After reading the following abstracts, identify the type of evidence particular statements are providing (reliability or validity) and identify the type/approach used.

1. [Kanji S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kanji%20S%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [MacPhee H](https://www.ncbi.nlm.nih.gov/pubmed/?term=MacPhee%20H%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [Singh A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Singh%20A%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [Johanson C](https://www.ncbi.nlm.nih.gov/pubmed/?term=Johanson%20C%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [Fairbairn J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fairbairn%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [Lloyd T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lloyd%20T%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [MacLean R](https://www.ncbi.nlm.nih.gov/pubmed/?term=MacLean%20R%5BAuthor%5D&cauthor=true&cauthor_uid=26783859), [Rosenberg E](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rosenberg%20E%5BAuthor%5D&cauthor=true&cauthor_uid=26783859). Validation of the Critical Care Pain Observation Tool in Critically Ill Patients With Delirium: A Prospective Cohort Study. [Crit Care Med.](https://www.ncbi.nlm.nih.gov/pubmed/26783859) 2016 May;44(5):943-7.

#### OBJECTIVES: The 2013 clinical practice guidelines for the management of pain, agitation, and delirium in adult patients in the ICU suggest that pain be routinely assessed using a validated pain assessment tool. Currently available tools have only been evaluated in nondelirious critically ill patients, yet delirium can affect as many as 80% of ICU patients. The validated pain assessment tool adopted by our institution is the Critical Care Pain Observation Tool, and the objective of this study was to investigate the validity of this tool in patients with evidence of delirium. DESIGN: Prospective cohort study. SETTING: Two ICUs within a Canadian tertiary healthcare center. PATIENTS: Forty consecutive adult patients deemed delirious on the day of enrollment using the Confusion Assessment Method for ICU. MEASUREMENTS AND MAIN RESULTS: Serial Critical Care Pain Observation Tool assessments were conducted simultaneously by study personnel and objective nurses at baseline and after nonpainful and painful stimuli. Subjective opinions about pain and objective physical variables (including mean arterial pressure, heart rate, respiratory rate, and oxygen saturation) were collected at the same time points. Discriminant validity was described using paired t tests, whereas internal consistency was described using the Cronbach α statistic. Responsiveness of the Critical Care Pain Observation Tool was measured by effect size, and reliability was described as the agreement between raters. Comparisons between the Critical Care Pain Observation Tool and the subjective assessments and objective measurements were based on positive and negative percent agreement. Critical Care Pain Observation Tool demonstrated excellent discriminant validity as evidenced by a highly statistically and clinically significant change in mean Critical Care Pain Observation Tool scores between baseline and painful procedures (mean difference, 3.13 ± 1.56; p < 0.001; Cohen D, 2.0). Interrater agreement was also excellent (κ > 0.6), and scores between raters were highly correlated (r = 0.957). The Critical Care Pain Observation Tool possessed a high level of internal consistency (overall Cronbach α, 0.778). Percent agreement was found to be greater between the Critical Care Pain Observation Tool and the nurse's subjective opinion of the presence or absence of pain when compared with that between the Critical Care Pain Observation Tool and physiologic variables (80.5% vs 67.5%, respectively). CONCLUSIONS: The Critical Care Pain Observation Tool is a valid pain assessment tool in noncomatose, delirious adult ICU patients who are unable to reliably self-report the presence or absence of pain.

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5. [Hui-Shan Neo S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hui-Shan%20Neo%20S%5BAuthor%5D&cauthor=true&cauthor_uid=31349035)1, [Mei-Juan Yang G](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mei-Juan%20Yang%20G%5BAuthor%5D&cauthor=true&cauthor_uid=31349035)2, [Kanesvaran R](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kanesvaran%20R%5BAuthor%5D&cauthor=true&cauthor_uid=31349035)3, [Cheung YB](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cheung%20YB%5BAuthor%5D&cauthor=true&cauthor_uid=31349035)4. Translation and validation of the 10-item FAMCARE scale to assess satisfaction of family caregivers with care given to cancer patients. [Pain Symptom Manage.](https://www.ncbi.nlm.nih.gov/pubmed/31349035) 2019 Jul 23. pii: S0885-3924(19)30391-4. doi: 10.1016/j.jpainsymman.2019.07.018. [Epub ahead of print]

Family satisfaction with care is an important quality indicator in palliative care. This study aimed to translate and validate the 10-item Family Satisfaction with End-of-Life Care (FAMCARE) tool.

#### Family caregivers of patients with advanced cancer were recruited. FAMCARE was translated from English to Chinese using a forward and backward translation process. Chinese-speaking caregivers were interviewed with the preliminary Chinese FAMCARE and phrasing was edited to ensure clarity of the items. Subsequently, a baseline and follow-up survey in English and the finalized Chinese version was performed to assess psychometric properties. Cronbach's alpha (α) and intraclass Coefficient (ICC) were used for internal consistency and test-retest reliability, respectively. Validity was assessed with Spearman's correlation coefficient (r). The Comprehensive Needs Assessment Tool-Caregiver (CNAT-C) and a one-item assessment by caregivers regarding "good-care" acted as validity criterion. Pooled analysis of both languages and language-specific analyses were performed, There were 259 participants; 134 and 125 participants filled in the English and Chinese versions respectively. Pooled analysis showed that the ICC of FAMCARE was 0.95; α was 0.91. There was moderate positive correlation of the total FAMCARE scores with "good-care" (r = 0.54) and moderate negative correlation of the total FAMCARE score with the CNAT-C "Healthcare Staff" domain (r = 0.41). There was weak negative correlation of the total FAMCARE score with the CNAT-C domain of "family and social support" (r = -0.13). Language-specific analyses revealed similar results regarding FAMCARE's psychometric properties.

#### CONCLUSION: FAMCARE showed good reliability and validity.

1. There was moderate positive correlation of the total FAMCARE scores with "good-care" (r = 0.54) and moderate negative correlation of the total FAMCARE score with the CNAT-C "Healthcare Staff" domain (r = 0.41).
2. There was weak negative correlation of the total FAMCARE score with the CNAT-C domain of "family and social support" (r = -0.13).
3. Do you see a mistake in this abstract?