Bergen Fakultet	okt 1999 4 timer
8.15-9.00	Innledning - hva er EBM, Formulering av kliniske problemstillinger
9.00-9.30	Gruppearbeid, formulering av kliniske problemstillinger
9.30-10.30	Søk på PC. Utgangspunkt i de klin. problemstillinger. To og to ved PC.

10.30- 11.30	Kritisk analyse av vitenskapelige arbeider fokusert på reviews, terapi,
	prognose, etiologi
11.30-11.45	Kritisk analyse av vitenskapelige arbeider fokusert på diagnostiske tester
11.45-12.15	Oppsumering, Generell diskusjon

Tanker vedrørende møte om "Evidence based dentistry"

Forslag til tidsplan:

0900- Evidence based dentistry

Kurs v/Asbjørn Jokstad og Atle Klovning med begrenset deltakelse. Krever forberedelse av deltakerne og arbeid på PC.

1130- Lunsi

1230 - Fundamentet for odontologisk praksis - hva er sant og hva er tro? Hva om vi i all vennskapelighet utfordrer hverandres faglige "sannheter"?

Protetikk Kronekanten bør plasseres supragingivalt

Periodonti *Det har liten hensikt å gjøre periodontal kirurgi når pasienten røyker* Kariologi *Plakk fører til karies*

Odontologiske biomaterialer *Polymeriseringskontraksjon er et problem ved plastmaterialene*

Pedodonti Tidlige smerteopplevelser hos tannlegen fører til odontofobi

Samfunnsodontologi *Det er mulig å påvirke individer til en mer tannhelsebevisst adferd*

Mikrobiologi S. Mutans - en avgjørende bakterie for utvikling av karies Periodonti En god hygienefase kan erstatte kirurgi

Aktuelle navn:

Albandar

Gjerdet

Gustavsen

Raadal

Selvig

Haugejorden

Skaug

Giertsen

Hver "sannhet" skal følges av 3 vitenskapelige arbeider som skal redegjøres for og kritiseres av en "oponent".

1530 Avslutning

Evidence based dentistry Introduction

Asbjørn Jokstad
Departments of Prosthetics and Oral Function
Dental Faculty
University of Oslo

Information Explosion in Dentistry

- Tremendous growth in scientific and biomedical publications
 - Estimates: number of papers doubling every 10 years
 - Increasing number of journals in a given field 500 in dentistry
 - MEDLINE indexes ~4000 publications; a distinct minority
 - Related to numbers of physicians and scientists
 - volume of publications key to success

Hypothetical patient problems

- A 32 y. patient calls four hours after a wisdom tooth has been removed and complains about bleeding, pain and severe swelling. He demands immediately pain killers, antifebriles, antibiotics and an sick leave.
- A new employee in a public dental health district complain of high caries prevalence and neglect of oral hygiene in her district. A stragey for improving the situation is required.
- A 66 y. old women comes to your clinic because she hasn't received any help from her former dentist for oral lichen planus. She wants to discuss the various treatment options with you.
- One of your patient confess that she has almost stopped using tooth paste due to dentin hypersensitivity. Can you help her?

•

The "programmed" approaches when we're uncertain

- The pathophysiologic approach: makes sense
- The expert/"how I trained" approach: I learned this didn't work
- The anecdotal approach: didn't work last time we tried
- The consult approach: maybe I can ask a few colleagues I work with
- The textbook approach: often outdated and no strong support
- Confess that you don't know or do something and pray...
- Or some combination of these...

The dentist's situation:

- We need information, but most of our needs are never met:
 - Our textbooks are out of date.
 - Our journals are disorganised.
- Consequently, our knowledge and performance deteriorate.
- And traditional instructional CME doesn't improve our performance.

Levels of Information and Evidence

- Traditional route
 - training
 - print original journals
 - meetings and CME
 - consultation

- Faltering now
 - information overload
 - small fraction truly appropriate for direct application
 - ill equipped to digest and synthesize
 - busier practices
 - reimbursement pressures

The emerging approach

- First instinct: the programmed approach
- Find information
 - Do you have updated textbooks or articles?
 - Can you find them?
 - Can you go to a library?
 - Can you go to a workstation?
 - Search on the Internett

The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases

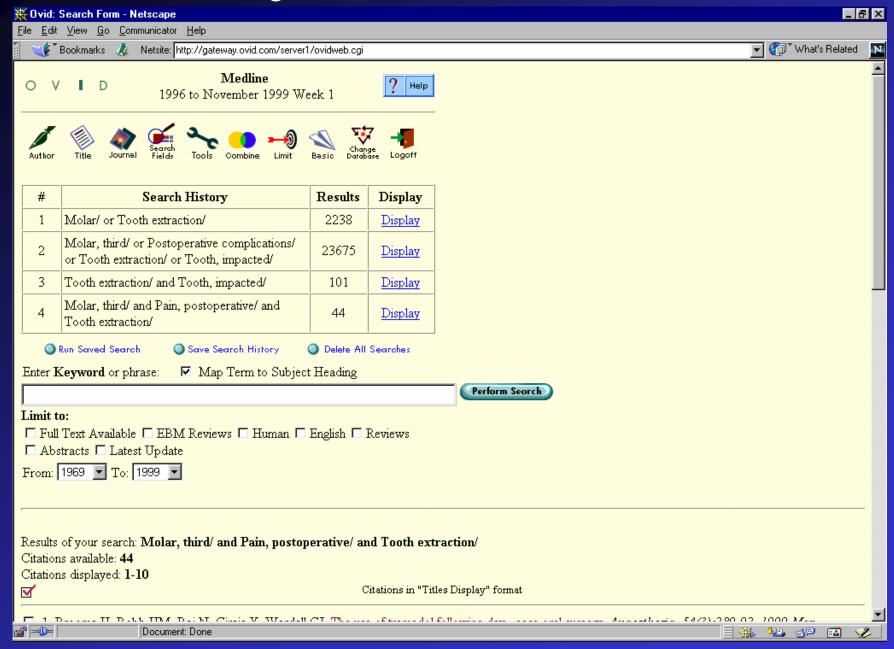
Using the Univ. Oslo OVID medical databases



The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases
 - » Medline

OVID search strategies difficult to remember



NLM offers two windows to Medline



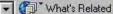




File Edit View Go Communicator Help

🧨 Bookmarks 🏒 Location: http://www.nlm.nih.gov/databases/freemedl.html







UNITED STATES National Library of Medicine

Contact NLM | Site Index | Search Our Web Site | NLM Home

Health Information Library Services Research Programs New & Noteworthy General Information

Search MEDLINE:

PubMed and Internet Grateful Med

For consumer health information, consider using **MEDLINE** plass. Health consumers are encouraged to discuss search results with their health care professional.

NLM offers PubMed and Internet Grateful Med, two free systems to search MEDLINE. They both:

- Provide an easy way to search the 11 million references and abstracts in the MEDLINE database;
- Use PubMed's retrieval engine to link to about 400 journals for full text of articles (some publishers may require a subscription) and provide pre-computed sets of relevant MEDLINE articles;
- . Offer NLM's Medical Subject Headings for searching; and
- Use Loansome Doc for document delivery services (there may be local charges).

PubMed

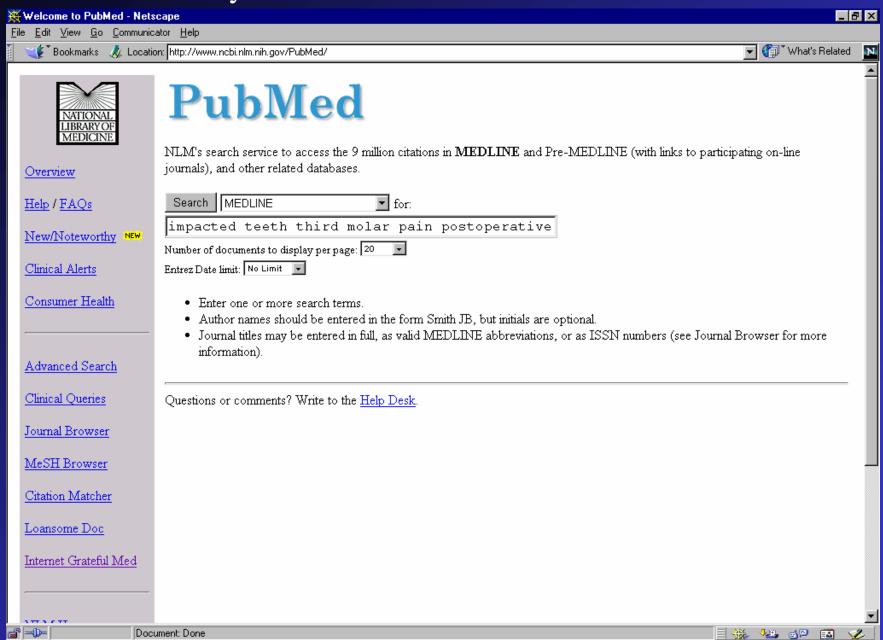
Internet Grateful Med

- · Also has links to molecular biology databases of DNA/protein sequences and 3-D structure data.
- · Also provides access to other NLM databases on AIDS, bioethics, history of medicine, toxicology, health services research, and other topics.

U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894 National Institutes of Health Department of Health & Human Services Copyright and Privacy Policy Last updated: 2 August 1999



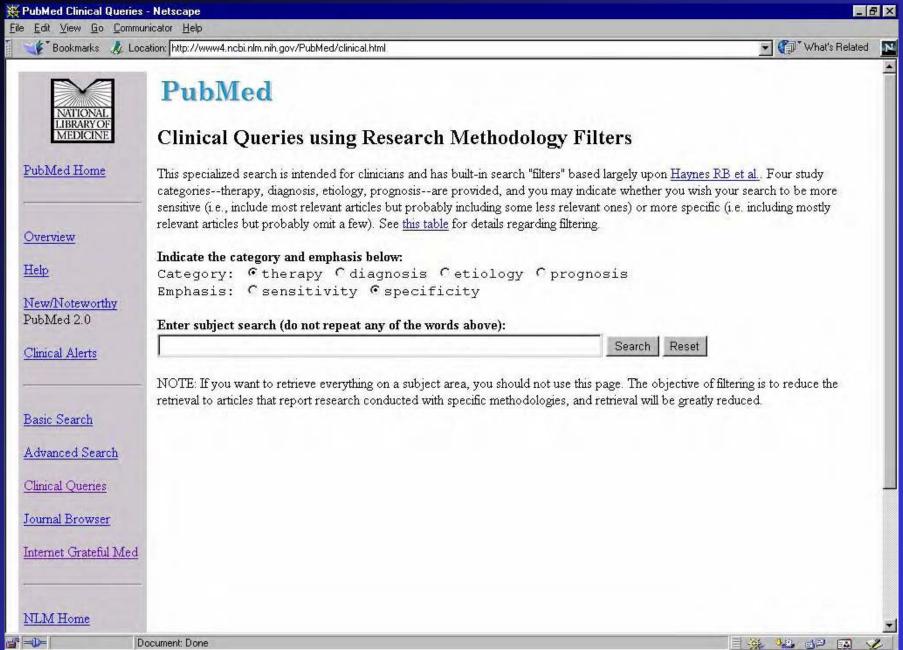
PubMed offers easy search facilities



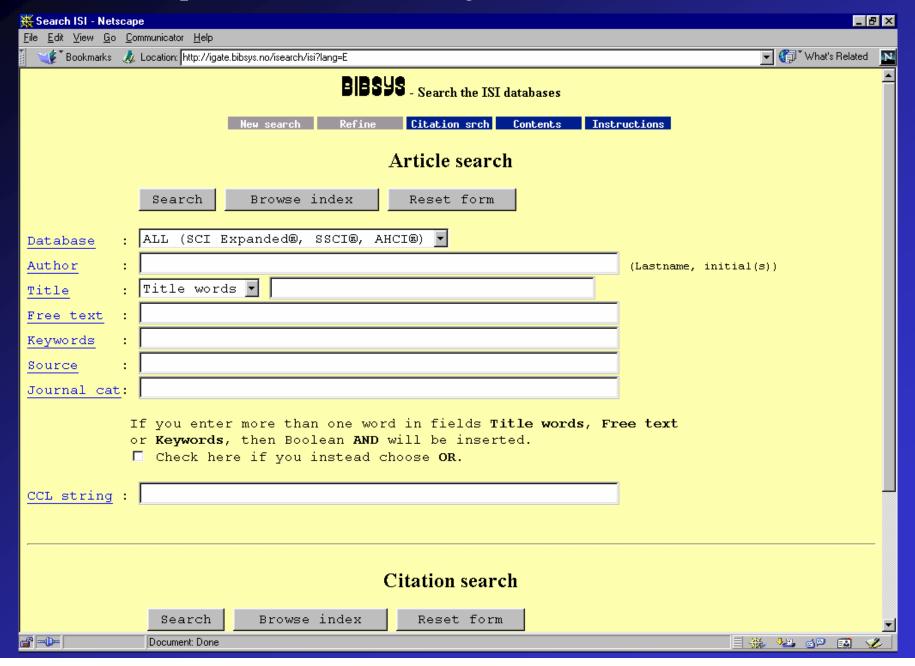
Useful details are the "see related articles" & "clinical queries"



Filters can be applied to therapy, diagnosis, etiology or prognosis



Alternative possibilities for finding information is ISI:



Several "windows" to Medline can be assessed:



Problems with Medline searches:

- First instinct: same as previously
- Go to workstation: Medline search
 - Can't remember how to search
 - Unable to retrieve original paper(s)
 - Not enough time anyway
- Try other solutions on workstation

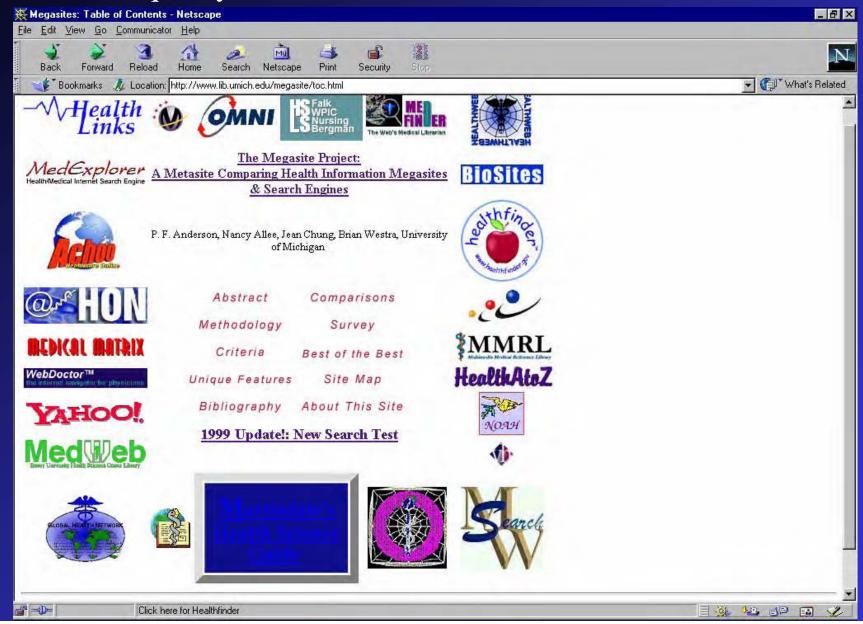
The emerging approach

- First instinct: same as 1990
- Find information
 - Go to library
 - Go to workstation:
 - Internett search
 - Medical databases
 - » Medline
 - » ISI
 - Other databases

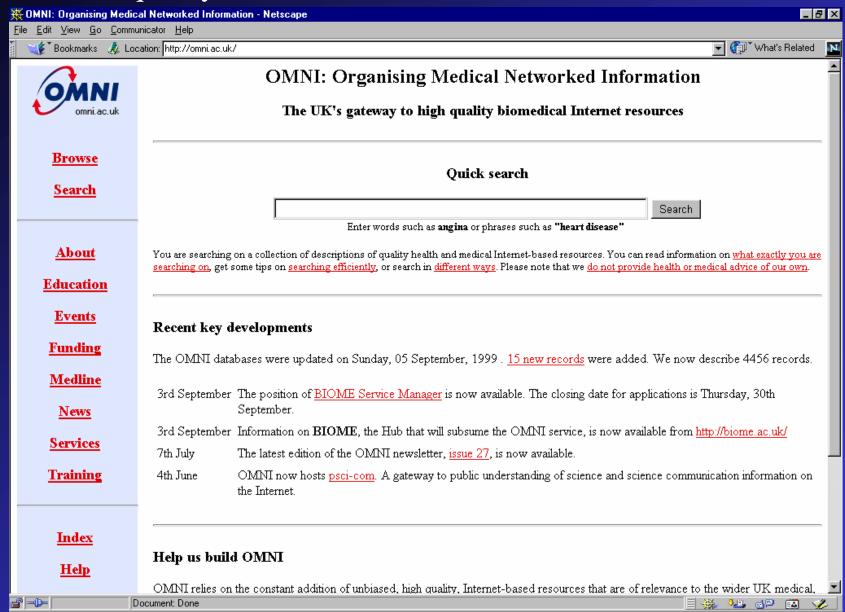
Other information sources are found on the university net



Medical information can be found many places on the net - <u>but</u> <u>beware of quality!</u>



Medical information can be found many places on the net - <u>but</u> <u>beware of quality!</u>



Information highway = knowledge?

- First instinct: same as 1990
- Go to workstation: Medline search
 - Unable to retrieve original paper(s)
 - Not enough time anyway
- Go to Web browser on workstation
 - General searching non-specific
 - "Metasite" searching too "textbook"
- Is this as good as it gets?

Perhaps this new thing EBM can help me?

Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.

Its philosophical base dates back to the sceptics of post-revolutionary Paris (Bichat, Louis, Magendie).

What evidence-based medicine is <u>not</u>:

- The term "evidence" in Evidence-based medicine must not be regarded as synonymeous with "science".
- The whole principle of EBM is that all information about any medical/health topic is "evidence" and must be considered as such.
- However, just as evidence in a court is considered strong or weak, this also applies to the above information.
- Awareness of grading of evidence is important
- It is incorrect to dichotomise evidence as valid or not, in contrast to other data that can be categorized either as scientific or as unscientific.
- EBM must not be translated as Scientific-based medicine (In Norwegian as "Vitenskapelig-basert medisin"

The practice of EBM requires the integration of

- individual clinical expertise with the
- <u>best available external clinical evidence</u> from systematic research.

- Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough.
 - Without the former, practice risks becoming evidence-tyrannised, for even excellent external evidence may be inapplicable or inappropriate for an individual patient.
 - Without the latter, practice risks becoming rapidly out of date, to the detriment of patients and patient-care.

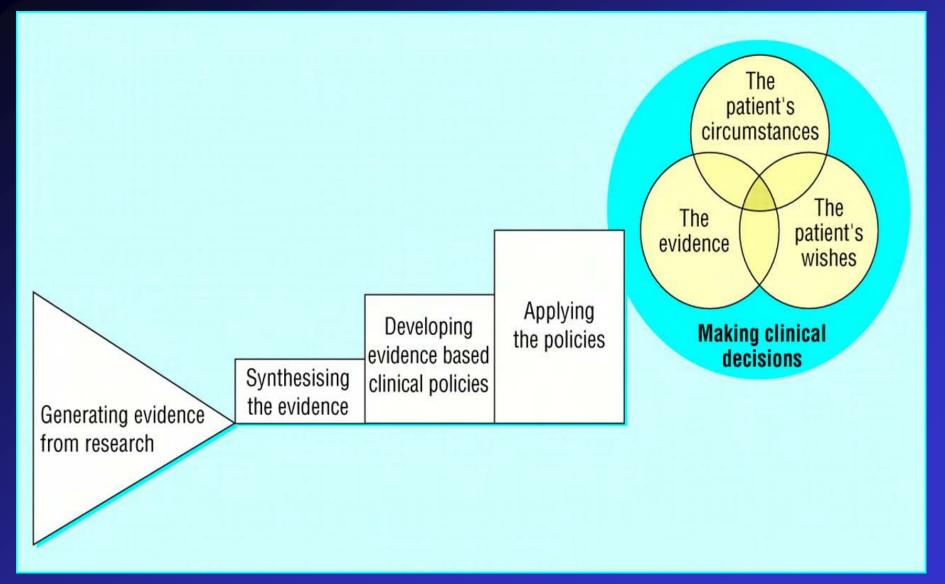
- Individual clinical expertise: the increasing proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice.
 - reflected especially in more effective and efficient diagnosis, and
 - in the more thoughtful identification and compassionate utilisation of individual patient's predicaments, rights, and preferences in making clinical decisions about their care.

- Best available external clinical evidence:
 - clinically relevant research, often from the basic sciences of medicine, but especially from patient-centred research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.
 - How and where do we find our information?

How can EBM be practiced locally?

- 1. Generate focused clinical questions
- Questions for articles on therapy, diagnostic tests, prognosis, harm, etc.
- 2. Efficiently find the evidence
 - Database searching: tools and techniques
 - Locating appropriately focused clinical studyies
- 3. Determine validity, results, applicability
 - <u>User's Guide to the Medical Literature</u>
- 4. Apply the evidence in daily care

How can EBM be practiced generally?



Learning how to practice evidence-based medicine

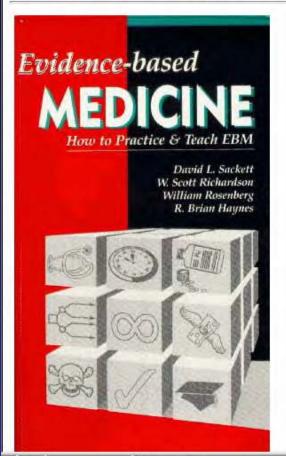
- Seminars
- Books
- Internett
 - On line courses
 - On line articles
 - Link banks
 - Journals

How to learn about EBM - textbook:



Evidence-Based Medicine: How to Practice and Teach EBM

by Sackett DL, Richardson S, Rosenberg W, Haynes RB. London; Churchill Livingstone. 1997.



Ordering Information

FOR EVIDENCE-BASED MEDICINE AND OTHER CHURCHILL LIVINGSTONE PUBLICATIONS

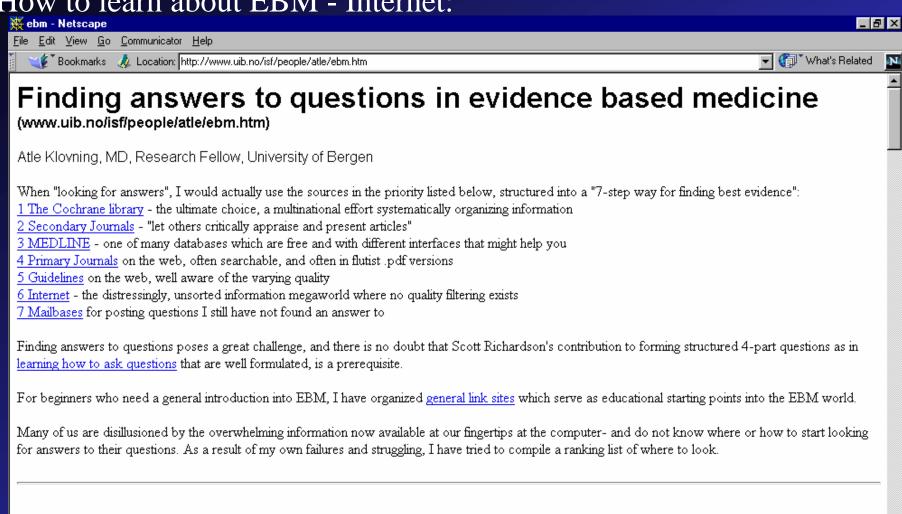
1. Customers in North America

TELEPHONE (407) 345-4000 FAX (407) 363-9661 MAIL Harcourt Brace, 6277 Sea Harbour Drive, Orlando, FL 32887

2. Customers in South America

TELEPHONE +1 407 345-4000 FAX +1 407 363-9661 MAIL Harcourt Brace, 6277 Sea Harbour Drive, Orlando, FL 32887 USA

How to learn about EBM - Internet:



General link sites which are great educational starting points into the EBM world

An Introduction to Evidence Based Practice Wisdom seminars

How to learn about EBM - Internett:



Netting the Evidence A ScHARR Introduction to Evidence Based Practice on the Internet

http://www.shef.ac.uk/~scharr/ir/netting.html

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Current Awareness: Do you wish to browse the latest articles on Evidence Based Medicine from the MEDLINE database? If so



ScHARR-approved mirror sites exist at the <u>University of Sydney</u>. A Spanish Language version <u>"Atrapando la evidencia: Una Introducción de la ScHARR a la práctica basada en la evidencia en Internet"</u> is also available, maintained by Rafael Bravo Toledo. The ScHARR site will always be the most up-to-date. Please let Andrew Booth know if you identify any errors or omissions.

A set of self-assessment exercises for users of "Netting the Evidence" is available as a Microsoft Word document.

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How to learn about EBM - CEBM Oxford:



Centre for Evidence-Based Medicine



Last update 12th September 1999

What's New?

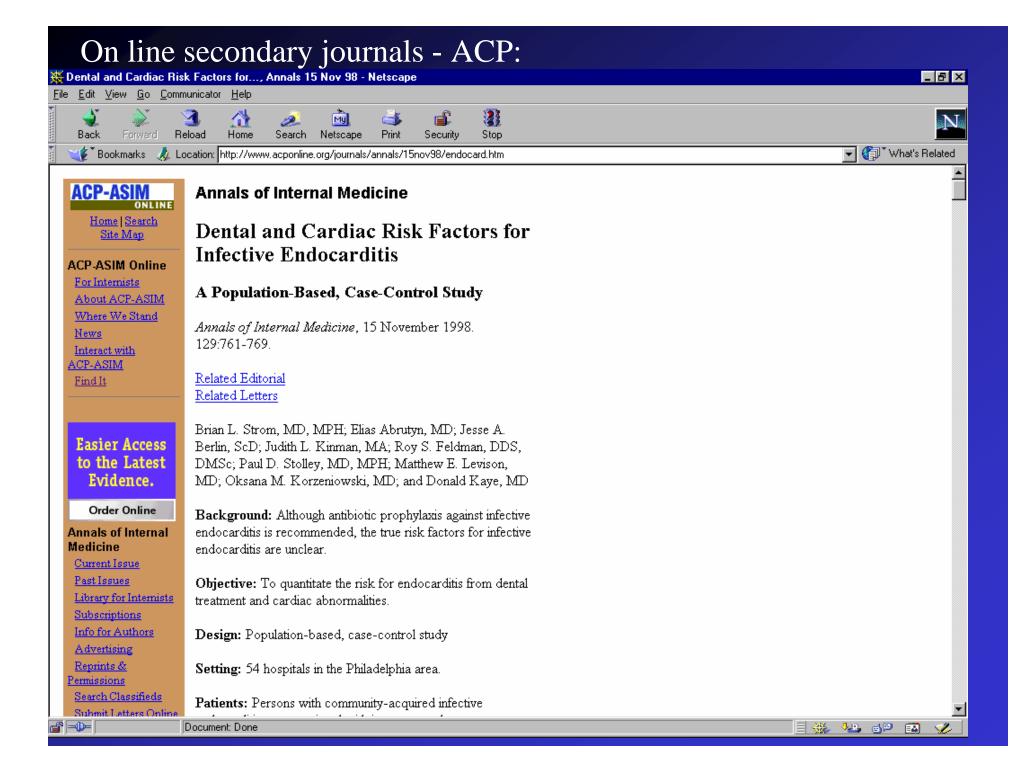
- A new course, Clinical Research Methods applied to Randomised Controlled Trials and Systematic Reviews, is starting in October. Click here to find out more
- Do you think we should run a workshop on how to practice EBM in April 2000? If so, tell Olive!
- . If you were at the Future of EBM conference in May, click here to choose your pictures.
- . A new project: Evidence-Based On Call (EBOC) has just begun here at the Centre, creating accurate, up-to-date evidence-based information for clinicians.

Contents

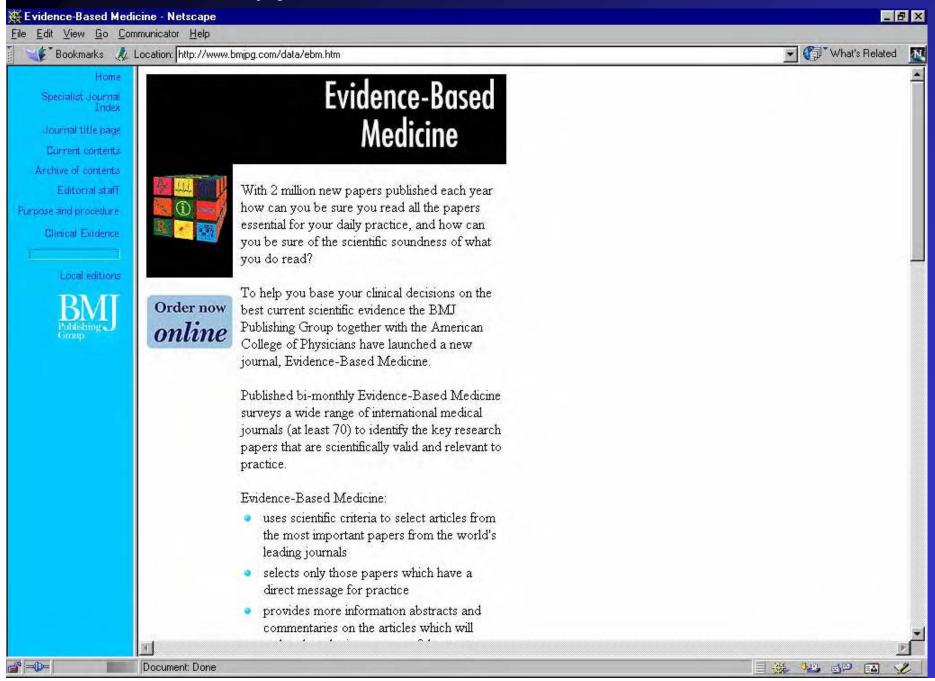
- · Centre for Evidence-Based Medicine, the what, who, where and why.
- . How to Practice and Teach Evidence-Based Medicine, support materials for the book by Sackett, Richardson, Rosenberg and Haynes

How can we apply EBM in our daily practice?

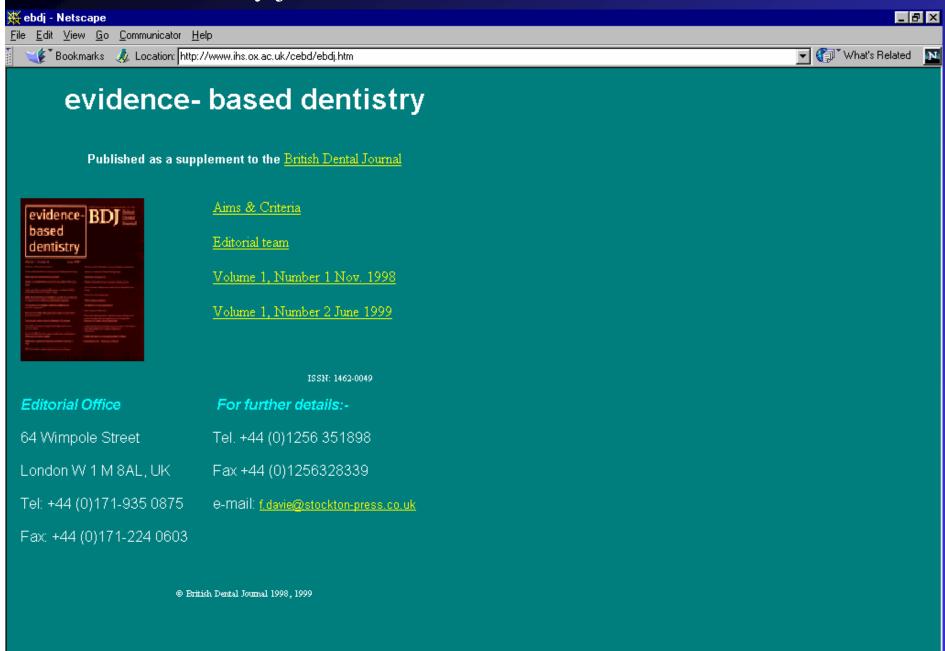
- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
 - Journals that critically appraise primary studies



On line secondary journals - EBM:



On line secondary journals - EBD:



How can we apply EBM in our daily practice?

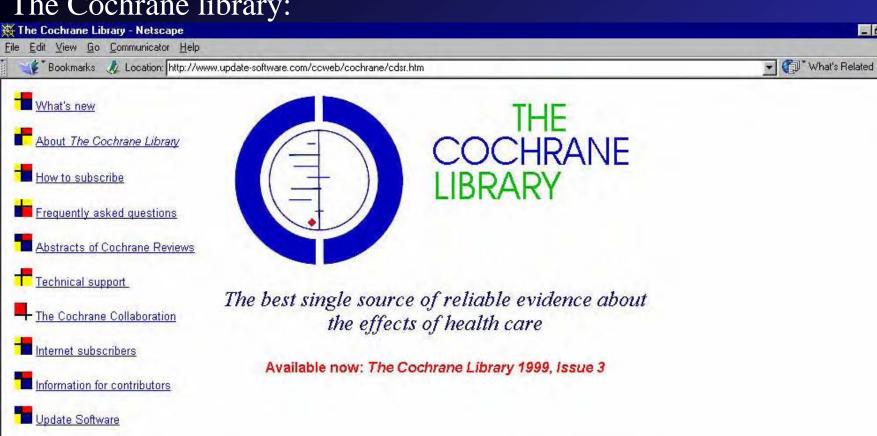
- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
 - Journals that critically appraise primary studies
 - Systematic reviews: Cochrane Collaboration

What are Systematic Reviews

- Clear statement of purpose and scope
- Comprehensive search and retrieval of the relevant research
- Explicit selection criteria
- Critical appraisal of the primary studies
- Reproducible decisions regarding relevance, selection, and methodologic rigor of the primary research
- When quantitative methodology applied -> metaanalysis



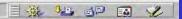
The Cochrane library:



The Cochrane Library is published by Update Software Ltd.

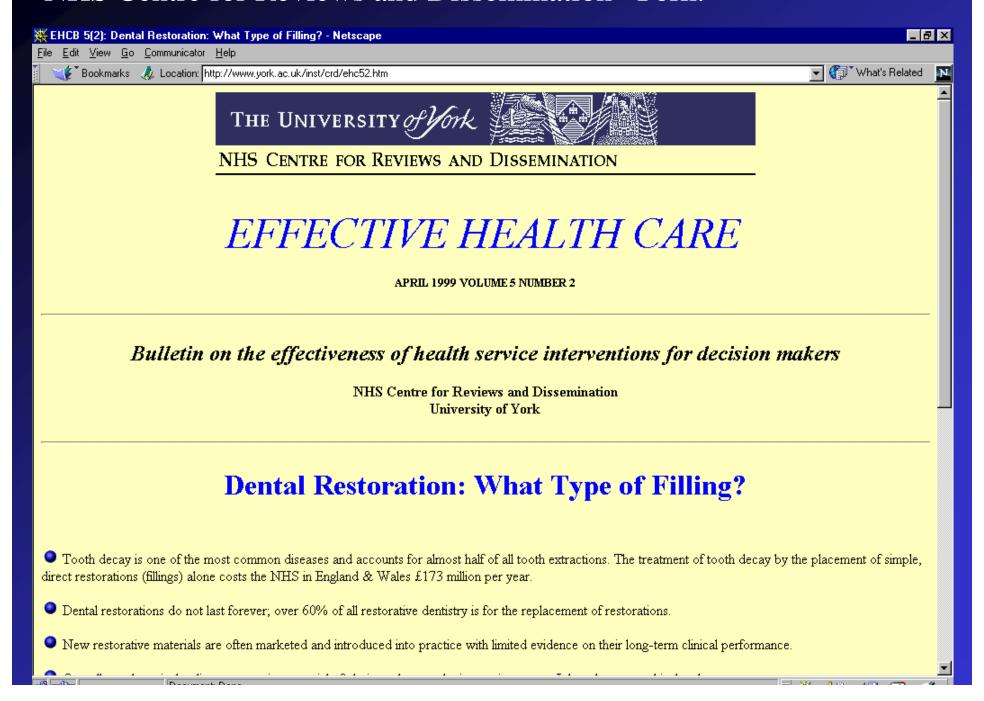
Please e-mail info@update.co.uk if you have questions or comments.





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NHS Centre for Reviews and Dissemination- York:



How can we apply EBM in our daily practice?

- 1 by learning how to practice evidence-based medicine ourselves.
- 2 by seeking and applying evidence-based medical summaries generated by others.
- 3 by accepting evidence-based practice protocols developed by our colleagues.

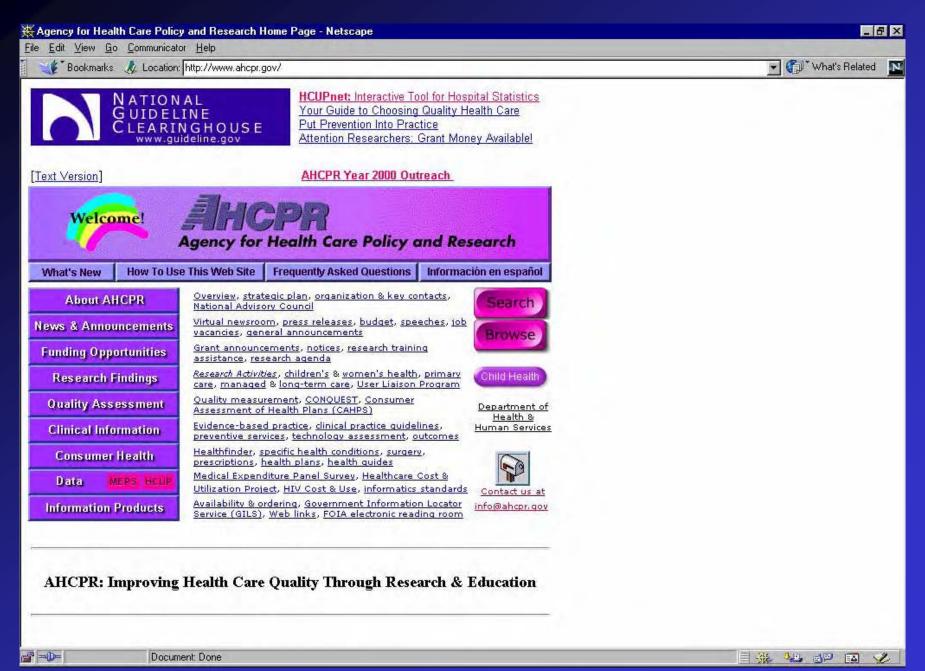
Information and Evidence: Translation into Practice

- New venues: Synthetic Research
 - Journals that critically appraise primary studies
 - Systematic reviews: Cochrane Collaboration
- Formulation of Evidence-Based Practice Guidelines
 - Critical analysis of primary evidence
 - Promise of consistency and optimal care
 - Source, methodology, accessibility

National Guideline Clearinghouse (USA)

- The NGC Web site will:
 - contain standardized information for thousands of guidelines such as title, sponsoring organization, author(s), and methodology used;
 - provide guideline abstracts, and where possible the full text of guidelines;
 - compare and contrast the recommendations of guidelines on similar topics, with summaries covering major areas of agreement and disagreement;
 - have topic-specific electronic mailing lists to enable registered users to communicate with one another on guideline development, dissemination, implementation, and use.

Example of one guideline web centre (NGC, USA):



Information and Evidence: Translation into Practice

- New venues: Synthetic Research
 - Journals that critically appraise primary studies
 - Systematic reviews: Cochrane Collaboration
- Formulation of Evidence-Based Practice Guidelines
 - Critical analysis of primary evidence
 - Promise of consistency and optimal care
 - Source, methodology, accessibility
- User's Guide to interpret literature

Appraisal tools are avaiable on line directly:

