

The Sicily Statement on Curriculum: next steps.

Martin Dawes

20 mins

28 slides



Content

- **Describe the Sicily Statement**
 - Process
 - A little of the content
 - The impact
- **Next steps**
 - Departmental reflection on what we need to do
 - Research
 - Development



Statement Process

- Request from the delegates at this conference's final plenary session
- Steering committee prepared the first draft.
- The proposed statement and a topic questionnaire were then circulated to all 86 attendees of the Sicily conference
- Eighteen professions allied to health from 18 countries were represented.
- Suggestions were incorporated and a final paper approved by consensus.



What is in the statement

- Evidence-Based Practice
- Why do we need it
- What is the process
- Can we teach it effectively



Why E-B Practice?

- Health care delivered in ignorance of available research evidence,
 - misses important opportunities to benefit patients
 - may cause significant harm
- Providing evidence-based care is recognised as a key skill for health care workers from diverse professions and cultures
- The ability to deliver evidence-based practice promotes individualisation of care and assures the quality of health care for patients today as well as those of tomorrow



What is EBP

- Lots of definitions available
- Definitions are insufficient to explain the underlying *processes* of EBP and to differentiate between an evidence-based *process* and evidence-based *outcome*.



EBP Process

The five steps of EBP were first described in 1992 and most have now been subjected to trials of teaching effectiveness.

1. Translation of uncertainty to an focused ?answerable question
2. Systematic retrieval of best evidence available
3. Critical appraisal of evidence for validity, clinical relevance, and applicability
4. Application of results in practice
5. Evaluation of performance



Recommendations

To ensure that future health care users can be assured of receiving 'best practice' regardless of the type or location of the care received

1. The professions and their colleges should incorporate the necessary knowledge, skills and attitudes of EBP into their training and registration requirements.
2. Curricula to deliver these competencies should be grounded in the "five-step model"



Recommendations II

3. Further research into the most effective and efficient methods for teaching each step should be fostered, and linked with ongoing systematic reviews on each step.
4. Core assessment tools for each of the steps should be developed, validated, and made freely available internationally.
5. Courses that claim to teach EBP should have effective methods for teaching and evaluating *all* components.



Examples of Teaching Effectiveness

- Educational Outcome
 - The student identifies **knowledge gaps** during the course of practice and asks foreground questions to fill these gaps,
- Method
 - Presenting **clinical scenarios** or asking for students to share a problem encountered in clinical practice..
- Assessment
 - The skills can be **assessed by presenting a clinical scenario and asking the student to form a focussed, answerable question (included in the Fresno test).**



Conclusions

- All health care professionals need to
 - understand the processes of EBP
 - recognise it in action,
 - implement evidence-based policies,
 - have a critical attitude to their own practice and to evidence.
- Without these skills professionals will find it difficult to provide 'best practice'.




Effective methods of teaching EBP should be integrated into the clinical setting and routine care so that students not only learn the principles and skills, but learn how to incorporate these skills with their own life-long learning and patient care.




Was the publication effective?

- Yes!
- 2nd most highly rated in BMC Medical Education >6,500 hits
- Continues to be the most highly rated (590 hits in the last 30 days)
- Cited in the opening plenary at Cochrane 2005
- One citation tracked using Google scholar
- So thank you to all the contributors



DOES EVIDENCE LEAD TO EFFECTIVENESS?

Vivian Lin
Professor of Public Health
La Trobe University



PROCESS OF EVIDENCE-BASED PRACTICE

(Dawes et al, 2005 – Sicily Statement)

1. Translation of uncertainty to an answerable question
2. Systematic retrieval of best evidence available
3. Critical appraisal of evidence for validity, clinical relevance, and applicability
4. Application of results in practice
5. Evaluation of performance






Next Steps


Effective teaching

- We need research



What have we done?

1. Form a question 
2. Identify the evidence 
3. Critical appraisal 
4. Application of results in practice 
5. Evaluation of performance 



We really need to work on these steps – systems to automatically educate me about MY activity

McGill

- Over the first year of residency
- Does
 - an EBM teaching session and giving PDA's with Inforetriever
 - compared to
 - PDA's without EBM session
 - lead to improved knowledge?



McGill Experience

- Develop knowledge test in hypertension, use validated test in diabetes, and CDSS rules for CVD risk
 - Results in press



Next Steps

Effective teaching

- We need research
- We need valid knowledge assessment tools



Applying for Research

- Systematic review before each grant application
- Time consuming
- Costly



Next Steps

Effective teaching

- We need research
- We need assessment tools
- We need to share the results in some sort of forum and text



McGill Experience

- Which knowledge resources should we be using?
- Uptodate
- Inforetriever
- Pepid
- FPIN
- EBM/ACP/EBN

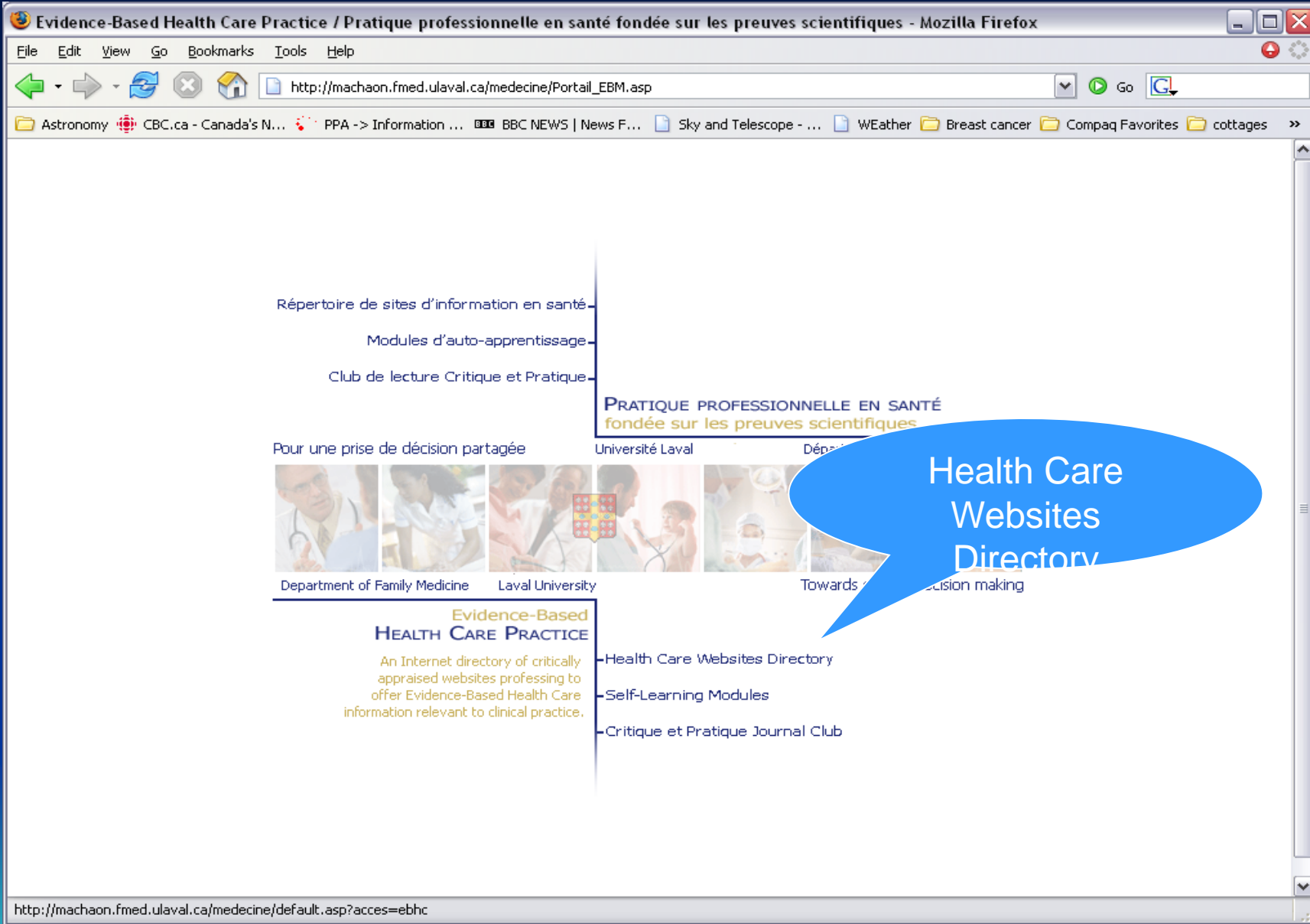


Next Steps

We need research

- We need assessment tools
- We need to share the results in some sort of forum and text
- We need a continual list of resources (thank you Michel Labrecque)





Répertoire critique de sites d'information en santé - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://machaon.fmed.ulaval.ca/medecine/repertoire/repertoire.asp?acces=ebhc

Go

Astronomy CBC.ca - Canada's N... PPA -> Information ... BBC NEWS | News F... Sky and Telescope - ... WEather Breast cancer Compaq Favorites cottages

LAVAL
University
Department of
Family Medicine

Home Français

EBHC Websites...
- Of the month

Assessed Websites
- What's new
- Complete list
- Excluded Websites
- Suggest a site

Methodology
- Overview
- Assessment Instrument

Communication
- Who are we?
- News
- Comments
- Legal Notice

Our other websites
- Critique et pratique
- Self-Learning Modules
- Department of Family Medicine
- Admin

Last update :
10/13/2005

Directory
of clinical information websites

Assessed Websites - Complete list

108 Website(s)

Website title	Content score	Design score	Global score
Canadian Coordinating Office for Health Technology Assessment (CCOHTA)	60	36	96
GAC - Recommended Clinical Practice Guidelines	60	34	94
FPIN - Family Practice Inquiries Network	57	36	93
Canadian Task Force on Preventive Health Care	57	36	93
The Cochrane Library	60	32	92
Agence d'Évaluation des Technologies et des Modes d'Intervention en Santé (AETMIS)	54	38	92
Scottish Intercollegiate Guidelines Network	60	32	92
Health Technology Assessment Programme	57	34	91
University of York Centre For Review and Dissemination, Dare Database	57	34	91
PedsCCM Evidence-Based Journal Club	57	34	91
National Institute for Clinical Excellence	57	34	91
AHRQ U.S. Preventive Services Task Force - Guide To Clinical Preventive Services	57	34	91
The Canadian Cochrane Network and Centre	60	30	90
Center For Clinical Effectiveness Monash Medical Centre (Australie)	58	32	90
Cancer Care Ontario PEBC Practice Guidelines & Evicence Summaries	57	32	89
Critique et Pratique, Actualité Médicale	57	32	89
Royal College of Obstetricians and Gynaecologists Guidelines	57	32	89
Cochrane Skin Group Reviews	57	32	89
Clinical Evidence	57	32	89

Search:

[Website type]

[Keywords]

Title and description

----> Search

Done

FPIN - Family Practice Inquiries Network - Mozilla Firefox

FPIN - Family Practice Inquiries Network

Website	http://www.fpin.org
Website type	Critical appraisal of original articles
Website authors	Consortium of US academic family medicine departments.
Website content	Offers access to search engines (e.g. Prime Answer, Trip Database) and to the "Clinical Inquiries" published in the Journal of Family Practice and in the American Family Physician.
Validity of process	The "Clinical Inquiries" methodology is explicit and robust. The selection of links is based implicitly on EBM principles.
Intended for	Family medicine health professionals.
Access	Access limited to members.
Other comments	The portal aims to allow family physicians to answer 80% of their clinical questions in less than 60 seconds.
Last update	01/15/2005
Appraisers	Michel Labrecque, Sylvain Ouellet
Last evaluation	08/10/2005
Last check	10/13/2005


Purpose of website:	6
Targeted user:	6
Information retrieval:	9
Quality assessment of the information:	12
How relevant to Canadian medical situation:	6
Information up to date:	6
Potential bias:	6
Author's area of competence:	6
Content score	57/60

Done

	Critique et Pratique, Actualité Médicale	57	32	89
	Royal College of Obstetricians and Gynaecologists Guidelines	57	32	89
	Cochrane Skin Group Reviews	57	32	89
	Clinical Evidence	57	32	89

Done

Breast cancer Compaq Favorites cottages





Search:

[Website type]

[Keywords]

Title and description

---> Search

EBHC Developers Need

1. Software assessment
2. Explore knowledge translation at
 - Theoretical
 - Practical
3. Knowledge assessment tools



Processes

EBHC-Teachers & Developers:
Building the foundations for the international
organization.

Friday 4pm *Kev Hopayian*

A Journal

A web site

Other.....



This is one framework for identifying the next steps

How do we do and teach the following in clinical practice?

- Form a question
- Identify the evidence
- Critical appraisal
- Application of results in practice
- Evaluation of performance

