Evidence-based practice is here to stay

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The term “Evidence-Based Medicine” (EBM) has become ubiquitous throughout the medical community. There is just no way to avoid it. Some practitioners become nervous at the mere mention of the words and others may struggle with putting the concepts into practice. There have been dramatic changes in the practice of EBM since the Wisconsin Medical Journal first published an EBM issue 6 years ago. The goals of this issue are to clarify the EBM process, describe the advances that have taken place in the past six years, address some of the major issues health care professionals face in integrating evidence into their practices, and discuss areas for future research.

The first article (p 14) serves as background material for the issue as well as a template for the remaining articles. Feldstein describes the beginnings of the EBM movement and clarifies the process of practicing EBM. He focuses on improvements in EBM resources and the minor shift in the initial practice to include “EBM users” and “EBM practitioners.” He also gives a glimpse of a future where evidence is seamlessly integrated into electronic medical records.

The improvement in EBM resources is evaluated in detail by Hooper-Lane, Combs and Feldstein (p 18). They offer a framework for modern EBM resources using Haynes’ pyramid model and focus on secondary resources. Tips for searching these individual databases are provided. The tables are extremely useful and highlight what is available in each class of database. Understanding these newer resources will help practitioners minimize the time spent finding and evaluating evidence and allow them to focus on using it to affect patient care.

The article by Potter and Rotert (p 22) dovetails with Hooper-Lane’s, providing a Family Medicine perspective on the usefulness of different evidence resources. It shows the reader that EBM can be practiced at the point of care and outlines an approach to using EBM in a busy office practice.

The explosion of clinical evidence can make practitioners feel overwhelmed. It has become impossible for most clinicians to stay up-to-date on all of the new evidence. Systematic reviews and clinical practice guidelines are important tools to address this problem. However, these can vary in quality and can mislead the reader if used without first evaluating their methods. These tools are addressed in the articles by Feldstein and Wetterneck. Feldstein (p 25) gives the reader an organized approach to evaluating the quality of systematic reviews. He also examines the results of systematic reviews that may be presented in a format unfamiliar to some readers. Forest plots, which can give readers a summary of systematic review results with a single glance, are analyzed in detail.

Wetterneck and Pak (p 30) discuss the importance of clinical guidelines in the current medical environment where there are variations in physicians’ practices. They highlight a user-friendly approach to evaluating clinical guidelines with a review of recommendation grading schemes. The most important aspect of this article is the review of strategies for implementing these guidelines within an institution. The authors make it clear that developing and reading guidelines alone will not necessarily lead to practice changes, and provide proven methods to encourage practice changes. The incorporation of these strategies can help improve quality of care by decreasing variations in practices.

An important area of research in EBM is how to effectively communicate evidence to patients to allow them to share in decisions about their care. Seibert and Zakowski (p 49) explore the gaps that exist in the understanding of evidence communication. The clear presentation of the potential biases and problems that can occur while communicating evidence to patients is helpful, as is the practical guide to beginning the process of communicating evidence with patients.

The amount of available evidence to guide patient care is vastly expanding and evidence-based practice has become a new paradigm for teaching and practicing medicine. We hope that this issue of the Journal will provide readers with a practical way to incorporate clinical evidence into their medical practices.
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