- Ensure treatment groups are balanced on characteristics that are likely to alter relationship btw. treatment and outcome.

3. Crossover design
   - Patients receive first one treatment and then the other, in a random order, w/ “washout period” in between. Minimizes differences in groups bc one person is both control and test subject.

4. Between-group contamination
   - Information passing between groups that alters results. Esp. common with educational interventions or something, where friendships might span diff. groups.
   - Use cluster sampling so natural clusters like geographic areas are randomized, rather than individuals.

5. Ethical issues
   - RCT is sometimes impossible because of ethics, e.g. trials that encourage unhealthy things (like smoking) or where a treatment is tested despite being thought to be ineffective while another is thought to be helpful.

6. Analysis of data
   - Null hypothesis = intervention will have no impact on outcome measure (i.e. outcome will be similar in both groups).
   - Alternative hypothesis = intervention will have meaningful, statistically significant effect.
   - Different ways to measure the stats—could compare proportions of patients with successful outcome, or could investigate avg. differences btw. groups.