the fact that the person in charge of the course was both a mathematician and a statistician [Table 1 and Figure 3]. Maybe in future, projects on this issue it would be advisable to put the emphasis on epidemiological contents. However, these results may be affected by the individual scientific trends of those who form the focus group, trends that have not been assessed in the study.

We believe this is a merely descriptive result that does not need any further comment. We can

Table 1: Distribution of the frequency of classifications used in this article

	Spread	Epidemiological	Epistemological	Statistical	Pragmatic
Aphorisms (n=44) (34.6%)	4	4	15	9	12
Dicta (n=83) (65.3%)	9	16	12	36	10
	13 (10.2%)	20 (15.7%)	27 (21.3%)	45 (35.4%)	22 (17.3%)

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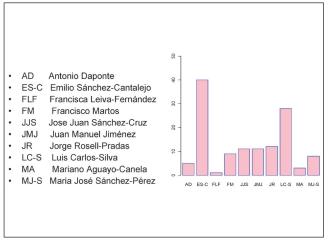


Figure 3: Frequency of aphorisms and short sentences expressed by each teacher

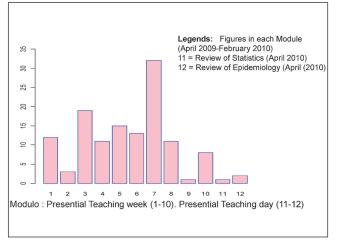


Figure 4: Distribution of the frequencies of aphorisms and short phrases during the course

Table 2: Chi-square test and Fisher's test of the two
teachers with more compiled information

Aphorisms	Dicta
12	28
14	14
	12

Pearson's Chi-squared test *P*-value = 0.09487, Fisher's exact test for count data *P*-value = 0.129

clearly conclude from Figure 3 that it was two teachers who provided more data to our analysis: Emilio Sánchez-Cantalejo^[70,72,88] (non-Bayesian statistician), and Luis Carlos Silva-Ayçaguer^[71,88] (Bayesian statistician). The categorical analysis did not show any dependence to one group or another of aphorisms or short phrases [Table 2], although at a descriptive level, the first teacher

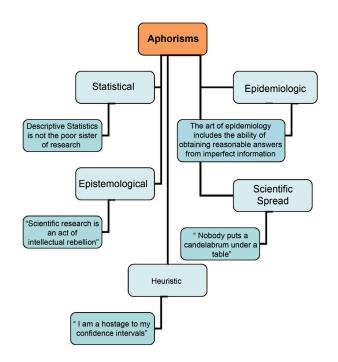


Figure 5: Aphorisms concept map

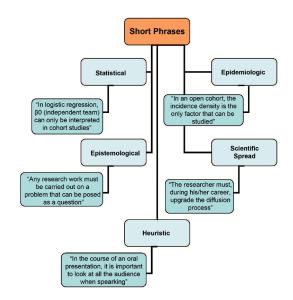


Figure 6: Short phrases concept map

was more in favor of short and positive messages. The pedagogical elements included in this article were more frequently expounded in the third and seventh modules of the course [Figure 4].

In order to achieve a better visual of the classification, we have drafted two concept maps which follow the guidelines of the pedagogical constructivism [Figures 5 and 6]. The selection

of contents has been carried through personalized discussion.^[33-36,38,89] The focus group has somehow found a way to go ahead with this research work.

We do not want that this research work may be regarded as an anathema as a result from having approached two extremely scientific and quantitative disciplines, such as those concerning statistics and epidemiology; our goal was, using a qualitative methodology, to bridge the gap between both specialties and a real scenario.^[90,91] We neither had the intention of opening a new paradigm.^[92-94]

To conclude, we think this type of qualitative analysis,^[38,39] which is based on the difference between aphorisms and highly pedagogical short phrases, does assist the following: firstly, the researcher to review and strengthen the contents acquired during the training process,^[11,21,30,44.46] while keeping these contents operative during the process of studying reality; secondly, it allows the teacher to reflect on the frequency and arrangement of the elements that are spread (through the classrooms and into the intranet); and thirdly, it provides the teaching institution with quality control mechanisms.^[16,20]

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REFERENCES

- Diamandopoulos A, Goudas P, Oreopoulos D. Thirty-six Hippocratic aphorisms of nephrologic interest. Am J Kidney Dis 2009;54:143-53.
- 2. Harris PD. Statistical pearls. I. An empty shell game. Anesth Analg 1976;55:82-4.
- 3. Harris PD. Statistical pearls. II. How often did that happen? Anesth Analg 1976;55: 357-9.
- 4. Harris PD. Statistical pearls. III. The most likely interpretation. Anesth Analg 1976;55:846-8.
- 5. Erickson GP. Clinical pearls for home health nursing: recollections from an oral history. Home Healthc Nurse 1996;14:906-13.
- 6. Booth A. Netting the evidence: Finding pearls,

not sewage. Singapore Med J 2006;47:1023-9.

- 7. Alpert JS. A Plethora of Prognostic Pearls. Circulation 2008;118:1312-3.
- Glick ID, Balon RJ, Ballon J, Rovine D. Teaching pearls from the lost art of psychopharmacology. J Psychiatr Pract 2009;15:423-6.
- http://www.britannica.com/EBchecked/topic/29553/ aphorism [Last visited on 14th November 2010].
- Groarke L. Philosophy as Inspiration: Blaise Pascal and the Epistemology of Aphorisms. Poetics Today. 2007;28:3. Available from: http://www.mystfx. ca /academic/philosophy/groarke/groarke/pt%20 pascal.pdf [Last accessed on 2012 Jan 09].
- 11. Morson GS. The Aphorism: Fragments from the Breakdown of Reason. New Lit Hist 2002;34:409-29.
- 12. Morson GS. Bakhtin, the Genres of Quotation, and the Aphoristic Consciousness. Slavic and Eastern European J 2006;50:213-27.
- Wells-Jopling R. When is writing already quotation? A developmental perspective on a postmodern question. J Aesthet Educ 2006;40:59-74.
- 14. Karemaker JM. The riddles of heart rate variability. Clin Auton Res 2001;11:65-6.
- 15. Petrides PE, Siegel F. Thrombotic complications in essential thrombocythemia (ET): Clinical facts and biochemical riddles. Blood Cells Mol Dis 2006;36:379-84.
- Simone JV. Understanding Academic Medical Centers: Simone's Maxims. Clin Cancer Res 1999;5:2281-5.
- 17. Peacocke C. Rationale and Maxims in the Study of Concepts. NOÛS 2005;39:167-78.
- Peacocke C. Interrelations: Concepts, Knowledge, Reference and Structure, Mind & Language. 2004;19:85-98.
- 19. Kelly D, Shepard T. Eight maxims for software Inspectors. Softw Test Verif Reliab 2004;14:243-56.
- 20. McMahon T. Teaching for more effective learning: Seven maxims for practice. Radiography 2006;12:34-44.
- Garrison FH. Medical Proverbs, Aphorisms and Epigrams. Bull N Y Acad Med 1928;4:979-1005.
- 22. Hall JJ, Taylor R. Health for all beyond 2000: The demise of the Alma-Ata Declaration and primary health care in developing countries. Med

International Journal of Preventive Medicine, Vol 3, No 3, March 2012

J Aust 2003;178:17-20.

- 23. Wootton J. Beyond the slogan: It's all about sharing the load. Can J Rural Med 2005;10:135.
- 24. Aronson JK, Hauben M. Drug safety. Anecdotes that provide definitive evidence. BMJ 2006;333:1267-9.
- 25. Stamm WP. Amoebic aphorisms. Lancet 1970;2:1355-6.
- 26. Ellis H. Stanford Cade Memorial Lecture, 1980. Some aphorisms in cancer surgery. Ann R Coll Surg Engl 1981;63:98-101.
- 27. Mansour AM, Hamam RN, Mehio-Sibai A. Ophthalmology in proverbs and aphorisms. Clin Experiment Ophthalmol 2006;34:701-4.
- Blackstone EH, Rice TW. From trees to wood and back: Perspective on clinical data analysis in thoracic surgery. Thorac Surg Clin 2007;17:309-27, v.
- 29. Cowden JM. Some haphazard aphorisms for epidemiology and life. Emerg Infect Dis 2010;16:174-7.
- 30. Porta M. Knowledge areas. We feel more interest in what we don't know. Gac Sanit 2008;22:386-7.
- Ioannidis JP, Lau P. Uncontrolled pearls, controlled evidence, meta-analysis and the individual patient. J Clin Epidemiol 1998;51:709-11.
- 32. Carpenter BD. Scientific Concept Development in the English Language Arts Classroom 2008 - etd. library.pitt.edu. Available from: http://www.etd. library.pitt.edu/ETD/available/ etd-04292008-122651/ unrestricted/ bdcarp2008diss2_final.pdf [Last accessed on 2012 Jan 09].
- 33. Novak JD. Concept maps and vee diagrams: Two metacognitive tools for science and mathematics education. Instr Sci 1990;19:29-52.
- Novak JD. Human constructivism: A unification of psychological and epistemological phenomena in meaning making. Int J Personal Construct Psychology 1993;6:167-93.
- 35. Howe AC. Development of science concepts within a Vygotskian framework. Sci Educ 1996;80:35-51.
- 36. Novak JD, Cañas AJ. The Theory Underlying Concept Maps and How to Construct and Use Them, Technical Report IHMC CmapTools 2006-01 Rev 01-2008, Florida Institute for Human and Machine Cognition, 2008, Available online from: http://cmap.ihmc.us/Publications/ResearchPapers/ TheoryUnderlyingConceptMaps.pdf [Last accessed

on 2012 Jan 09].

- Mosterín J. Conceptos y Teorías de la Ciencia. Colección Ensayo. Alianza Editorial. S.A. Madrid. 2000. page 15 and following.
- 38. Sim J. Collecting and analysing qualitative data: issues raised by the focus group. J Adv Nurs 1998;28:345-52.
- 39. Razum O, Gerhardus A. Methodological triangulation in public health research advancement or mirage? Trop Med Int Health 1999;4:243-4.
- 40. Risjord MW, Dunbar SB, Moloney MF. A new foundation for methodological triangulation. J Nurs Scholarsh 2002;34:269-75.
- 41. Ihaka R, Gentleman RR. A language for data analysis and graphics. J Comput Graph Stat 1996;5:299-314.
- 42. Daly J, Lumley J. Bias in qualitative research designs. Aust N Z J Public Health 2002;26:299-300.
- 43. McMillan WJ. Finding a method to analyze qualitative data: Using a study of conceptual learning. J Dent Educ. 2009;73: 53-64. Available from: http://www.jdentaled.org/cgi/reprint/73/1/53 [Last accessed on 2012 Jan 09].
- 44. Howard MO. Letter to a young researcher. Soc Work Res 2004;33:195-7.
- 45. Chi MT, Feltovich P, Glaser R. Categorization and representation of physics problems by experts and novices. Cogn Sci 1981;5:121-52.
- 46. Feltovich PJ, Prietula MJ, Ericsson KA. Studies of expertise from psychological perspectives. In: Ericsson KA, Charness N, Feltovich P, Hoffman RR, editors. Cambridge Handbook of Expertise and Expert Performance. Cambridge, UK: Cambridge University Press; 2006. p. 41-67.
- 47. Simon HA, Chase WG. Skill in chess. Am Sci 1973;61:394-403.
- 48. Ericsson KA, Kintsch W. Long-term working memory. Psychol Rev 1995;102:211-45.
- 49. Ericsson KA, Roring RW, Nandagopal K. Giftedness and evidence for reproducibly superior performance: An account based on the expertperformance framework. High Ability Studies 2007;18:3-56.
- 50. Siddiqui ZS. Lifelong learning in medical education: from CME to CPD. J Coll Physicians Surg Pak 2003;13:44-7.

- 51. Siddiqui ZS. Creativity in Higher Education: Great Expectations, 2nd International Conference on Assessing Quality in Higher Education ICAQHE 2008, Lahore Pakistan, 1, pp. 227-36. Available from: http://www.icaqhe2010.org/Papers%20 published%20in%202nd%20ICAQHE%20 2008/17-Dr%20Zarrin%20Seema%20Siddiqui. pdf [Last accessed on 2012 Jan 09].
- 52. Matteson-Kane M, Rue S. Nursing student creativity: Teaching healthcare concepts to elementary students. Nurse Educ 2002;27:168-9.
- 53. Carpenter J. Metaphors in qualitative research: Shedding light or casting shadows? Res Nurs Health 2008;31:274-82.
- 54. Martynenko G. Semiotics of Statistics. J Quant Linguist 2003;10:105-15.
- 55. Linn S. A New Conceptual Approach to Teaching the Interpretation of Clinical Tests. Journal of Statistics Education 2004;12(3): 1-9. Available from: http://www.amstat.org/publications/jse/ v12n3/linn.html [Last accessed on 2012 Jan 09].
- Romm FJ, Dignan M, Herman JM. Teaching clinical epidemiology: A controlled trial of two methods. Am J Prev Med 1989;5:50-1.
- 57. Soudarssanane MB, Rotti SB, Roy G, Srinivasa DK. Research as a tool for the teaching of epidemiology. World Health Forum 1994;15:48-50.
- López Moreno S. Acerca del estatuto científico de la epidemiología. Salud Pública de México. 1998;40:389-91.
- 59. López Moreno S, Garrido La torre F, Hernández Avila F. Historical development of epidemiology: its formation as a scientific discipline. Salud Pública de México 2000;42:133-43.
- 60. Gange SJ. Teaching Epidemiologic Methods. Epidemiology 2008;19:353-6.
- 61. Coste J, Leplege A. On epistemology and the history of epidemiology. Revue d'Epidemiologie et de Sante Publique 2009;57:317-8.
- 62. McDonald CJ. Medical heuristics: The silent adjudicators of clinical practice. Ann Intern Med 1996;124:56-62.
- 63. Travis CB, Phillippi RH, Tonn BE. Judgment heuristics and medical decisions. Patient Educ Counsel 1989;13:211-20.
- 64. Blackstone EH. Let the Data Speak for Themselves?.

Semin Thorac Cardiovasc Surg Pediatr Card Surg Annu 2004;7:192-8.

- 65. Let data speak to data. Nature 2005;438:531.
- 66. Butler D. Data sharing: The next generation. Nature 2007;446:10-1.
- 67. Lewontin R, Levins R. Let the numbers speak. Int J Health Serv 2000;30:873-7.
- 68. Johnston G, So Y. Let the data speak: New regression diagnostics based on cumulative residuals. Statistics and Data Analysis. SUGI Proceedings. 2003. Available from: http://www.support.sas.com/rnd/ app/papers/abstracts/dataspeak.html [Last accessed on 2012 Jan 09].
- 69. Bacchetti P. Current sample size conventions: Flaws, harms, and alternatives. BMC Medicine 2010;8:17. Available from: http://www.biomedcentral. com/1741-7015/8/17 [Last accessed on 2012 Jan 09].
- 70. Sánchez-Cantalejo Ramírez E. Regresión Logística en Salud Pública (Serie Monografías nº 26). Granada: Escuela Andaluza de Salud Pública. 2000. p. 24-7, 86-8.
- 71. Silva Ayçaguer LC. La investigación biomédica y sus laberintos. Ediciones Díaz de Santos S.A. Madrid. 2008. p. 112-4, 360-2.
- 72. Sánchez-Cantalejo E, Ocaña-Riola R. Los modelos multinivel o la importancia de la jerarquía. Gac Sanit 1999;13:391-8.
- 73. Giroux E. Enquete de cohorte et analyse multivariee: une analyse epistemologique et historique du role fondateur de l'etude de Framingham. Rev Epidemiol Sante Publique. 2008;56:177-88.
- 74. Morabia A. A History of Epidemiologic Methods and Concepts. Basel: Birkhäuer Verlag; 2004.
- Morabia A, Porta M. Causalidad y Epidemiología. Investigación y Ciencia (edición española) 2008;382:62-71.
- 76. Hernán MA. Expert knowledge, confounding and causal methods. Gac Sanit 2001;15 Suppl 4:44-8.
- 77. Hernán MA. A definition of causal effect for epidemiological research. J Epidemiol Community Health 2004;58:265-71.
- Popper K. The problem induction (1953,1974). Available from : http://www.dieoff.org/page126. htm [Last accessed on 2012 Jan 09].
- 79. Alonso F, Bermejo J, Segovia J. Impactology, Impactitis, Impactotherapy. Rev Esp Cardiol

2005;58:1239-45.

- Fraser SW, Greenhalgh T. Complexity science. Coping with complexity: Educating for capability. BMJ 2001;323:799-803.
- Feinstein AR, Walter SD, Horwitz RI. An analysis of Berkson's bias in case-control studies. J Chronic Dis 1986;39:495-504.
- 82. Delgado-Rodriguez M, Llorca J. Bias. J Epidemiol Community Health 2004;58:635-41.
- 83. Villadiego-Sánchez JM, Ortega-Calvo M, Pino-Mejías R, Cayuela A, Iglesias-Bonilla P, García-de la Corte F, *et al.* Multivariate explanatory model for sporadic carcinoma of the colon in Dukes' stages I and IIa. Int J Med Sci 2009;6:43-50. Available from: http://www.medsci.org/v06p0043.htm [Last accessed on 2012 Jan 09].
- 84. Ioannidis JP. Limitations are not properly acknowledged in the scientific literature. J Clin Epidemiol 2007;60:324-9.
- 85. Greenhalgh T. Intuition and evidence-uneasy bedfellows? Br J Gen Pract 2002;52:395-400.
- 86. Morales Asencio JM, Gonzalo Jiménez E, Martín Santos F J, *et al.* Salud pública basada en la evidencia: Recursos sobre la efectividad de intervenciones en la comunidad. Rev. Esp. Salud Pública. 2008;82:05-20. Available from: http://www.redalyc.uaemex. mx/src/inicio/ArtPdfRed.jsp?iCve=17082102 [Last accessed on 2012 Jan 09].
- 87. Bruno De Finetti Papers: Available from: http:// digital.library.pitt.edu/cgi-bin/f/findaid/findaididx?c=ascead;cc=ascead;q1=de%20finetti;rgn=m ain;view=text;didno=US-PPiU-asp199201 [Last

visited on 4th Dec 2010].

- Matteson-Kane, M. Teddy Bear Teachers. Nurse Educ 2001;26:214-20.
- 89. Pérez Andrés C. On qualitative methodology. Rev Esp Salud Pública 2002;76:373-80.
- Porta M, Alvarez-Dardet C. Epidemiology: Bridges over (and across) roaring levels. J Epidemiol Community Health 1998;52:605.
- 91. Weed DL. Methods in epidemiology and public health: Does practice match theory? J Epidemiol Community Health 2001;55:104-10.
- 92. Bhopal R. Paradigms in epidermiology textbooks: In the footsteps of Thomas Kuhn. Am J Public Health 1999;89:1162-5.
- 93. Karimi R. Interface between problem-based learning and a learner-centered paradigm. Advances in Medical Education and Practice 2011;2:117-25. Available from: http://www.dovepress.com/ interface-between-problem-based-learning-anda-learner-centered-paradi-peer-reviewed-article-AMEP [Last accessed on 2012 Jan 09].
- 94. Joffe M. The gap between evidence discovery and actual causal relationships. Prev Med 2011;53:246-9.

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