

Assessing the EBHC Practitioner

Background and objectives

- Sicily 2001 - ambitious project to deliver curriculum
- Our working group - assessing the EBHC practitioner
- Useful beginning at conference - continued working after conference by email
- Present a model for consideration by this conference

Issues in assessment

- What do we assess
 - What distinguishes and EBHC practitioner?
- Why and How to Assess the Evidence Based Practitioner?
 - Purpose
 - Model
 - Level

Features of an evidence based practitioner

1. Constantly questioning: alert to questions that arise from observations and problems in daily practice and in communication with colleagues and patients.
2. Sceptical of current practice: of one's own standards and effectiveness, of accepted practice, and of received wisdom.
3. Listens to and values others peoples' perspectives (patients, colleagues, students).
4. Aware of the validity and of the limitations of knowledge, whether it derives from research or from personal experience
5. Possesses the level of knowledge of evidence based practice appropriate to his/her situation and is capable of applying it.
6. Continuously learning: starting with constant questioning, scepticism, and listening, the evidence based practitioner continues active learning and so maintains knowledge up to date in order to provide best care.

Purpose

- Summative assessment aims to measure the candidate against a set of criteria in order to make a pass/fail judgement.
- Formative assessment aims to identify strengths and weaknesses of the candidate with a view to informing further education.

Model

- **Demonstration.** Looking at what the evidence based practitioner is capable (analogy of the driving test).
- **Performance.** Looking at the practitioner's actual performance, e.g. Membership of the Royal College of General Practitioners by Assessment of Performance in Great Britain.

Level

Basic: where the practitioner understands the principles of EBHC, can recognise EBHC in action, can implement EB policies, and has a critical attitude to his/her own practice and to evidence. For all practitioners.

Advanced: where the practitioner has search and appraisal skills that only come with higher training and continued use. This is the requirement for teachers and those in positions of leadership.

Domain	Criterion	How assessed	
		Demonstration	Performance
Q. Ask focussed question	Q1 Reflects on his/her practice and asks questions arising from practice.	CAT presentations	Log books; tutorials or seminars
	Q2 Can frame 3, 4, or 5 part PEC(OT) questions in at least those areas relevant to discipline e.g. diagnosis, therapy	Exam Qs; tutorials or seminars, Quest	Log books; tutorials or seminars
	<i>Q3 Can frame 3, 4, or 5 part questions in all areas: aetiology, diagnosis, therapy, prognosis, economics</i>	<i>Exam Qs; tutorials or seminars</i>	<i>Log books; tutorials or seminars</i>

S. Search for evidence	S1 Is aware of main sources of syntheses and synopses <i>Aware of primary sources.</i>	Exam Qs; tutorials or seminars. <i>Exam Qs; tutorials or seminars</i>	Log book; tutorials or seminars.
	S2 Understands the comparative strengths and weaknesses of different sources of evidence	Exam Qs; tutorials or seminars	<i>Log book shows use of primary sources</i>
	S3 Makes use of sources of evidence in practice	Log book; tutorials or seminars – <i>should include primary sources</i>	Log book; tutorials or seminars
	S4 Chooses the appropriate source of evidence for needs and for question asked.	Exam Qs; tutorials or seminars, Quest	Log book; tutorials or seminars
	<i>S5 Can design and conduct a comprehensive search strategy to answer focussed question.</i>	<i>Exam Qs; tutorials or seminars; assignment. Quest</i>	<i>Record of search strategies</i>

C Critically Appraise	C1 Can assess the relevance of study design to question asked: viz aetiology, diagnosis, therapy, prognosis	Exam Qs; tutorials or seminars	
	C2 Understands the meaning of commonly used terms in research: (a) p value and confidence intervals (b) sensitivity and specificity and (c) odds ratios	Exam Qs; tutorials or seminars	
	C3 Understands commonly used summary statistics: (a) NNT NNH (b)RR, OR (c) PPV/NPV/LR+and-	Exam Qs; tutorials or seminars	
	C4 Can derive summary statistics from research papers	Exam Qs; tutorials or seminars, Quest	Log books; tutorials or seminars
	<i>C5 Can assess the internal validity of a study</i>	<i>Exam Qs; tutorials or seminars; assignments</i>	<i>CATs</i>
	C6 Understands the principles and uses of synthesising research, (systematic reviews)	Exam Qs; tutorials or seminars	
	C7 Is able to assess the importance of a study	Exam Qs; tutorials or seminars; assignments, Quest	CATs
	<i>C 8 Is able to conduct a systematic review</i>	<i>Exam Qs; tutorials or seminars; assignments</i>	

A. Apply findings	A1 Is able to assess the relevance of the synopsis/ <i>appraised study</i> to the individual patient and to policy	Exam Qs; tutorials or seminars	Log books; tutorials or seminars
	A2 Can explain summary statistics in manner appropriate to patient's understanding	Simulated patient; taped consultations; tutorials or seminars	Taped consultations; tutorials or seminars
	A3 Can plan implementation of a change of practice in a clinical setting (eg hospital, clinic, region)	Quest	
	A4 Builds new evidence based practice into the audit cycle		Log books, audit reports

E. Evaluate own practice	S1 Keeps a record of questions to be answered		Log book
	S2 Keeps CATs/information in manner which allows retrieval and application	Exam Qs; tutorials or seminars	Presentation of system.
	S3 Practice is informed and up to date		Log books; tutorials, seminars, or audit reports. <i>Should show evidence of reading primary research and syntheses as well as digests.</i>

Why Sicily

This is the way to speak around the fire,
In winter, on a soft couch, belly full,
Drinking sweet wine, and crunching hazelnuts:
Now, tell us sir, your name and home and age,
And how old were you when the Mede
appeared.

Xenophanes , 570-470 BCE