Evidence-Based Medicine

User’s Guide

This Booklet Belongs to:

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ASSESSING CLAIMS OF EFFECTIVENESS

Validity Guides

1. Was the assignment of patients to treatments randomized?
2. Was follow-up complete?
3. Was analysis by intent-to-treat
4. Were patients, health workers and study personnel blind to treatment?
5. Were the groups similar at the start of the trial?
6. Aside from the experimental intervention, were the groups treated equally?

What were the results?

1. How large was the treatment effect?
2. How precise was the estimate of treatment effect?

Will the results help me in caring for my patients?

1. Can the results be applied to my patients?
2. Were all clinically relevant outcomes considered?
3. Are the benefits worth the harm and cost?
TIPS IN FACILITATING

A. GENERAL DEMEANOR

Kill the teacher (within you) - In a PROBLEM-BASED LEARNING (PBL) workshop, there are no teachers. Everyone is a LEARNER. Try not to teach (except on pre-identified situations where jargon may be very unfamiliar, and there isn't enough time to meander). At any rate, shed your teacher's hat. Try to demonstrate that everything in EBM is common sense.

B. STARTING

Casual capsule introductions - It's always good for everyone to introduce himself or herself. However, try not to spend the whole day doing this. Start with yourself to set the pace. Use name tags to help remember names. Address each other by nickname if possible. At all costs, refuse to be addressed as "sir" or "ma'am".

Run the scenario - This is the golden rule for PBL - always start with a problem, and always end with some solutions. Otherwise, it wouldn't be called PBL.

Anonymous pre-tests - Sometimes it may be useful to ask for anonymous written declarations on how each member would solve the scenario, before formally appraising an article.

C. RUNNING THE WORKSHOP

The "Nothing is (completely) wrong" principle - Never ignore a statement from a participant. If you listen hard enough, you will always find something valid in a statement. (At the very least, nod your head as if you understood).

Shelving a question - Some participants may try to jump the gun, by addressing a "step 2" problem before "step 1" is solved. This can be gently "shelved" but promise to return to it later. (And try to keep that promise, you may keep notes to inform them to remind you later).

The "Concept-first jargon-last" rule - Trying to extract a very specific term from a participant may be very stressful. Extract the concept, then just provide the appropriate label or jargon. For example:

Concept: "Accuracy of a test may be measured by the proportion of diseased patients that it correctly labels as having disease."

Label: The measure you just described is called "sensitivity".

Interim summaries - Now and then in a session, it is useful to summarize how far the group has gone, and how much ground is left to cover. This keeps everyone in sync and helps the group budget the time.
Deflecting a question - Smart participants attempt to manipulate the facilitator into lecturing by asking questions (and later complementing the facilitator for his "intelligence"). When you spot this attempt, throw back the question to the person who asked, or to the rest of the group.

Defusing questions - It may be embarrassing to be asked a question in public, and not to know the answer. Remove the social pressure by asking questions in the 3rd person. Instead of asking, "what is an RCT?" one might ask, "what do you think the authors meant by randomization?"

Time-out - When the discussion bogs down because of disagreement, call a time out and identify the reason, e.g., inappropriate group discussion roles, value differences, etc. Then, accept that differences do exist.

Role-playing -

The "statistics isn't important" technique. Downplay statistics. It's the method that is important. Statistics just help us analyze.

Pregnant pauses - People cannot stand silence, especially in a workshop. Stay silent long enough after a question, someone is bound to speak. Make sure it isn't you.

When criticizing inappropriate group dynamics such as unruly behavior, address your criticisms to the group and not to the person. This corrects the situation without causing undue tension.

Dissect all biases. This should be done regarding direction and magnitude.

D. ENDING

End the scenario.

Anonymous post-test.

Open-closure - We may agree on what the data shows, and the quality of the method behind them. Nevertheless, we may disagree on the final course of management. EBM guides thinking, but does not replace it.

BAD HABITS

Pointing
Monopolizing
Scolding
Putting words in participant's mouth
Dismissing a comment
Etc.