
EVIDENCE BASED HEALTH CARE NEWSLETTER

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A stylized illustration of a winter landscape with snow-covered mountains and a body of water. The text "Seasons Greetings from McMaster!" is written in a cursive font over the scene.

*Seasons Greetings
from McMaster!*

Happy Holidays!

We hope that our annual newsletter finds you in good health, with positive reflections on 2004, yet great plans for evidence based practice and teaching in 2005. This newsletter contains tips, experiences, games, data, resources, strategies, and concepts – something for everyone!

We thank the contributors who submitted articles to share with colleagues around the world. Enjoy!

Wishing you the best for the holiday season,

Deborah Cook, Nicole Zytaruk, and Gordon Guyatt
Evidence Based Clinical Practice Office, McMaster University



**HOW TO TEACH
EVIDENCE BASED
CLINICAL PRACTICE**

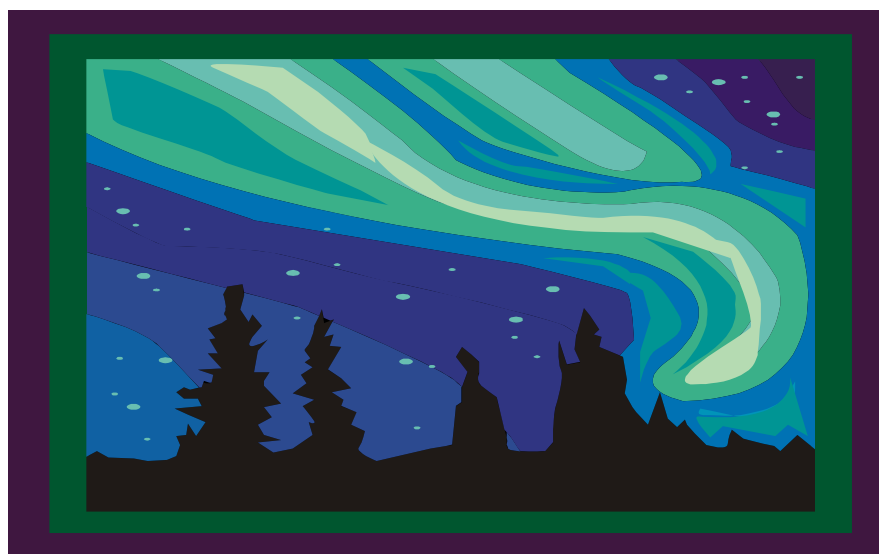
Sunday, June 5, to Friday, June 10, 2004

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A New Users' Guide: Protection Against Misleading Claims in Research Reports

Gordon Guyatt

Victor Montori's 2 years in Hamilton have come to an end, and the entire McMaster crew is grieving. Victor, originally from Peru, did his residencies in internal medicine and endocrine, and subsequently his clinical epidemiology training, at the Mayo Clinic. A star tutor at the McMaster EBP workshop, Victor enlivened the McMaster scene with his boundless energy, sharp intelligence, creativity, positive spirit and endless good will.

One of the products of Victor's stay is a new Users' Guide, directed at the problematic presentations of new research findings[1]. The guide is a response to the increasingly prevalent spin generated largely by the influence of the pharmaceutical industry on clinical research reporting[2]. Roman Jaeschke developed the idea, and Victor led our team in the brainstorming and writing. The article offers 6 guides.

- 1) Read Methods and Results only. Often studies are methodologically strong. The spin is in the discussion, and it's easily avoided.
- 2) Read the abstract reported in pre-appraised resources. Because of both a professional review and author contact, secondary EBCP journals such as ACP Journal Club can provide otherwise inaccessible insight into methods and results.
- 3) Beware faulty comparators. Pharmaceutical companies make their drugs look good by comparing to placebo or an inferior competitor rather than the best alternative, and by using inadequate or excessive doses, and suboptimal administration regimens, of alternative agents.
- 4) Beware composite endpoints. A putative effect on mortality, progression to end-stage renal failure, and doubling of serum creatinine may actually be an effect on serum creatinine alone. A Users' Guide expanding on this issue is currently under review at the BMJ.
- 5) Beware small treatment effects. Increasingly large trials demonstrate increasingly small benefits. A heuristic of "it works, prescribe it" may not, therefore, be an optimal approach, particularly for low-risk patients.

- 6) Beware subgroup analyses; they often capitalize on chance.

A seventh guide, be alert for reports of scientific misconduct, was deleted because of the BMJ's word count limits. We would already suggest an additional eighth guide. Beware of studies stopped early for benefit, they are likely to generate upward biased estimates of benefit, and spuriously narrow confidence intervals. This is particularly the case if the investigators repeatedly considered early termination, and if the total number of events is small (say, under 100), and the apparent effect large. A Users' Guide expanding on this issue is currently under review at JAMA.

Victor played a leading role in all these efforts, and is the first author of the papers. The articles reflect an extraordinary period of intellectual productivity, a function of Victor's galvanizing influence on our group. We hope to continue the collaboration now that Victor has taken up his faculty position at Mayo.

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2. Als-Nielsen, B., et al., Association of funding and conclusions in randomized drug trials: a reflection of treatment effect or adverse events? *JAMA*, 2003. 290(7): p. 921-8.



How To Teach Evidence Based Clinical Practice Workshop 2004

Deborah Maddock

The Eleventh Annual How to Teach Evidence Based Clinical Practice Workshop was held in June 2004. The workshop sponsored by the Department of Clinical Epidemiology & Biostatistics still continues to be a big success, and it was well attended as usual. A total of 96 participants from locations such as Europe, Australia, New Zealand, Japan, Israel and Russia enjoyed the workshop this year, with the largest contingency from Canada and the United States. The enthusiasm to learn, share experiences, knowledge and skills in this area is always evident during the workshop week.

The main objectives of the workshop are to advance critical appraisal skills and to learn how to teach EBCP using a variety of education models. The workshop was offered as a 1 week intensive course in which participants learned in small groups led by clinical epidemiologists and practitioners from McMaster and other institutions. The structure of the workshop involved both large and small group sessions, and individual study time. Participants had many opportunities to lead teaching sessions using packages they developed, and packages provided to them.

The structure of the small groups was as follows: 2 tutors, 1 tutor trainee and a qualified librarian worked as a team to create the exciting learning environment. This year, another innovative feature was introduced. We cross pollinated tutors from different disciplines, which proved to be an interesting way to refresh the small group setting and generate new perspectives. Enthusiastic feedback has indicated that we should maintain this feature next year. Meanwhile, the tutor trainee programme continues to be an essential part of the educational experience before becoming a full tutor.

The librarian stream also continues to be desirable, helping to ensure integration of targeted, efficient search skills inside and outside the small group setting. Searching strategies, both basic and advanced were introduced as part of the small group process to show clinicians how to narrow the search and access the latest and best evidence. We provided informatics sessions led by skilled technicians and librarians in the computer lab, maintaining the popular "hands-on" sessions that occurred individually or within the small group tutorials.

We are happy to announce that the dates of the 12th "How to Teach Evidence Based Clinical Practice" workshop at McMaster University are from Sunday June 5 – Friday June 10, 2005. The brochure advertising the workshop is enclosed with this newsletter detailing instructions for registration. As the workshop proves to be very popular, we encourage "on-line registration" provided through the site address:

<http://www.cche.net/ebcp/>. This is the most efficient method of registration. If you are eager to attend, please do not delay applying, for registration fills quickly. We are very much looking forward to seeing you at the scenic campus of McMaster University in June 2005.



Librarianship for Evidence-Based Health Care: A New Course to Support EBHC Capacity in Canada

Nadine Wathen

In February 2004, the Canadian Coordinating Office on Health Technology Assessment (CCOHTA) requested proposals for development of HTA capacity in Canada. Since the foundation of evidence-based methods is to comprehensively search for all available relevant literature, it has long been recognized that information specialists, especially librarians, play a key role in this process.

Within this context, Gloria Leckie (Associate Dean, Faculty of Information & Media Studies, The University of Western Ontario) and I applied for funding to develop and deliver a course to train future librarians in HTA and systematic evidence review methods, with an emphasis on searching for, retrieving and organizing health-related information from a variety of sources. We were awarded the funding in April 2004.

A key first step in the development of the course syllabus was to consult with experts in the area. In June 2004, Liz Bayley (Head of Systems & Curriculum Integration Coordinator at McMaster's Health Sciences Library) helped us arrange a focus group session with librarians involved in the Evidence-Based Clinical Practice workshop at McMaster University. We asked these experts a simple question "When hiring new staff to work on EBHC-specific projects, what skills and experience do you look for?" Their responses provided

a framework for the course objectives (see Box) and content. The course text was “*PDQ Evidence-Based Principles and Practice*” by Ann McKibbin and colleagues.

The course was delivered in Fall 2004 to 17 Master of Library & Information Science students at UWO. With additional funding from a separate CCOHTA grant, 2 of these students will take up co-op positions in January 2005 at 2 EBHC organizations: the Chalmers Research Centre in Ottawa and the Canadian Cochrane Network and Centre in Hamilton.

Box: Course Objectives

1. to understand the field of evidence-based health care and the roles played by librarians in this area
2. to understand systematic evidence review and health technology assessment methods
3. to be able to search health research literature (MEDLINE, CINHAHL, EMBASE)
4. to be able to search non-medical research databases to find studies relevant to specific types of health interventions (e.g., PSYCINFO, ERIC, Sociological Abstracts, etc.)
5. to be able to search other catalogues and databases, including Internet-based resources, to locate statistical, epidemiological and intervention-specific data
6. to use reference management software to collate and organize search results
7. to understand management responsibilities for systematic review projects

For more information, please email Nadine at wathenn@mcmaster.ca.



The SEARCH Program Plans Major Expansion

Sarah Hayward

For the past 8 years, a highly successful program in Alberta has been helping health organizations increase their capacity for evidence-based decision making. SEARCH, the Swift Efficient Application of Research in Community Health, works with health organizations to develop people and teams who use information, to identify issues and make decisions based on research results. The program supports and is supported by a collaborative network of expertise across Alberta, uses advanced and sophisticated information technology, and works to create a culture shift that values policy-responsive research.

However, success has meant increased demand; demand beyond the current capacity of SEARCH. Further, as what was originally a pilot program of the Alberta Heritage Foundation for Medical Research (AHFMR), SEARCH needs a broader base of support if it wishes to continue and grow. With these and other factors in mind, SEARCH has developed an ambitious 5-year plan to create a new organization – one that builds on the existing strengths of the SEARCH program and responds to the demand, inside and outside Alberta, for expanded programs, products, and services.

The 5-year plan, “Building on Strength”, describes the look and feel of the new organization. This will be an autonomous organization governed by members – AHFMR, universities, government and all of Alberta’s health regions. A board of directors is already in place, representing the various stakeholders, and work is underway to establish the foundation and structure necessary to take advantage of new opportunities. In essence, this means strengthening and improving on what works and creating new or enhanced capacity to customize programs, products and services. Strategic alliances will be strengthened with the Centre for Health Evidence at the University of Alberta and with the Alberta Consultative Health Research Network.

One thing will remain the same. At the center of the new organization will continue to be the philosophy of continuous improvement in population health, health services, and health outcomes through evidence-based decisions. For more information, please contact Sarah Hayward@ahfmr.ab.ca Network.



El pequeño pero entusiasta grupo en español

The Spanish-speaking Group Experience at the EBCP Workshop 2004

**Luz Letelier, Victor Montori,
Andrés Maturana**

After experiencing a How to Teach EBCP Workshop at McMaster University, several unique challenges await Spanish-speaking participants upon returning to their home institutions. One of the barriers that all participants begin to overcome during the workshop is how to communicate the “language” of EBCP to those who are foreign to it. Furthermore language itself becomes one of the most daunting barriers for teaching EBCP in non English speaking countries since most of the “evidence” and “EBCP language” is written in English.

Therefore, during the 2004 workshop and for the first time, we offered participants from Spanish-speaking countries the opportunity to join a small group run completely in Spanish (they still attended the large group sessions and used the written material, both in English). The group included 9 participants, 1 tutor trainee, and 2 tutors (experienced faculty at the EBCP Workshop), all from Latin American countries.

While small groups at the Workshop often have a common clinical background and similar EBCP experience, our group had only Spanish as the common denominator.

Diversity of experience in both EBCP and clinical practice created some challenging “opportunities” to the facilitators. Perhaps the most peculiar issue the participants brought to the group was the extent to which they either were trained in a traditional and vertical learning environment or were teaching their students in such an environment. The obvious and painful transition to a facilitated learning process that most group members experienced was a tremendously satisfying metamorphosis. The ability of group members to work together embracing their diversity (while wildly joking about each other’s accents and regional expressions) was obvious to people working in nearby soundproofed rooms: loud enthusiasm would be a good descriptor.

Feedback from participants was very positive. They believed that having the sessions in Spanish made it easier for them to understand EBCP concepts, guide their own sessions, and practice material they could later put to use back at home in El Salvador, Costa Rica, Colombia, Peru, and Chile. They strongly recommended the experience to future participants and strongly endorsed the possibility of repeating the experience.

We are planning a similar group in 2005. A participant from the 2004 group will be the tutor trainee and we are inviting participants from Spanish-speaking countries to join us in Hamilton where, once again, we will be the last to leave the parties!

We acknowledge that there are many barriers to implementing and teaching EBCP, particularly in developing countries, where access to the evidence becomes a challenge in itself (even for the tutors!). Nonetheless, we trust that participation in the Spanish-speaking group helped in making things a bit easier for our Latin American colleagues.



Evidence-Based Nursing: A Guide to Clinical Practice

**Alba DiCenso, Gordon Guyatt,
Donna Ciliska**

We are delighted to announce that our long-awaited text, *Evidence-Based Nursing — A Guide to Clinical Practice* will be released in December 2004. The text, published by Elsevier, is based on the Users’ Guides to the Medical Literature by Guyatt and Rennie and uses the same 3-step approach to clinical decision making: 1) Are the results valid? 2) What are the results? 3) How can I apply the results to patient care?

Part I of the book includes 11 chapters that covers the basics: what every nursing student and practicing nurse should know about reading the health care literature. This section ends with a chapter on how to go about changing nursing practice in an organization. From an instructor’s point of view, Part I constitutes a curriculum for a course to teach nursing students how to use the literature; it is also appropriate for a continuing education program for practicing nurses. Part II includes 25 chapters that expand on the first part and focus on topics such as evaluation of studies of health services interventions, confidence intervals, and applying results

to individual patients. Nurses involved in delivering continuing nursing education, nursing faculty, and graduate nursing students are the target audience for this section.

The book includes a CD-ROM, produced by Rob Hayward and colleagues at the Centre for Health Evidence in Alberta, that allows for electronic outlining, content filtering, full-text searching, and alternative content organizations.

We were fortunate to have brought together an editorial board of 51 members from 13 countries who provided valuable suggestions and reviewed numerous chapters. We owe a huge thanks to the authors of the original chapters that appeared in the Users' Guides to the Medical Literature for kindly providing permission for the adaptation of their work for this nursing text. The Honor Society of Nursing, Sigma Theta Tau International, is co-sponsoring the text and Nancy Dickenson-Hazard, the Chief Executive Officer of the Honor Society has written the Foreword. She states: "This text is an excellent resource that fosters and promotes EBN practice, and the Honor Society commends it to nurses around the world as a valuable asset for enhancing the health of all people."



JEOPARDY! ... A New Twist as a Faculty Development Tool

Cassie Kennedy, Mark Wilson

Many of you have probably experimented with using the format of the popular quiz show to spice up your educational sessions. It entails setting up several categories of questions and 2-3 teams compete to answer each individual question most quickly and correctly. Learners are easily engaged because of the fun, interactive nature as well as the opportunity for friendly competition.

At the How to Teach Evidenced Based Clinical Practice Workshop this past summer, we utilized the JEOPARDY! format within our tutorial group for one of the sessions. Given that the goal of the workshop was teaching rather than only learning content knowledge, we modified the game appropriately to focus on teaching opportunities with EBCP that can arise in a variety of settings. A JEOPARDY! game was constructed using key learning points from previously covered content as the "answers" from which teams could choose.

Rather than quiz participants about these facts (e.g., likelihood ratios, MeSH terms, intention to treat), these "answers" provide the entry point for one of the teams to have the opportunity to practice teaching some aspect of the concept. The tutor portraying the game show host poses as a learner with an educational need related to the concept. The host then conducts a role-play scenario with the team member(s) who serves as the teaching attending.

For example, in the scenario about 'likelihood ratios', the host acted the part of a resident approaching a supervising faculty in clinic to discuss the usefulness of a diagnostic test for her patient. The resident was wondering how to interpret the clinical meaning of a table from a paper she had in hand on the topic. The team would then earn points by teaching the "resident" about the concept and specifically how to put the numeric LR results from the table into useful language. Time for each teaching opportunity ranged from 3 to 5 minutes. The tutors gave feedback to the 'teaching contestant' and awarded full or partial credit of potential points.

One lesson we learned was that time management was challenging; teaching task scenarios that were very sharply defined and clinically grounded worked most smoothly. We also found that at times the non-participating team would be less engaged until it was their turn to teach. Afterwards we surmised that the opposing team should have been responsible to provide specific feedback to the 'teaching contestant' which could help them practice that skill and likely assist in the judge's final decision about whether to give full or partial credit.

We found that it was possible to adapt the JEOPARDY! format within small group learning to address deliberate practice of specific teaching skills. Providing a wide range of practical scenarios that can arise in clinical education venues and emphasizing the integration of focused teaching slices of EBCP helped make this a very successful – and at times boisterous – educational session. We recommend that you consider this format for the next faculty development seminar you lead to address teaching skills.

EBCP Teaching Tips Online (www.ebmtips.net)

**Robert Hayward, Tanya Voth,
Peter Wyer**

We hope that readers of the Newsletter have taken note of the appearance of the EBCP tips series in CMAJ, which began in the August 17 issue of the journal. All 3 components of the series, including learner, teacher and interactive versions, are freely available via www.cmaj.ca. The interactive tips can be viewed as a collection, with links back to the CMAJ articles, via www.ebmtips.net. The interactive version, Teaching Tips Online, has a number of innovative features which we hope will have particular value for educators.

The objective of EBCP Teaching Tips Online is to create and maintain a freely accessible Internet resource that will:

1. Facilitate the development of skills needed to teach students, clinical trainees and practitioners about how to use best evidence to facilitate best practices
2. Demonstrate empirically tested approaches to communicating clinically relevant concepts of epidemiology and biostatistics to learner groups that differ in training, setting, learning style, and prior EBCP knowledge
3. Allow both teachers and learners to experience these approaches for themselves in an interactive online format.

EBCP Teaching Tips Online will enhance clinicians' abilities to bring informed decision-making, based upon the best and most up-to-date and relevant evidence, to bear on the care of individual patients and on the development of clinical policies for use in their practice settings.

The EBCP Teaching Tips Online site (www.ebmtips.net) is best viewed in Internet Explorer 5.0 or better and we recommend that you set your monitor screen resolution to 1024*768 or better. The website includes an introductory demonstration video, detailed tour, critical appraisal worksheets, and EBCP Teaching Tips.

All of the interactive EBCP Teaching Tips are available in 2 formats – one suitable for learners, the other suitable for teachers. Key teaching points from the tips can be synchronized with handheld devices or printed as handouts. The site currently contains 3 tips on the topic of risk. New tips are scheduled for production in the

coming months; these will cover confidence intervals, p-values, kappa, and measures of association.

The EBCP Teaching Tips Online project is integrated with the Users' Guides Interactive (www.usersguides.org), creating a comprehensive teaching resource that combines a wide variety of evidence-based materials for teachers and learners.

The EBCP Teaching Tips Online is a collaborative project between the Centre for Health Evidence, CMAJ/JAMC, the EBCP Working Group (Users' Guides) and the EBCP Teaching Tips Working Group. If you are interested in contributing ideas or content to the collection, please contact Peter Wyer (pwyer@worldnet.att.net). If you would like to help create interactive online tips, either from the existing content or in entirely new areas, please contact Robert Hayward (robert.hayward@cche.net). We are especially keen to find contributors for the online resources.



Behind the scenes: testing evidence-based practice-teaching exercises

Sheri Keitz

The following is an interview with Sheri Keitz, MD, PhD. Keitz is the Test Drive Coordinator for the EBCP Teaching Tips Working Group.

Jon Kaplan-Meier, EBCP news correspondent: Dr. Keitz, can you provide our readers with some background on the EBP Teaching Tips project?

Keitz: Sure Jon. The EBCP Teaching Tips Project has been put together by an international working group of experienced EBCP educators who have been teaching EBCP in many venues for many years. These educators wanted to share their strategies with others who are trying to expand their tools for teaching EBCP.

Kaplan-Meier: What is the purpose of the test drive component of the EBP Teaching Tips project?

Keitz: Our Tips for teachers are more like scripts with stage direction (i.e., mini-plays) rather than narrative lesson plans. Every teaching script tells educators how they might *enact* approaches rather than simply describing the content. My role was to take the scripts, written by other educators, and 'test drive' them for my learners.

Our primary goal was to identify any misunderstandings, omissions, or lack of clarity in the script that might make it difficult to teach as written. In this way, we could uncover glitches and provide feedback to the authors for possible modifications to the manuscripts. We also wanted to experiment with ways that the scripts might be adapted to other audiences and other settings. Finally, we received qualitative comments from the recipients of the test drives, which were often helpful.

Kaplan-Meier: Is it really safe to test-drive with live subjects?

Keitz: Well Jon, life is dangerous. Anyone who teaches in this venue does so with the understanding that there's always risk. In our health system today, we have to consider both the teacher's and the student's safety – no easy task! Sometimes, all you can do is buckle up and hope for the best. Luckily, everything went fairly well. There were some issues with the Kappa exercise on inter-observer agreements, and 1 or 2 minor injuries, but, luckily enough, we had a hospital right there so no one was seriously hurt.

Kaplan-Meier: There are reports that you also had some casualties during the confidence interval test-drive. Is that true?

Keitz: It really was more like a fender-bender. We didn't even really report it to our hospital's teaching safety committee, to be honest. You know what a little thing like that'll do to your insurance rates.

Kaplan-Meier: Final advice for those who might want to use the teaching scripts?

Keitz: Buckle up and have a good time! Teaching Scripts can be accessed online at www.ebmtips.net.

Sheri Keitz a Co-director of Duke's Program on Teaching Evidence-Based Practice (<http://www.mclibrary.duke.edu/limited/EBMworkshop/index.html>).

For more information please contact Sheri Keitz at sheri.keitz@duke.edu



The Scripted Handout: A Teaching Strategy for English as a Second Language Practitioners

David Feldstein, Kent Stobart

Given the international nature of the McMaster EBCP workshop, tutors are often facilitating small groups of participants with English as a second language (ESL). Tutors must ease the trainees' discomfort while promoting the effectiveness of the small group session.

At the 2004 McMaster EBCP workshop, a native Arabic speaking trainee in the Pediatrics group tried a novel approach. The student assessed the group dynamics, and identified that the group required an active leader to remain focused, and that his difficulties with English and his soft-spoken nature might make it difficult for him to actively lead the other trainees. The student developed an EBCP scripted handout. The scripted handout allowed him to concentrate on facilitating group interaction, while highlighting important points to the group.

The 6 page scripted handout was divided into 5 sections: Clinical Case, Objectives, Composing a Clinical Question, Validity Assessment, and Results. The Clinical Case section gave a brief scenario and then asked the group to determine the probability of disease. This was followed by information about a possible diagnostic test. Participants were asked to decide what they thought about the test, and how they would proceed.

The following segment reviewed the trainee's specific objectives for the session: searching for evidence, evaluating validity, evaluating results and application to the patient. The Composing a Clinical Question section that asked participants to develop a well-built clinical question based on the clinical case followed this. The handout prompted participants to include all components of a well-asked clinical question by placing P, I, C, O down the left side of the page.

The Validity Assessment section gave the 3 validity questions for articles about diagnostic tests from the User's Guides To The Medical Literature. At the bottom of the page it prompted participants for their impression of the overall validity score for the article on a Likert scale from 0 to 10.

The final section, Results provided the students with a completed 2x2 table with data from the diagnostic test article. The handout asked participants to calculate the positive and negative likelihood ratios. The final page of

the handout asked, "What is the post-test probability for a positive test?"

The group of participants received this simple scripted handout positively. They commented that it made expectations of the session clear and allowed the group to remain focused on each task. It allowed a sense of completion at the end of each section. The trainee was able to minimize the amount of verbal directions needed, which allowed him to focus on moving the group through critically appraising an article on a diagnostic test, and helped participants to follow along if they had difficulties understanding his English. The scripted handout engendered lively discussion about the individual questions posed by the handout. A possible limitation of the scripted handout is that it may stifle discussion in a less motivated group. The group leader needs to facilitate group discussion to prevent the participants from simply reading the handout. An advantage of the script is to function as a time management tool.

The scripted handout provides a wonderful tool for group leaders with language difficulties, and can be equally effective as an organizational technique for any small group leader. It is a resource that can be recommend to ESL participants in future workshops.



THE EVIDENCE GAME

John De Simone

I dare to propose an educational strategy, using a simple game-technique, to demonstrate the relative value of 3 different methods to solve typical real-life clinical dilemmas in a workshop setting. Three separate groups are required, the members of which may work in teams or individually, as preferred. The randomly selected members of each of the 3 groups would adopt different methodologies to independently solve identical cases. One group may rely solely on personal knowledge and experience, eventually with the aid of others (consultants) in their own group. The second group must make full use of evidence-based skills and the finest, relevant online resources, strictly adhering to the 5- or 6-step[1] approach. Finally, a third group, in contrast to both of the preceding, must make use of online resources available to the general public. Moreover, for this particular group the default assumption would be that players' prior knowledge is inadequate, partial or, at best, outdated. Therefore, besides the focused clinical question, they would be invited to update their general

knowledge on the topic in a given context, by utilizing any available CME tutorial materials needed to gain the minimal knowledge base, and eventually consider the specific question as an occasion to contemporaneously build on previous experiences or information.

However, while adept in the critical appraisal and search skills of the evidence-based counterparts, these players differ from the latter in that they are to seek information that they deem credible, with no exclusive or preferential regard for rigorous evidence. In effect, this third group would be instructed to consider 'evidence', by and large, synonymous to 'information'. One deliberate goal of adopting the third approach is to favour sensitivity when gleaning information, whereas highest-level evidence tends to be characterised by greater specificity, at best. However, to substantiate information and to provide for an adequate interpretation, it must be considered in aggregate, like the pieces of a puzzle. Furthermore, also permitted is a reliance on independent, corroborative data in the form of reviews, editorials, narratives, etc., representing learned analyses of the same body of literature on behalf of experts in the field (and of their critics). Knowledge, rather than evidence, is paramount here.

After each group completes the exercise, the results are compared and discussed. Next, the groups alternate to another of the remaining methods and so on, until every one of the modalities has been experimented.

What might eventuate from such an *experiment* is a matter of pure speculation, at present. Nonetheless, I consider this *model* of possible relevance to the debate on EBP (or Evidence-informed practice[2,3]). Also, it may be valuable in the design and evaluation of trials aiming to produce evidence in this setting, in addition to that of the related Knowledge Translation field. Then again, it might be nothing other than a mere game.

For more information, please email John De Simone at kegwde@tin.it

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Residents' preferences for the EBCP user and practitioner models

**Elie A. Akl, Gordon Guyatt,
Holger J. Schönemann**

One of us (GG) has taken a strong position that not all residency trainees are interested in attaining an advanced level of EBCP skills [1] and those who are have limited time for applying these skills.[1,2] Those taking this position have distinguished the model of "evidence based practitioners" from that of "evidence based users".[1] While evidence based practitioners master a high level of skills (i.e., independently find, critically appraise, and apply the best evidence), evidence based users master a more restricted set of skills, (i.e., track down and use pre-appraised sources of evidence that provide immediately applicable conclusions). We conducted a survey and a focus group with residents from diverse specialties at the University at Buffalo to evaluate their preferences for these 2 models.

Of 85 residents responding to the survey (69% response rate), 55 (65%) preferred the EBCP practitioner model. Residents in early stages of their training were more likely to prefer the practitioner model. The focus group with 12 residents suggested that the preference for the practitioner model results from a number of perceived advantages: the opportunity to gain advanced EBCP skills during residency, the ability to later apply either of the 2 models, and the gain of independent thinking and greater self confidence in their critical appraisal skills. The EBCP user model had the key advantage of perceived reduced time requirements.

With one caveat, our results suggest that EBCP curricula should aim to focus on EBCP practitioner models. The caveat is that residents' preference for the practitioner model may represent an idealistic view that dims with increasing experience of the exigencies of practice. Allowing a choice between one or the other model in residency programs may overcome this concern.[3] Future research ought to explore the efficacy of novel educational interventions offering the 2 models in order to respond to the varying preferences of medical residents.

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Teaching Vinaigrettes for Evidence-Based Practice

W. Scott Richardson

Making wise clinical decisions means using knowledge of several kinds, including research evidence, applied pathophysiology, clinical expertise, patient preferences, and health systems factors, among others. Yet these different forms of knowledge are often learned at separate times or places, so they may be scattered in our memories and they may not be accessed or applied well to clinical decisions.

A solution, if you'll pardon the pun, might be to use teaching vinaigrettes. Literally, a vinaigrette is a cold sauce or dressing made of vinegar, oil, and seasonings, mixed for flavor. Metaphorically, a teaching vinaigrette is a teaching script that purposefully mixes knowledge ingredients of different sources not usually taught together, aiming for more integrated learning. For example, when evaluating patients for extracellular volume depletion, it can help to know both facts about the physiology of fluid balance and facts about the accuracy of clinical findings for volume depletion. As learners may have studied those 2 topics separately, they may not recall them both from memory at the time needed for a clinical decision. Anticipating this, we can prepare ahead of time to teach these segments together, mixing an aliquot of evidence (the oil) with an aliquot of physiology (the vinegar), along with clinical expertise (the flavorings), into a teaching vinaigrette, a focused teaching script about how to evaluate patients for volume depletion.

How can you mix these vinaigrettes for teaching evidence-based practice? Consider these suggestions for getting started, then add to the list by reflecting on your experiences. First, pick clinical topics based on the burdens of illness in your practice setting. Next, pick teaching topics by examining the questions learners bring or the important decisions that are frequently difficult for your learners. For a selected topic, consider

both which pieces of evidence are most useful for the decision at hand, and which pieces of other knowledge are most useful in applying the evidence to the decision. Start by selecting portions of applied pathophysiology to pair with the evidence. Then, try mixing other material, such as from the medical humanities. Once the ingredients are picked, stir them into a teaching segment of a few minutes length, focused on directly informing the specific clinical decision. You might even deliberately practice this teaching vinaigrette a few times, until you feel it is well mixed. You might also find it useful to prepare materials ahead of time, such as short summaries of the evidence you'll be using. Now, you're ready to teach when the situation arises. Keep in mind that evidence-based teaching vinaigrettes, like any evidence-based resource, can spoil over time as new evidence arises, so you'll need to check yours periodically for freshness. I look forward to hearing from readers who try teaching vinaigrettes for evidence-based practice. For more information please contact Scott Richardson at scott.richardson@wright.edu



ePearls: Evidence-based Continuing Professional Development

**Robert Hayward, Tanya Voth,
Naomi Castle, Tom Elmslie**

Many clinicians would like to incorporate evidence-based decision making strategies into their daily workflow. The ePearls model for continuing professional development offers an online environment that includes tracking tools for recording and working through clinical problems, knowledge resources for looking up evidence, and self-directed modules for learning about evidence-based practice. Moreover, all these activities automatically generate professional development credits suitable for credentialing in family medicine.

ePearls is a collaborative project between the Centre for Health Evidence and College of Family Physicians of Canada (CFPC). Using CHE Internet integration resources and the CFPC's Pearls program (Pearls™, Pearls CE™, and Pearls for Residents), a virtual learning environment was developed and piloted throughout the fall of 2004. Participants were drawn from the field of family medicine: physicians, residents, and facilitators. The virtual learning environment, called the Pearls Desktop, offers the following continuing professional development services:

1. ePearls self-reflection exercise: this interactive, self-directed, learning activity is designed to enhance the introduction of new knowledge into clinical practice. Participants are encouraged to think of a clinical problem and record it using the ePearls tool. They can record as many problems as they would like. Once recorded, the ePearls builder guides the participant through an evidence-based decision making process. At each stage in the process, participants are given information about resources and tools that can assist in completing that stage of decision making. Responses are stored as the participant works through the exercise and can be used to generate a final report suitable for submission to CFPC. Participants receive 3 MAINPRO-C credits for each ePearl they submit.

2. evidence-based learning modules: at each stage in the ePearls decision making process, participants are provided with linkouts to evidence-based continuing education modules. The modules match stages in the decision making process and provide background information about evidence-based practice. For example, if a participant is working through a section on acquiring evidence, they could link out to a learning module that deals with searching the literature and choosing research reports. Learning module topics include an introduction to evidence-based practice, assessing problems, asking well-built clinical questions, acquiring evidence, and appraising evidence for various types of research (therapy, diagnosis, prognosis, etc...). Each module includes a narrated presentation, full-text reading(s), and interactive exercises to reinforce concepts. Use of learning modules is tracked and participants receive MAINPRO-M2 credits for each hour of use.

3. evidence-based resource use: the virtual learning environment includes access to a number of knowledge resources that were licensed or collected for the project (ex: PubMed, UpToDate, StatRef textbooks, Clinical Evidence, and other family medicine resources). Resource use is tracked and MAINPRO-M2 credits are available for each hour of use.

The ePearls pilot project is now in the evaluation phase and an implementation strategy will be developed early in the new year.

If you would like to view a video that demonstrates the ePearls self-reflection exercise, please go to <http://www.cche.net/pearls/> and select the "View Pearls Demonstrations" link. For further information on the project, please contact the Centre for Health Evidence (<http://www.cche.net>).

Incorporating values into basic evidence-based medicine training

Ruth Gilbert, Sam Hellmuth

The need to incorporate patient values as a factor alongside evidence in health-care decision-making is increasingly recognised, as evidenced by a recent editorial in the BMJ [1], and current debate on a UK evidence-based-health discussion list [2]. Here at the Centre for Evidence-Based Child Health (London, UK) we have attempted to respond to this challenge by offering a beginners' course designed to encourage incorporation of values into evidence-based practice from the outset.

A group of 30 participants from a range of healthcare backgrounds took part in our 3 day course 'Evidence-Based Decision-Making in Child Health' November 17-19, 2004. Small group discussions particularly benefited from the presence of a number of non-clinicians including an NHS strategic development manager.

The core content of the course matched that of beginners' courses that we have run successfully here at the Centre for many years - so this was truly a 'basic' EBCP course - however 2 key aspects of how to take account of patient values were specifically addressed in plenary sessions on the final day: practical strategies for putting evidence together and incorporating values were explored by presenting techniques for measuring values as well as an introduction to decision analysis; this was followed by an overview of the practical and presentational issues involved in communicating evidence to both clinicians and the public.

Summaries of evidence, whether for clinical, managerial or 'lay' consumption, must take account of the pivotal role that values play in decision-making at every level. Participants were able to practise the skills involved in thinking through these complex yet immensely practical issues in the context of a task-based small group session - each group had to prepare a one page summary of research evidence relevant to a common paediatric clinical scenario for either GPs, clinical policy makers or parents.

The subtleties of incorporating values into evidence-based decision-making cannot of course be exhaustively addressed in a short 3 day course. However, as we know, the shelf-life of any evidence-based decision is short - evidence-based practitioners are exactly those who have developed the habit of starting each clinical scenario 'on a fresh page' on the assumption that there may be additional new factors in play since the last time

a particular clinical situation presented itself (i.e., new research evidence).

Whilst we have much more to learn about how to successfully incorporate consideration of values into basic EBCP training, we believe that it was a strength of this course that the necessary skills were presented to newcomers to the discipline right at the beginning of their EBCP experience.

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Evidence-Based Health Care in Gastroenterology

Walter (Pete) Peterson, M.D.

This has been another good year for the Evidence-Based Gastroenterology Steering Committee in its quest to disseminate the concepts of Evidence-Based Health Care to the Gastroenterology community. Brian Fennerty and Pete Peterson were tutors for a 4th group of young GI academicians at the annual course in June, bringing the total now to 32 who have graced the campus of McMaster seeking new skills in EBHC. These bright young people have returned home where they are now spreading the word through journal clubs and other educational activities. If room permits, we hope to return again in June 2005 to continue this tradition.

The American Gastroenterological Association has embraced EBHC in its journals, its annual meeting, and for a special session in connection with the World Congress of Gastroenterology meeting in Montreal in September 2005. Phil Schoenfeld is chairing the AGA's Postgraduate Course on "Evidence Based Gastroenterology", and he recently completed a series of articles on critical appraisal of the medical literature for the AGA's clinical journal, *Clinical Gastroenterology and Hepatology*. A highlight of the annual Digestive Disease Week in 2004 was a special Cochrane Session dealing with dyspepsia during which talks were given by, among others, Paul Moayyedi and Gordon Guyatt. In addition,

one of the satellite symposia at the annual American College of Gastroenterology meeting this year utilized Evidence-Based content.

Slowly, but surely, the tenets of Evidence-Based Health Care are becoming an accepted part of the clinical practice of gastroenterology. We look forward to another exciting and productive year in 2005.



Users' Guides Interactive, Dietitians of Canada.

**Beth Armour, Lynda Corby,
Jayne Thirsk**

The Users' Guide Interactive (UGI) Internet Desktop is one component of the Evidence-Based Medicine Working Group's Users Guides to the Medical Literature. The Desktop is a virtual classroom environment geared towards learning, teaching, and practicing evidence-based medicine. It includes a multi-tiered curriculum, diverse and innovative online-learning tools, and a variety of high-quality evidence-based information resources. Dietitians of Canada (DC) chose to customize the desktop and adapt the UGI approach as part of a broader effort to increase capacity for evidence-based decision-making (EBDM) among dietitians. DC created new content, modified existing content and tailored UGI curricula to the needs of dietitians.

DC's learning units maintain the original layout and core curriculum found in other UGI courses. Ten of fifteen UGI learning units were selected for customization by the DC group. Each learning unit includes one or more activities which assist the participant to practice what they have learned from online readings and presentations. Case-based, the "interactivities" were written to reflect dietetic scenarios and issues of evidence. The resources linked from these activities (evidence based databases, internet links, online journals) were also selected to address dietetic information needs.

Each participant is required to complete each Learning Module, as well as a baseline questionnaire and a final evaluation. Responses to activities are not graded, rather the participant is able to compare their answers with other participants, they can view the "suggested

answer" key, and they can post discussion items about topics, supporting peer learning. Once all of the components are completed, the participant receives a certificate of course completion.

We were very pleased with the high volume of participation requests - over 160 Dietitians of Canada members are currently participating in the first run; and we thought our maximum would be 40! Given this demand and success, the course will be offered again in March 2005.

The EBCP Working Group and Centre for Health Evidence have thoroughly enjoyed collaboration with DC and would welcome opportunities to work with other groups who, likewise, wish to promote distance learning opportunities for their members. For information about other Users' Guides Interactive components, please contact Tanya Voth (tanya.voth@cche.net) at the Centre for Health Evidence (<http://www.cche.net>). For further information on the DC project, please contact Dietitians of Canada project managers Jayne Thirsk (jthirsk@dietitians.ca) or Lynda Corby (lcorby@dietitians.ca).



New York EBEM Group Launches Evaluation Project to Test Teaching

Peter Wyer and Mark Graham

The Evidence Based Emergency Medicine Working Group at the New York Academy of Medicine has been collaborating with Robert Hayward and the Centre for Health Evidence at the University of Alberta for several years on a project to develop interactive online teaching exercises for entry level EBCP learners. These exercises were initiated as adjuncts to 3 and 4 day workshops following the McMaster model. Vol. 22, December 2002). Many of these materials have been incorporated into an ongoing project sponsored by the Society for Academic Emergency Medicine. As an outgrowth of this effort, we have, in collaboration with the Center for Education Research and Evaluation of Columbia University College of Physicians and Surgeons, launched a parallel project to develop and validate a model exercise for evaluating of the effectiveness of such workshops, and of formal curricula,

in transmitting the essential qualitative skills required for evidence based practice.

The paucity of empirical demonstration of effectiveness of EBCP teaching efforts has been abundantly documented, and lack of validated outcome measures is high on the list of suggested reasons [1]. EBCP teaching efforts and initiatives might best be evaluated in relationship to the achievement of its own stated goals: changing practitioner behavior in the direction of systematic use of clinical evidence in decision making and improving patient outcomes [2,3]. Confounding factors may render the use of such outcomes to measure EBCP teaching effectiveness unwise [4,5]. Evaluation efforts to date have involved learner self-reporting [6], quantitative testing [7], and mixtures of qualitative and quantitative testing [8].

Our approach asks: "Can learners identify a foreground question in response to an undifferentiated but commonly encountered clinical scenario and can they outline a systematic approach to bringing clinical evidence to bear on its solution?" The evaluation applies a quantitative scoring system to qualitative responses to the test scenario. Initial responses are 'unprompted'. Examinees are asked to spontaneously identify and describe, without specific cues, elements such as clinical question type, use of PICO and the preferred study design corresponding to a question they have chosen. In the later stages of the 30-40 minutes exercise, they are given successively more specific prompts in the direction of these same elements. We hypothesize that individuals with high levels of expertise will score equally high on the unprompted and prompted phases of the exercise. In contrast, individuals with intermediate level skills are expected to score higher on the prompted phases. Novices are likely to be uniformly bewildered.

Our approach may be contrasted to the Berlin questionnaire [7], which, although correlated with expertise, does not directly measure the problem solving skills required to practice EBCP at the bedside. It also attempts to go beyond semi-qualitative approaches such as the Fresno instrument [8], which corresponds to the later, prompted, phases of our exercise.

Planned validation efforts will take advantage of several online courses and workshops utilizing the previously mentioned online teaching exercises. We will cross validate the instrument against the Berlin questionnaire as well as against other parallel approaches.

If successful, our product should allow us to measure the extent to which graduates of course and curricula in EBCP *can* validly bring clinical evidence to the domain of bedside decision making. It will not itself guarantee that they *will* do so. We suggest that independent

reinforcements and evaluation tools are most appropriate to the latter goal and that such outcomes may not necessarily be attributable to the impact of conventional EBCP teaching efforts, no matter how effective in themselves. We are attentive to the fact that the approach we have adopted may facilitate investigation of the cognitive dimensions of acquiring EBCP problem solving skills. A largely, but not exclusively, emergency medicine based working group is being organized to support this effort. We are open to inquiry and collaboration.

For more information please contact Peter Wyer at pwyer@worldnet.att.net

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**Where can you find current best
evidence from research –
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Invitation for Practicing Clinicians**

Brian Haynes

The BMJ Publishing Group and Health Information Research Unit at McMaster University are collaborating to provide **bmjupdates⁺**, a new – and better – service to support evidence-based health care.

bmjupdates⁺ provides:

- . Alerts about highly rated clinical studies and reviews, and summaries of the best
- . A cumulative, searchable database of alerts
- . Links to other evidence-based resources

All alerts are pre-assessed for scientific merit (based on the criteria for Evidence-Based Medicine and ACP Journal Club) and qualifying articles are then rated by clinicians (as least 3 in each relevant discipline) for “relevance to clinical practice” and “newsworthiness”, that is, how new the information is likely to be to practicing clinicians.

The **bmjupdates⁺** service vastly improves the signal-to-noise ratio in keeping up to date. The **bmjupdates⁺** filters for research quality and clinical relevance shrink ~50,000 articles per year from > 110 journals that might be relevant for clinical practice down to about 10 – 20 articles per year that are likely to be truly important for your clinical practice.

This service is provided free and you are most welcome to register for it.

Sign up here: <http://bmjupdates.mcmaster.ca>.

Best wishes,

Brian Haynes MD bhaynes@mcmaster.ca for the **bmjupdates⁺** team

ps. You are also invited to “spread the word”. Please pass along this message to colleagues, students, residents, anyone who you think might be having trouble keeping up to date or finding best evidence!





GUEST CONTRIBUTORS

Elie Akl

University of Buffalo
270 Farber Hall
3435 Main Street, Building 26
Buffalo, NY 14214-3000, USA
elieakl@buffalo.edu

Beth Armour

Dietitians of Canada
beth.armour@sympatico.ca

Naomi Castle

Centre for Health Evidence
University of Alberta
naomi.castle@cche.net

Donna Ciliska

McMaster University
1200 Main Street West
Hamilton, Ontario
L8N 3Z5
Ciliska@mcmaster.ca

Deborah Cook

McMaster University, Faculty of Health Sciences
Medicine and Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
debcook@mcmaster.ca

Lynda Corby

Director Policy Communications
Dietitians of Canada
lcorby@dietitians.ca

John De Simone

Lega Italiana per la Lotta ai Tumori
Sezione Provinciale di Agrigento
Vicolo Francipane, 8
Sciacca (AG) 92019, ITALY
kegwde@tin.it

Alba DiCenso

McMaster University School of Nursing HSC-3H48B
1200 Main Street West
Hamilton, Ontario L8N 3Z5
dicensoa@mcmaster.ca

Tom Elmslie

University of Ottawa
telmslie@scohs.on.ca

David Feldstein

University of Wisconsin Medical School
J5/210 (2454) CSC
600 Highland Ave
Madison, WI 53792
df2@medicine.wisc.edu

Ruth Gilbert

Centre for Evidence-Based Child Health
Institute of Child Health
30 Guilford Street
London WC1N 1EH, U.K.
r.gilbert@ich.ucl.ac.uk

Mark Graham

Director of Education Research
College of Physicians and Surgeons, Columbia
University, New York City
mjg24@columbia.edu

Gordon Guyatt

McMaster University, Faculty of Health Sciences
Medicine and Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
guyatt@mcmaster.ca

Sarah Hayward

Director Applied Health Research
Alberta Heritage Foundation
for Medical Research
Sarah.Hayward@ahfmr.ab.ca

Robert Hayward

University of Alberta
Centres for Health Evidence
Room 2100, RTF 8308 - 114 Street
Edmonton, AB T6G 2E1
robert.hayward@cche.net

Sam Hellmuth

Centre for Evidence-Based Child Health
Institute of Child Health
University College London Medical School
30 Guilford Street
London, WC1N 1EH
cebch@ich.ucl.ac.uk

Sheri Keitz

Education Office 14A
Durham VAMC
508 Fulton Street
Durham, NC 27705, USA
sheri.keitz@duke.edu

Cassie Kennedy

Pulmonary and Critical Care Medicine

Mayo Clinic Rochester
200 First Street SW
Rochester, MN 55905
kennedy.cassie@mayo.edu
Kennedy.Cassie@mayo.edu

Luz Letelier
Departamento de Medicina Interna
Pontificia Universidad Catolica de Chile
Lira 44, Santiago, Chile
lmletel@med.puc.cl

Deborah Maddock
McMaster University, Faculty of Health Sciences
Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
maddock@mcmaster.ca

Andrés Maturana
Av Presidente Kennedy 5436 D-54
Vitacura, Santiago, CHILE
amaturana@udd.cl

Victor Montori
Knowledge and Encounter Research Unit
Mayo Clinic College of Medicine W18A
200 First Street SW
Rochester, MN 55905, USA
montori.victor@mayo.edu

Walter (Pete) Peterson
P.O. Box 1845
Breckenridge, CO 80424
Wpetersonmd@cs.com

W. Scott Richardson
WSU Dept. of Internal Medicine
PO Box 927
Dayton, OH 45401
scott.richardson@wright.edu

Holger Schünemann
University of Buffalo
Social and Preventive Medicine
3435 Main Street
Buffalo, NY 14214
hjs@buffalo.edu

Kent Stobart
Northern Alberta Children's Cancer Program
Stollery Children's Hospital
8440 - 112 Street NW
Edmonton, Alberta, T6G 2B7
kstobart@cha.ab.ca
or kent.stobart@cancerboard.ab.ca

Jayne Thirsk
Dietitians of Canada

Alberta and Territories Region
jthirsk@dietitians.ca

Tanya Voth
University of Alberta
Centres for Health Evidence
Room 2100, RTF 8308 - 114 Street
Edmonton, AB T6G 2E1
tanya.voth@cche.net

Nadine Wathern
Offord Centre for Child Studies
Department of Psychiatry & Behavioural
Neurosciences, McMaster University
Patterson Building, Chedoke Hospital
1200 Main St. West, Hamilton, ON
CANADA L8N 3Z5
wathenn@mcmaster.ca

Mark Wilson
University of Iowa Hospitals and Clinics
200 Hawkins Drive
SE625 GH, Iowa City, IA 52242
mark-c-wilson@uiowa.edu

Peter Wyer
446 Pelham Ave.
Pelham, New York 10803
pwyer@worldnet.att.net



EDITORS

Nicole Zytaruk
McMaster University, Faculty of Health Sciences
Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
zytaruk@McMaster.ca

Deborah Cook
McMaster University, Faculty of Health Sciences
Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
debcook@mcmaster.ca

Gordon Guyatt
McMaster University, Faculty of Health Sciences
Clinical Epidemiology & Biostatistics
1200 Main Street West
Hamilton, ON L8N 3Z5
guyatt@mcmaster.ca

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We would like to keep our mailing list as up to date as possible. If you are planning to move, have moved, or know someone who once received the newsletter who has moved, please e-mail maddock@mcmaster.ca or write your new address here and send to Deborah Maddock, CE&B, HSC 2C12, McMaster University Health Sciences Centre, 1200 Main Street West, Hamilton, ON L8N 3Z5, Canada. Thank you!

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SIGN UP A COLLEAGUE!

If you would like to encourage a colleague to attend the workshop next year, please e-mail maddock@mcmaster.ca or write the address here and send to Deborah Maddock, CE&B, HSC 2C12, McMaster University Health Sciences Centre, 1200 Main Street West, Hamilton, ON L8N 3Z5, Canada. Thank you!

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HOW TO TEACH EVIDENCE BASED CLINICAL PRACTICE

Sunday, June 5th to Friday, June 10th, 2005

What is Evidence Based Clinical Practice?

Evidence based clinical practice (EBCP) is an approach to health care practice that explicitly acknowledges the evidence that bears on each patient management decision, the strength of that evidence, the benefits and risk of alternative management strategies, and the role of patients' values and preferences in trading off those benefits and risks.

Why Are Evidence and Values or Preferences Important?

Daily, clinicians confront questions about the interpretation of diagnostic tests, the harm associated with exposure to an agent, the prognosis of a disease in a specific patient, the effectiveness of a preventive or therapeutic intervention, and the costs and clinical consequences of many other decisions. Both clinicians and policy makers need to know whether the conclusions of a systematic review are valid, and whether recommendations in practice guidelines are sound.

The tradeoffs between risks and benefits are often finely balanced. Patients with differing values and preference will make different choices.

Members of the Department of Clinical Epidemiology and Biostatistics at McMaster University, in collaboration with other colleagues trained in both medicine and in clinical epidemiology, have developed a set of common sense strategies to assist in the critical appraisal of evidence. They have also developed approaches to explicitly considering values and preferences in clinical decision-making, thereby encouraging the practice of EBCP.

Workshop Objectives

- § To help participants advance their critical appraisal skills, and their skills in acknowledging and incorporating values and preferences in clinical decision making
- To help participants learn how to teach EBCP using a variety of educational models

Workshop Format

The workshop is offered as a one-week intensive course. Participants will be learning in small groups led by clinical epidemiologists and practitioners from McMaster and other institutions. The workshop will consist of small and large group sessions, individual study time and opportunities for workshop participants to lead teaching sessions using their own ideas, materials, and reflecting their own experiences.

Workshop Participants

Some course participants will come with a basic understanding of the principles of EBCP. These individuals will be as interested in deepening their understanding of these principles as they are in learning new teaching strategies. Other participants will have extensive experience and a deep understanding of the principles, and will be coming to advance their teaching skills. Still others will have intermediate skills. To accommodate everyone's needs, we will try to create a number of groups with different emphases.

Workshop Materials

Prior to the workshop, participants will have access on-line and, for those who want it, also receive hard copy educational materials that include literature on teaching critical appraisal and EBCP, the small group learning format, and a set of clinical problems. We expect participants to familiarize themselves with this material in advance of the workshop and to arrive prepared to role-play teaching settings that they have encountered and in which they wish to improve their performance.

Tutorial Group Selection Syllabus

The following will help you select the appropriate level of tutorial group for you:

Category A

You feel there are important gaps in your understanding of the principles of critical appraisal. You often feel uncertain of yourself when teaching, and wonder whether you've got it right when you critically appraise an article or whether you've missed something important. You are looking for a tutorial group in which a substantial amount of the time is spent on understanding critical appraisal.

Category B

You are comfortable with critical appraisal issues, but don't consider yourself expert. You have done a fair bit of teaching in the area, and are looking for a tutorial in which some time will be spent on content issues, but the majority of the time will be spent on evidence based teaching techniques.

Category C

You have lots of experience and expertise, perhaps with formal training in clinical epidemiology or a related field. You are looking for a tutorial in which the overwhelming proportion of the time is spent on teaching evidence based clinical practice.

Travel, Facilities and Accommodation

The workshop will be held in McMaster University's Health Sciences Centre. Upon confirmation of a definite placement in the workshop from the EBCP office, you will receive a formal letter, access to the website and, if you wish, hard copy of the

Workshop Planning Guide and background and introductory materials will be provided with general information regarding specifics of the workshop, accommodation and travel.

TRAVEL AND ACCOMMODATION ARRANGEMENTS ARE THE RESPONSIBILITY OF THE REGISTRANT.

Modest accommodation is available on campus. Other accommodations are available in city hotels, 10-30 minutes away by foot, bus or car.

Registration

- \$ The 2005 Evidence Based Clinical Practice Workshop will be held from Sunday June 5th to Friday noon June 10th, 2005.
- \$ Workshop tuition is \$3,000.00 (CDN) or \$2,546.00 (USD), which includes 7% General Sales Tax (GST # R119-035-988). Tuition includes all workshop materials, photocopying services, access to computer literature searching and dinner on the first and last evenings.
- \$ Acceptance in the workshop will be **confirmed by letter**. If you have not heard about your placement by April 1, 2005 please contact our office.
- \$ Deadline for registration is March 1, 2005. **PLEASE NOTE THAT THE WORKSHOP FILLS QUICKLY, TYPICALLY BY THE BEGINNING OF JANUARY, SO REGISTER EARLY!**

Cancellation Policy

A refund will be returned, minus \$100.00 administrative fees for a cancellation up to May 1st, 2005. There will be **NO** accepted refunds after May 5th, 2005 (one month prior to the workshop).

Please return the completed application form and registration fee (North American registrants please send cheque or money order; non-North American registrants please send international money order drawn on a USA or Canadian bank).

PLEASE MAKE THE REGISTRATION FEE

PAYABLE TO McMASTER UNIVERSITY, and send to:

Drs. Deborah Cook and Gordon Guyatt
Co-Chairs, EBCP Workshop
CE&B, HSC-2C12 McMaster University
1200 Main Street West
Hamilton, ON L8N 3Z5 CANADA

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Deborah Maddock, EBCP Workshop Coordinator or...
Karen Burns, EBCP Registrar
Telephone: (905) 525-9140 ext 22900 and 22160
FAX: (905) 524-3841
E-mail: maddock@mcmaster.ca and burnsk@mcmaster.ca

Registration can be done on-line at:

<http://www.cche.net/ebcp/>

For participants coming from Spanish speaking countries, we can accommodate you in our Spanish tutorial small groups

"Atencion: en esta ocasion volvemos a ofrecer un grupo para participantes provenientes de paises de habla hispana. Todas las discusiones se conduciran en espanol aunque los materiales seran los originales en ingles."

PLEASE TYPEWRITE OR PRINT CLEARLY

DR MS MR

Name: _____

Current Position: _____

Institution: _____

CLINICAL FIELD (please check):

- Internal Medicine Pediatrics
- Emergency Medicine Surgery
- Family Medicine Spanish-Speaking

Address: _____

City: _____

Province or State: _____

Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-Mail: _____

Please fill in the following essential information!

Which Tutorial Group Would Best Meet Your Needs?

- Category A:** A group focusing primarily on principles of critical appraisal and EBCP.
- Category B:** A group focusing more or less equally on principles of critical appraisal and on teaching EBCP.
- Category C:** A group focusing primarily on teaching EBCP.

Language Comprehension: In an effort to optimize your participation in the workshop, we would appreciate your response to the following questions. Please mark the paragraph that best applies to you.

- Highly fluent in English.** Can follow and participate fully in a conversation with many people when they are speaking quickly and interrupting one another.
- Fluent in comprehension and speech in English.** Can understand fully and speak fluently, but have some difficulty in a group when people are speaking quickly and interrupting one another.
- Fluent in comprehension in English,** except in groups when people are speaking quickly and interrupting one another. Some hesitation in expression, as English vocabulary is limited.
- Not completely fluent** in either comprehension or speaking in English.