Practice Based Learning and Improvement Theme Group: The ‘underpants gnomes’

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Clinical scenario

- You are working in an unspecified setting and see an unspecified patient with an unspecified disease. You consider ordering an unspecified test, but are unsure how good it is and whether it will change your medical decision making or therapy, or the patient's ultimate outcome.
- What should you do?

Choices

- Just order the test and let the “chips fall where they may”
- Tell her you’ll call later after you have looked it up
- Look it up on “Up to Date”
- Run out of the room screaming “I need the evidence! Can anybody help me?”
- Call the NHS Evidence answering service (sorry, line out of order)

Premises:

- David Sackett was a personality force who was able to create and run the “Evidence Cart” to find EBHC at the point of care. What was that like?
- Should we strive to copy this model, or are we better off having dedicated “evidologists”?
  - Like “NHS Evidence”? Is it working?
- Is the use of a “Mini-Journal Club” the goal of finding the best evidence at the point of care? This would have to be a team activity.

Definition

- EBHC – EBP process with learner
- Can we duplicate the “evidence cart”?
- Information Mastery either by learner, end user or a third party finds the information.
- Communicating evidence to the patient.
- Local issues (Is this really a part of Systems Based Practice?)
- Critical Reading and Thinking
- If you don’t practice (EBP) you will lose it.

Process

- Minimize critical appraisal at the point of care
- Emphasize critical analysis and insight
  - …probably of pre-appraised topics (CATs)
- For the learners - “let them loose” and see what they do
- Use of checklists and guidelines
- Ideally the students go to get the information and have the teachers evaluate it with them

Barriers

- Not enough time for on the job critical appraisal or even searching.
- Interruption of empathic communications with the patient.
- Fight with custom (eminence based medicine)
- Management based evidence and “educated” patients
- “Hidden curriculum”

Barriers

- Most internal medicine questions are diagnostic in nature and not very easy to answer using standard EBHC practices
- Faculty teachers don't know EBP – or if they do, **have problems with statistics**
- Residents lack knowledge and confidence to assist student learners search or to perform or evaluate critical appraisals
- There may be very limited access to EB resources in developed countries or even in underserved practices in the first world.

Assessment

- OSCE with EBP element (Is this a surrogate marker?)
- Empowerment in decision making (self assessment) – changing attitudes
- Ultimate outcome is improved patient outcomes
- Physician compliance with guidelines or provision of “best care” (clinical behavior)

We need:

- Mentors – examples of people who can do this well at the point of care
- Team effort; MD, RN, PT, Librarian and others
- A champion, preferably someone in a high position who can say it MUST BE DONE!
  - He/she who must be obeyed!
- Improved curriculum to empower quick searching
- A PBL and I theme at the 6th meeting