

References:

1. da Costa BR, Rutjes AW, Johnston BC, Reichenbach S, Nüesch E, Gemperli A, Tonia T, Guyatt GH, Jüni P. Methods to convert continuous outcomes into ORs of treatment response and NNTs: meta-epidemiological study. *Int J Epidemiol*. 2012;41(5):1445-1459.
2. Friedrich JO, Adhikari NKJ, Beyene J. The ratio of means method as an alternative to mean differences for analyzing continuous outcome variables in meta-analysis: a simulation study. *BMC Med Res Methodol*. 2008;8(32):1-15.
3. Johnston BC, Thorlund K, Schunemann H, Xie F, Murad MH, Montori VM, Guyatt GH. Improving the interpretation of quality of life evidence in meta-analysis: the application of minimally important difference units. *BMC Health Qual Life Outcomes*. 2010;8(116):1-5.
4. Thorlund K, Walter SD, Johnston BC, Furukawa TA, Guyatt GH. Pooling continuous outcomes in meta-analysis - a review of methods for enhancing interpretability. *Res Syn Methods*. 2011, 2:188-203. doi: 10.1002/jrsm.46.
5. Guyatt GH, Thorlund K, Oxman AD, Walter SD, Patrick D, Furukawa TA, Johnston BC, Karanikolas P, Akl EA, Vist G, Kunz R, Brozek J, Kupper LL, Martin SL, Meerpohl JJ, Alonso-Coello P, Christensen R, Schunemann HJ. GRADE guidelines: 13. Preparing summary of findings tables and evidence profiles-continuous outcomes. *J Clin Epidemiol*. 2013 Feb;66(2):173-83.

Table 1. Demographic Characteristics of the Sample, *n* = 188

Characteristic	N (%)
Country	
Canada	139 (73.9%)
Lebanon	26 (13.8%)
Switzerland	23 (12.2%)
Gender	
Males	94 (50.0%)
Females	94 (50.0%)
Specialty	
Internal medicine	121 (64.4%)
Family medicine	44 (23.4%)
Professional status	
Staff	35 (18.6%)
Trainees (residents, fellows, medical students)	153 (81.4%)
Year Graduated from Medical School	
Before 1990	11 (5.9%)
1990 - 1999	11 (5.9%)
2000 - 2009	47 (25.0%)
2010 and after	103 (54.8%)
Not applicable	10 (5.3%)
Training in Health Research Methodology or Epidemiology	
Never completed a formal course	117 (62.2%)
Completed formal courses, but no masters/PhD in HRM	61 (32.4%)
Have masters/PhD degree in HRM	9 (4.8%)

Table 2. Understanding of the Presentation of Continuous Outcomes, *n* = 175

Approach	N (%) correct, [95% CI]	N (%) close to correct, [95% CI]
SMD	50 (28.6%), [21.9% - 35.3%]	63 (36.0%), [28.9% - 43.1%]
MID units	38 (21.7%), [15.6% - 27.8%]	88 (50.3%), [42.9% - 57.7%]
Natural Units	36 (20.6%), [14.6% - 26.6%]	83 (47.4%), [40.0% - 54.8%]
Relative Risk	54 (30.9%), [24.0% - 37.7%]	91 (52.0%), [44.6% - 59.4%]
Risk Difference	81 (46.3%), [38.9% - 53.7%]	65 (37.1%), [30.0% - 44.3%]
Ratio of Means	64 (36.6%), [29.4% - 43.7%]	81 (46.3%), [38.9% - 53.7%]

Note: Respondents could choose trivial, small, moderate or large effect. Close to correct is defined as category adjacent to the correct answer

Table 3. Perceived Usefulness of the Presentation of Continuous Outcomes, *n* = 175

Approach	M (SD), [95% CI]
SMD	3.34 (1.49), [3.12 - 3.57]
MID units	3.75 (1.74), [3.49 - 4.01]
Natural Units	4.15 (1.63), [3.91 - 4.39]
Relative Risk	4.68 (1.51), [4.45 - 4.91]
Risk Difference	5.09 (1.51), [4.87 - 5.32]
Ratio of Means	3.95 (1.49), [3.73 - 4.17]

1-7 scale with higher numbers indicating higher preference