Development of a contemporary evidence-based practice workshop for clinicians with a focus on pre-appraised evidence and shared decision-making a before-after pilot study


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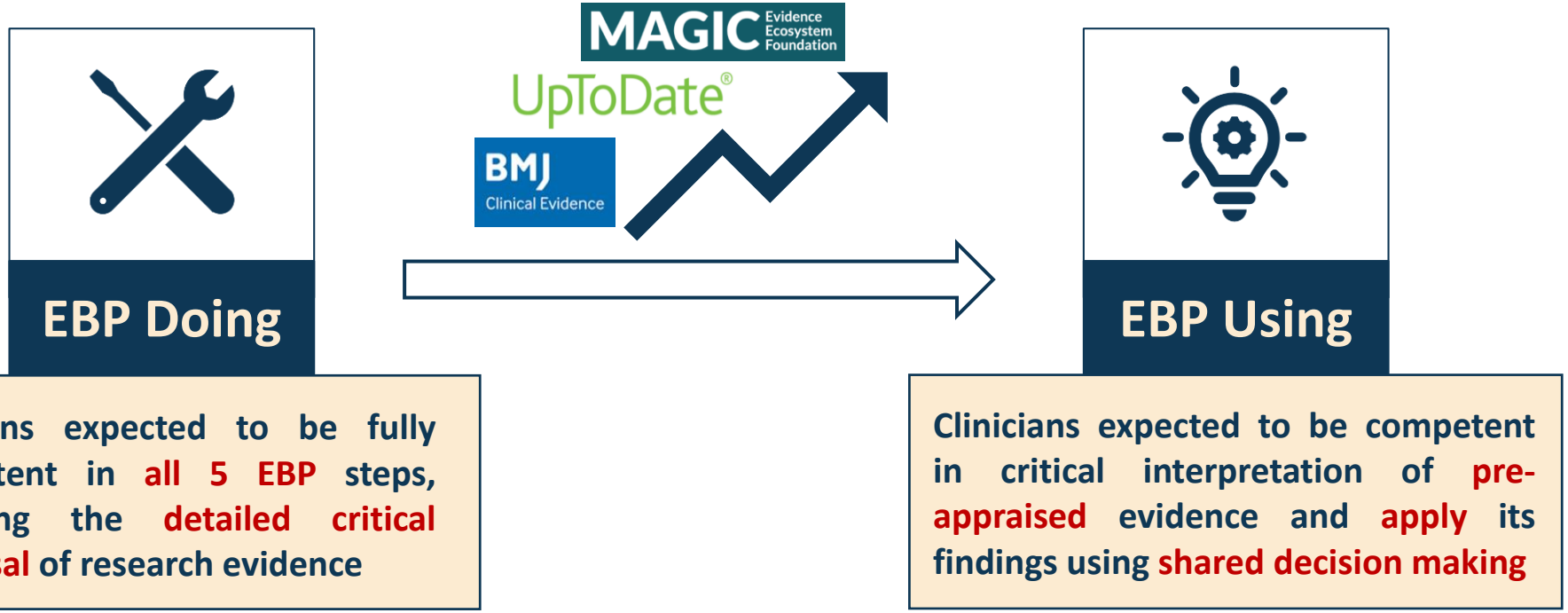
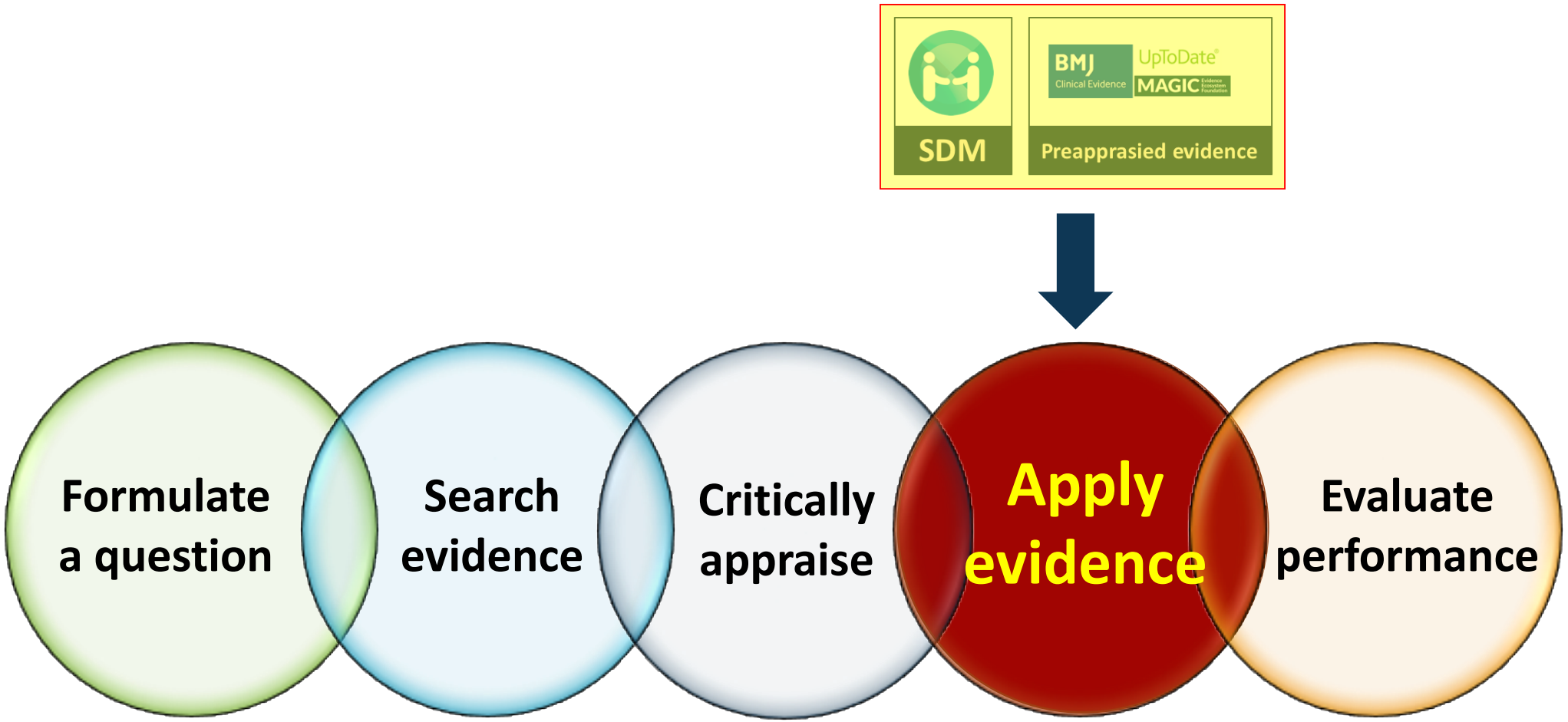
Background


Formulate a question
Search evidence
Critically appraise
Apply evidence
Evaluate performance


MAGIC Evidence Ecosystem Foundation
UpToDate®
BMJ Clinical Evidence
EBP Doing
EBP Using
Clinicians expected to be fully competent in all 5 EBP steps, including the detailed critical appraisal of research evidence
Clinicians expected to be competent in critical interpretation of pre-appraised evidence and apply its findings using shared decision making

Hypothesis


SDM
BMJ Clinical Evidence
UpToDate
MAGIC
Preapprasied evidence
Formulate a question
Search evidence
Critically appraise
Apply evidence
Evaluate performance

Objectives

Assess

feasibility and **Clinicians' acceptability** to a new approach to teaching EBP, which focusses on **SDM** and uses **pre-appraised evidence**

Explore

the **effect** of this workshop on clinicians' **SDM** and **evidence communication skills**

Methods

Study Design	A single-arm before and after pilot study

Methods

Population	Registered and practicing clinicians in AU

Study Design	A single-arm before and after pilot study

Methods

Intervention

A half-day EBP workshop

Measures of **effect** and **uncertainty** for **continuous** and

Shared decis
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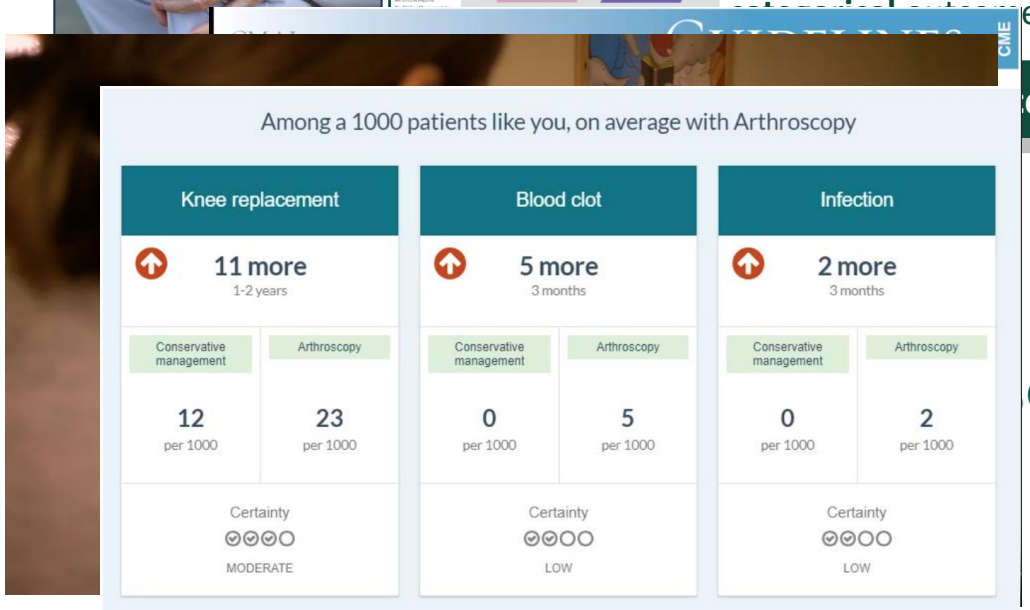
SDM & Applying Research Ev



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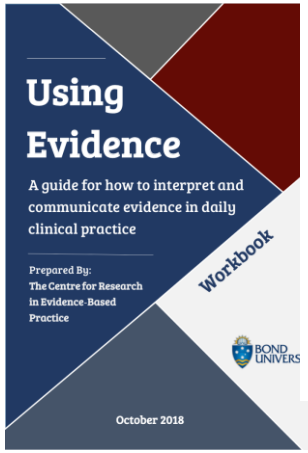
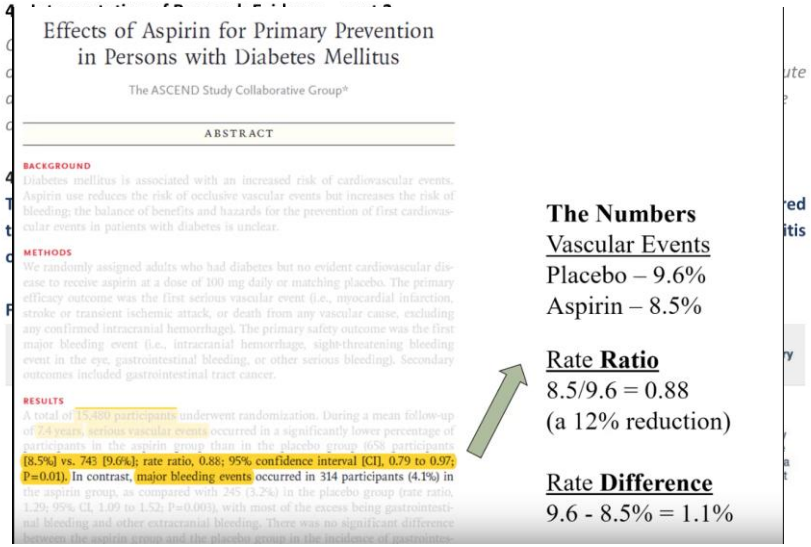


3.1 Exercise – Long-term pain (1-2 years) – does arthroscopy help?

The following results are from Siemieniuk et al reporting the effect of arthroscopic surgery (compared to conservative management) on long-term pain for patients with knee osteoarthritis.

Figure 3.



Study Design	A single-arm before and after pilot study	Population	Registered and practicing clinicians in AU

Methods

Outcomes

SDM and Evidence Communication skills

BEFORE

ACEPP

Assessing Communication about Evidence and Patient Preferences Tool **(0-5 points)**

OPTION

Assessing the revised Observing Patient Involvement scale **(0-100 points)**

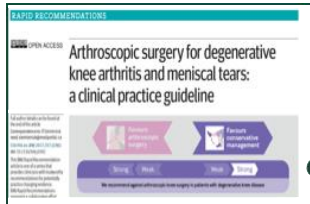
Feedback Questionnaire

9 statements rated using a **5-point Likert-scale** (from strongly disagree = 1 to strongly agree = 5). **4 open-ended questions** (e.g. most beneficial aspect/s, least useful aspects)

AFTER

2 independent assessed **audio-recorded** consultations

Patient's Scenario



Measures of **effect** and **uncertainty** for **continuous** and **categorical** outcomes

Interpretation of Research Evidence

Shared decision making, **communicate** research evidence, and used of **decision aids**

SDM & Applying Research Evidence

GRADE, **RCT critical appraisal**, and **Forest Plot** Interpretation

GRADE & Evaluation of Research

Study Design	A single-arm before and after pilot study	Population	Registered and practicing clinicians in AU	Intervention	A half-day EBP workshop

Results

14

Clinicians

9 Women

6 Medical & 7 Pharmacists

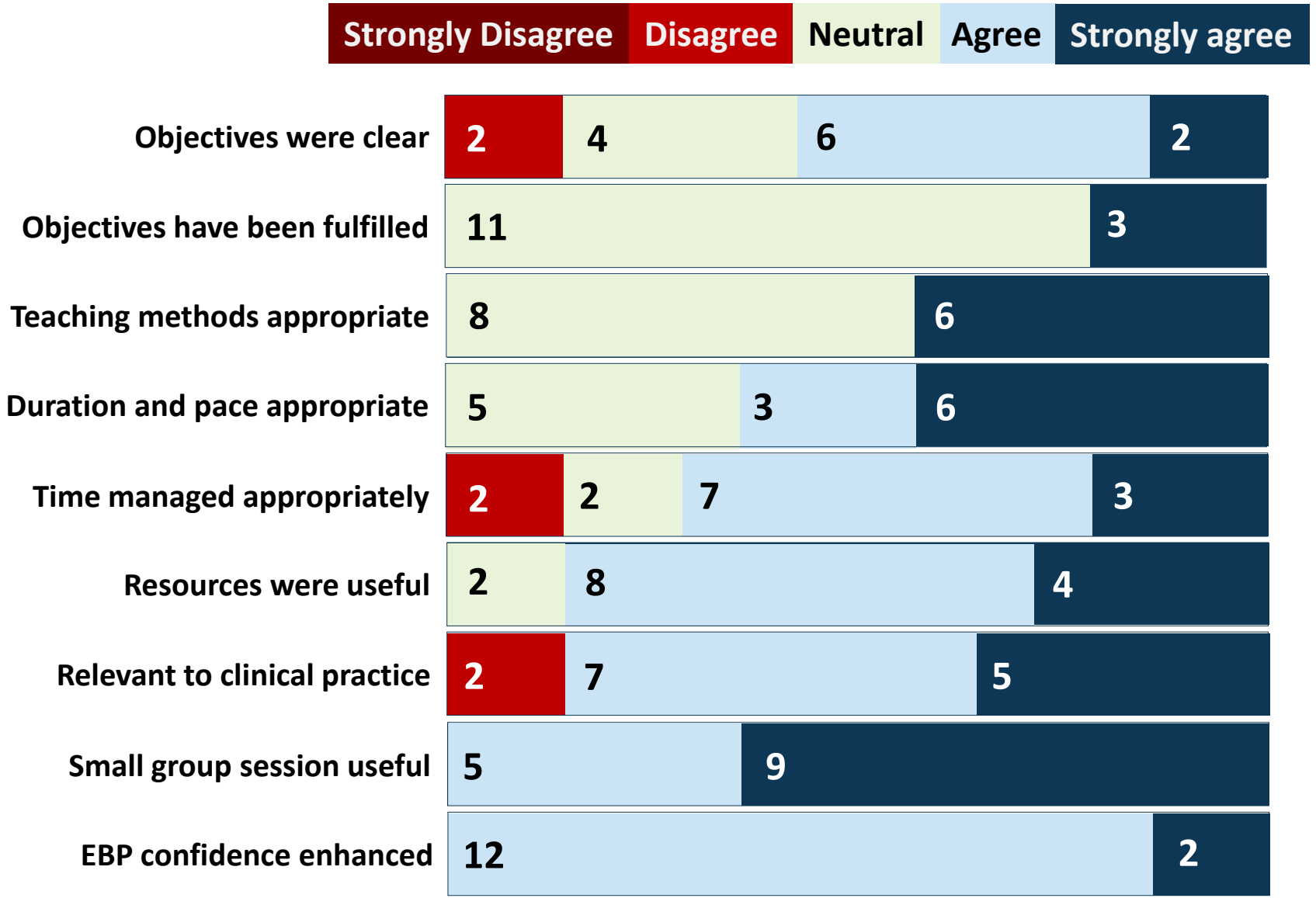
10 from hospitals

4 Teaching & clinical roles

7 (3.6-18.3) Clinical experience

Results

Feedback Questionnaire



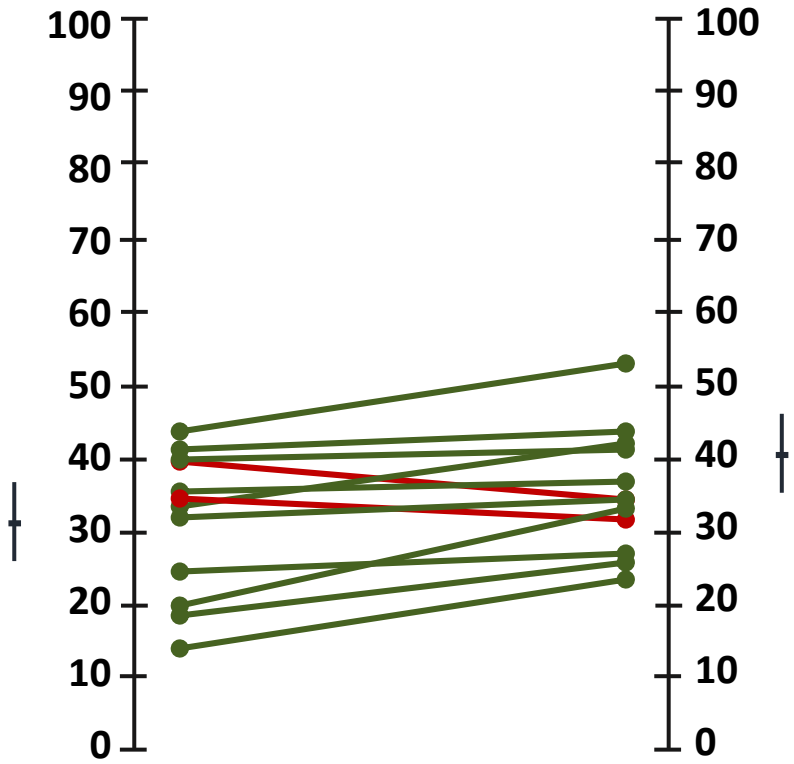
Results

OPTION

Observing Patient Involvement scale **(0-100 points)**

Mean difference (95% CI)

5.5 (1 to 9.9)

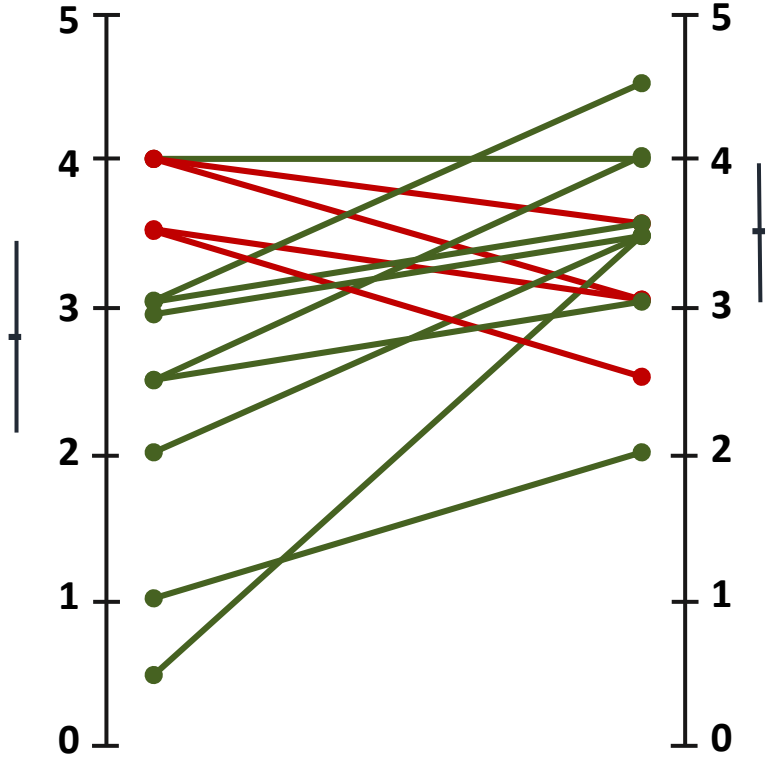


ACEPP

Communication about Evidence and Patient Preferences Tool **(0-5 points)**

Mean difference (95% CI)

0.54 (0.02 to 1.06)



Interpretation

A contemporary approach to teaching clinicians EBP, with a focus on SDM and pre-appraised evidence, was **feasible**, perceived as **useful** and showed **modest** improvements in skills.

Results should be interpreted **cautiously** because of the **small study size** and **pre-post design**

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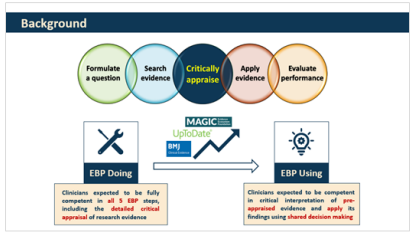

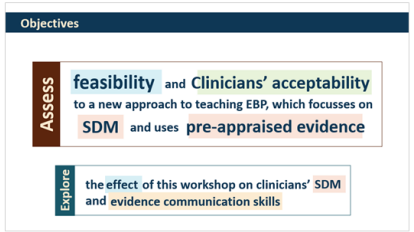

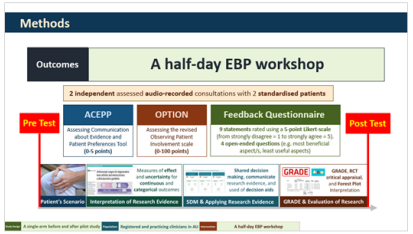

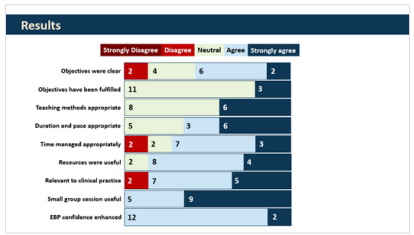

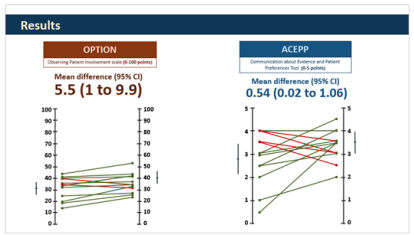

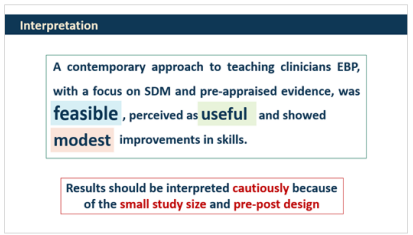

Original EBM Research: Primary care

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