Regarding funding (and contemplating the absence of subsidies, grants, etc.), it is noteworthy that each autonomous ECHO unit may function with minimal initial investments and flexible costs. Existing non-profit organizations that pursue and/or patronize health promotion initiatives on a local/nationwide scale may agree to finance one or more units providing services for an acceptable end-user fee. The eventual success of the model may have significant ramifications, if adopted widely. Preliminary feasibility work through expert consultation has met favour and enthusiasm.

"Given the complexity of improvement and change in patient care, it is not realistic to expect that one approach can solve all the problems in health care delivery. None of the popular models for improving clinical performance appear to be superior. Therefore, bridges must be built and models must be integrated to be truly effective." [2]

References:

[1]Guyatt GH, Meade MO, Jaeschke RZ, Cook DJ, Haynes RB. Practitioners of evidence based care: Not all clinicians need to appraise evidence from scratch but all need some skills. *BMJ* 2000;320:954-955.
[2]Grol R. Improving the Quality of Medical Care: Building Bridges Among Professional Pride, Payer Profit, and Patient. *JAMA* 2001;286: 2578-2585.

SEARCH VIRTUAL LEARNING COMMUNITY

Louisa Fricker, Steven Clelland

Conducting and applying evidence in community health settings is an important part of an interwoven, effective health system. SEARCH (Swift, Efficient Application of Research in Community Health) is a 2 year partnership program to train people in applied health research and in the use of research evidence to make decisions about health services. Participants in the SEARCH Program are a broad network of experienced and skilled health professionals from a variety of disciplines and organizations. They learn a range of concepts and applications of evidence-based decision-making, within 2 themes:

Creating Evidence:

This theme addresses fundamentals of a broad array of research paradigms, including content areas such as research methods and analysis, data management, proposal development, and ethics.

Choosing Evidence:

This theme is about information literacy and understanding "what is known." Topics include critical appraisal, research synthesis, health informatics, and health information systems and sources.

Using Evidence:

In this theme, participants learn the concepts and skills relating to the application of evidence in context, including dissemination, culture, collaboration, organizational change and change management, and policies and decision making.

Additionally, all participants undertake one individual and one group research project over the course of the 2 years.

Current program participants and faculty meet together 7 times during the program for 5 day residential "modules." Each module is held in a different health region in the province. There are approximately 25 90-minute sessions in each module. Between modules, participants and faculty use the SEARCH "Desktop" to supplement learning and facilitate collaboration.

The SEARCH Desktop is a core element of the program's virtual learning community. It is a private, shared, online workspace that integrates curriculum with community by linking learning concepts with interactive activities and project collaboration tools such as project groupware. These tools and resources support face-to-face and distance learning as well as project work. Discussion forums are used primarily to discuss and solidify concepts taught, complete assignments, and to collaborate on projects. Most sessions during the residential modules are supplemented on the Desktop with slide presentations, online readings, links to relevant resources, and an online note-taking tool.

To further foster the community aspect of the program, the SEARCH Desktop includes full contact lists with photos, a community board for notices and news, and integrated access to the SEARCH Light, the SEARCH Newsletter produced at the University of Calgary. The SEARCH Light is also available independently from the Desktop and is informally distributed across Alberta.

Currently, the SEARCH program is in its fourth iteration. 28 participants are accepted into the program in each 2 year cycle. All past participants also have access to the SEARCH Desktop and its resources to support their ongoing career growth, organizational capacity to apply what is taught, and to facilitate their participation in the SEARCH Network.

Each cohort that completes the program adds to the network of expertise within Alberta. The SEARCH Network builds on the connections and relationships made by present and past participants and their organizations through participation in SEARCH. The Network is a critical outcome of the program, identified by participants and organizations as unique and a highly valuable attribute of SEARCH.

The SEARCH program is run by the Alberta Heritage Foundation for Medical Research in partnership with the University of Alberta, the University of Calgary, Alberta's Regional Health Authorities, Alberta Health and Wellness, provincial boards, and physician groups. The SEARCH Desktop is produced by the Centre for Health Evidence at the University of Alberta. For more information on the program, visit http://www.ahfmr.ab.ca/ or http://search.cche.net/.

CANADIAN DIABETES ASSOCIATION EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES 2003

Hertzel Gerstein

The Canadian Diabetes Association published their first evidence-based guidelines in 1998. These were the first diabetes guidelines in the world that explicitly ensured that every clinical practice recommendation could be traced to the evidence supporting the recommendation or to an explicit notation that the recommendation was based on the consensus of the guideline committee.

The mechanism by which this was accomplished was to insist that in the text, every recommendation not solely based on consensus had to be followed by the actual reference to the citation, in addition to the level of evidence assigned to the citation. For example, a therapy recommendation that was supported by a cohort study was assigned a level of 3; a therapy recommendation that was based on a strong clinical trial was assigned a level of 1A. In addition to assigning a level of evidence to each citation, each recommendation was assigned a grade. Thus, a clinical practice recommendation based on a strong clinical trial that was cited in reference 3 would be followed by: "Grade A, Level 1A (3)". Recommendations that were supported by consensus would be followed by: "Grade D (Consensus)".

This approach has been universally accepted by the Canadian diabetes community and was replicated in the 2003 guidelines (to be published in December). However, ensuring that this occurs in a reproducible fashion is an arduous task that requires careful independent review of every single supporting citation. In many cases, this review generated discussion with the author of the recommendation and modification of the grade, level or wording of the recommendation. Nevertheless, everybody involved is very proud of the achievement.

Look for this document both in the December issue of the Canadian Journal of Diabetes Care as well as live, on the web after December 15 through the Canadian Diabetes Association website (www.diabetes.ca).

EVIDENCE-BASED DECISION-MAKING: BEYOND THE BASICS WORKSHOP, DECEMBER 2003

Ruth Gilbert, Melissa Harden

The current trend in healthcare within the UK of guiding practice through the use of guidelines and care pathways has led to an increasing number of practitioners wishing to acquire skills in evidence-based decision-making in order to lead or contribute to these programs of work. A new workshop has been developed by the Centre for Evidence-Based Child Health in collaboration with the Centre for Evidence-Based Medicine, to help practitioners, researches, managers, policy makers working in all areas of health and social care to learn about the synthesis of evidence for decision-making. The workshop aims to advance critical appraisal skills, develop participants' skills in incorporating patient values and preferences in decision-