IMPLEMENTING EVIDENCE-BASED MEDICINE (EBM) IN DAY-TO-DAY PRACTICE: THE 6th STEP.

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Background:

In teaching the standard 5-step approach of EBM we noticed a growing hesitance to accept this strategy the further students or physicians advanced in their experience.

Aims:

First, the hesitance to accept the strategy of EBM has to be reduced.

Second, the growing individual experience has to be integrated into the process of evidence-based decision making.

Third, it has to be confirmed that the integration of EBM influenced the outcome of health care services.

- Methods (Bressanone Model):
 - Physicians were asked to select a low eff clinical problem (either low effectiveness or low efficiency) from their day-to-day-practice.
 - ... and to suggest two or more alternative solutions.
 - The standard EBM program including the additional step is applied in the clinical practice teaching program. (AdditionI step: providing a formal answer to the clinical question based on own current knowledge, i.e. internal evidence = suggested alternative solution)

THE 6 STEPS

- 1 Transforming the clinical problem into a 4-part clinical question
- 2 Answering this question based on your internal evidence only
- 3 Searching for and finding external evidence
- 4 Critically appraizing the found external evidence
- Integrating the critically apprized external evidence into the existing internal evidence and making a final decision
- 6 Evaluating the outcome

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- 1 Transforming the clinical problem into a 4-part clinical question
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- 4 Critically appraizing the found external evidence
- Integrating the critically apprized external evidence into the existing internal evidence and MAKING A FINAL DECISION (based on a new version of internal evidence)
 - 6 Evaluating the outcome

Results (first & second aim):

- The collective experience concerning this additional step was very positive
 - Students/physicians could integrate their (present) knowledge I.e. their internal evidence
 - They felt to be accepted
 - Their knowledge was recognized as important part of the decision making process
 - They were motivated to accept the rules of the game
 - They used the rules of the game to compare their internal evidence with the available external evidence

- Results (third aim):
 - Questions #1
 - Are the following preoperative tests needed in ASA 1-2 patients aged 2-65 years (ECG, Chest X-ray, AST / ALT, Hb, Leukocytes, Platelets, Creatinine, Urea)
 - External evidence
 - 1 HTA, 1 system. review, 1 guideline, 4 others
 - Bressanone: 1 HTA, 4 others
 - Ulm: 1 systematic review
 - Munich: 1 system. review, 1 guideline

- Results (third aim):
 - Questions #2
 - Are the consequences with and without positive Troponin I test different in patients with acute chest pain?
 - External evidence
 - 1 systematic review, 14 papers
 - Bressanone: 9 papers
 - Ulm: 1 system. review, 5 papers
 - Munich: 1 systematic review

- Results (third aim):
 - Questions #3
 - Shall we recommend breast feeding in women with hepatits C?
 - External evidence
 - 22 papers
 - Bressanone: 19 papers
 - Ulm: 3 papers
 - Munich: 3 papers

- Discussion (related to practice)
 - The experience from day-to-day practice confirms the effectiveness and efficiency as experienced in teaching
 - German medical students
 - German doctors
 - Italian (Alto adige/Südtirol) doctors
 - Canadian pharmacy students

- Discussion (related to research)
 - 1 Transforming the clinical problem into a 4-part clinical question
 - 2 Answering this question based on your internal evidence only
 - 3 Searching for and finding external evidence
 - 4 Critically appraizing the found external evidence
 - Integrating the critically apprized external evidence into the existing internal evidence and MAKING A FINAL DECISION (based on a new version of internal evidence)
 - 6 Evaluating the outcome

Discussion (related to EBM / EBHC teachers and developers)

... have a little bit of fun