

Bedside Teaching of EBP

K Hopayian

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Objectives

- Understand need to teach EBP
- Identify opportunities
- Acquire resources
- Practise techniques

In relation to EBP...

- What do trainees want to learn for the AKT?
- What do trainees want to learn for the CSA?
- What should trainees learn in order to be better practitioners?

Evidence-based
practitioner

≠

Practitioner
following
“correct”
procedure

Knowing
What

≠

Knowing
Why

UKPDS What the reviews said

- “Clear and consistent evidence now exists...that reduction in glucose is the key to improving outcomes.”
- “...convincing evidence that tight blood glucose control is an important goal for type 2 diabetes... the long term benefits of intensive therapy clearly outweigh the few risks.”
- “The main translatable finding is that intensive treatment of type 2 diabetes is beneficial.”

UKPDS The actual results

- Metformin statistically significantly reduced clinically significant macrovascular events
- Tight glucose control using sulphonylureas and insulin did NOT
- Tight insulin control statistically significantly reduced composite event rates largely by including retinal photocoagulation.

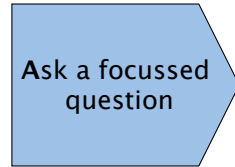
Questions and Knowledge Gaps

- Select a recent Question or Knowledge Gap
- What reply would you give a trainee?

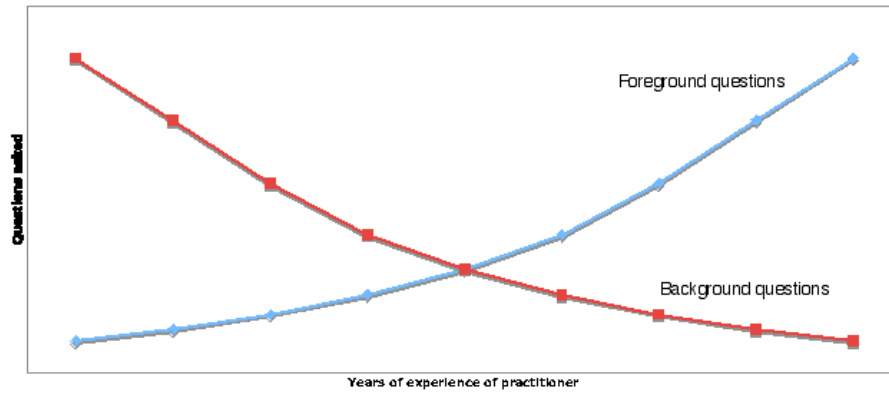
Opportunities

- Uncertainty – role model
- Dialectical method
- Guided discovery

What are 4 steps of EBP

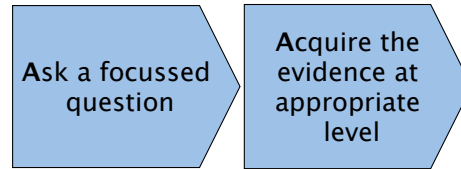


- P Population
- I Intervention OR E Exposure
- C Comparator
- O Outcome
- (T) T Time



Frame a question

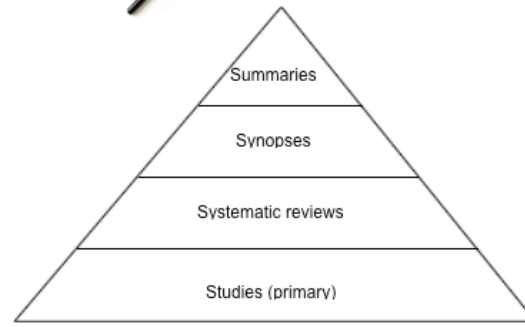
- P
- E
- C
- O
- T



- Where do you go for information?
- What are the advantages and disadvantages?

Source	Advantages	Disadvantages
Ask colleagues	Quick Easy Accumulated experience	Accepted practice may not be EB
Read expert opinion	Easy, TB or web User friendly	TB soon out of date Expert opinion may not be EB
Read research	Up to date Specific	Too great a volume Appraisal time consuming

Metasearch engines e.g.,
TRIP, SUMsearch, NHS
Evidence



CKS

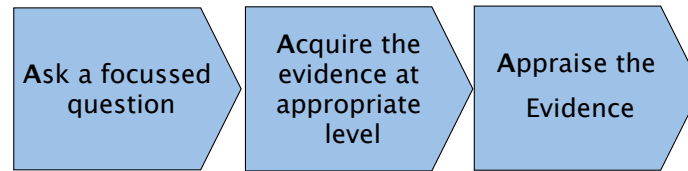
Bandolier

Cochrane
Collaboration

Pubmed

Search Tips

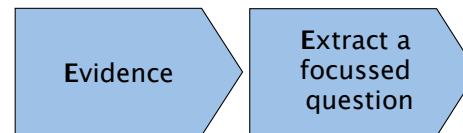
- 1 Start: With a metasearch engine Or At top and work down.
- 2 Learn the + & – of each source.
- 3 Personal taste.
- 4 Be prepared to switch strategies.
- 5 Copy your search terms to the clipboard - for switching.



Opportunities

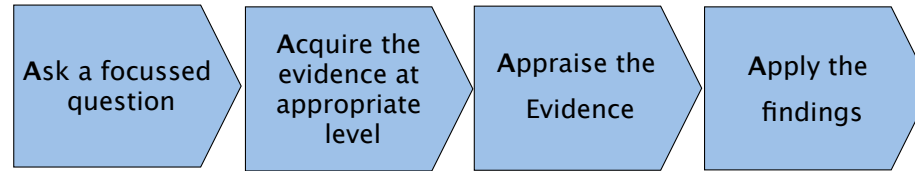
Reading: Target and Untargetted

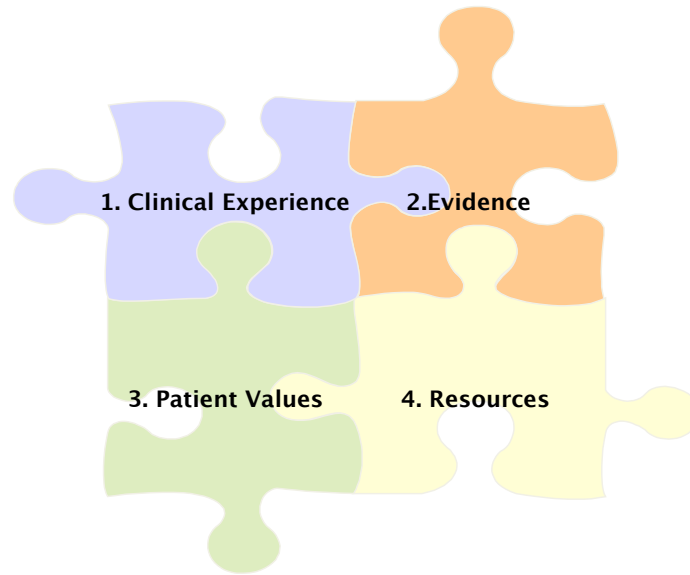
Peer review: Journal club



PECOT structure useful for summarising evidence too

4 Steps of EBP






Opportunities


- Case discussion
 - Challenge received wisdom
 - Question diagnostic strategies
 - Justify management choices
- Joint consulting, video consultations
- Practice policy
 - Role model
 - Guidelines

What skills do trainees need to apply evidence?

- Reasoning
 - Is evidence relevant to my situation
 - Is it feasible
 - How to translate
- Communication skills

Communication skills

Pitch the information at a level that the patient understands.  Use appropriate language. Consider the use of graphical tools.

Pace the delivery so that the patient has time to absorb the information.  Deliver it in chunks.

Give the right amount of information, neither too much nor too little.  Give the patient opportunity to ask questions and check that you have answered them.

Don't underestimate or overestimate your patient's ability.  Stop and check what the patient has understood.

Explaining benefit and harm to patients

- Use results for HRT in primary prevention

Benefits and Harms from HRT Women's Health Initiative

	Per 10,000 women years	NNH/T over 5 years
CHD	7	285
CVA	8	250
PE	8	250
Invasive breast cancer	8	250
Colorectal cancer	6	333
Hip fracture	5	400

Balance excess risks 19 per 10,000 women years or 105 over 5 years

Writing Group of the Women's Health Initiative. Risks and benefits of estrogen and progestin in healthy post-menopausal women. JAMA. 2002;288:321-333.

Risks and benefits from HRT – metaanalysis of RCTs

Excess (+) or reduced (-) incidence per 1000 HRT users, over 5 years	Women aged 50–59	Women aged 59–69
Stroke	+1.2	+4
PE	+1.6	+4
Breast cancer	+3.2	+4
Colorectal cancer	-1.2	-3
Fracture Neck of femur	-0.5	-2.5

Beral V, Banks E, Reeves G *Lancet* 2002; **360**: 942-44

The evidence-based practitioner

Six generic characteristics of

1. Constantly questioning;
2. Sceptical of current practice;
3. Listens to and values other people's perspectives;
4. Aware of validity and limitations of their own knowledge;
5. Possesses level of knowledge of evidence-based practice appropriate to their own situation;
6. Continuously learning.

Objectives met?

- Convinced need to teach EBP
- Identified opportunities in consultation, CBD, supervision, practice meetings
- Acquired resources for framing questions and finding evidence
- Practised techniques