



Does the evidence change your practice?

Finding and using the best research evidence

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One of the characteristics of general practice is uncertainty. Evidence based medicine is simply bringing the best available research evidence to clinical decisions. For most patients in general practice this will mean empirical information. We are a pragmatic discipline: we need to know what works best for our patients more than why it should work. But this is not always an easy task. We work a long way from medical libraries, using internet connections that seem painfully slow, and unsupported by all the expertise that is often readily available to hospital doctors. Many of us are poorly equipped with the skills needed to find and appraise the evidence, and do not feel confident doing this. However, many are superb at it, and derive a lot of fun enhancing their clinical decisions.

Australian Family Physician is running a new series designed to act as exemplar for general practitioners interested in doing more (previous series have generated a great deal of discussion¹). Dr Edi Albert (a GP academic at The University of Tasmania) has agreed to lead this initiative of AFP. We invite GPs and others in primary care who have found interesting evidence in the course of caring for their patients to tell us how they obtained this evidence. The idea is focus more on the processes than the outcomes, although we hope that these will be interesting too!^{1,2} The section is divided into headings to help readers easily find their way through the

steps of getting evidence into practice. These steps are called the four As.

The four As

1. Asking the question

Here the original question, preferably arising from a clinical conundrum, or perhaps a practice policy, is modified into a refined question (often called the 'answerable question'). This is broken into its 'PICO' components:

- Patient (or Population if appropriate)
- Intervention (or Index)
- Comparison (or Comparator), and
- Outcome. We are primarily interested in outcomes that are of interest to patients, sometimes called 'POEMs' (Patient Outcomes of Effectiveness that Matter).

2. Acquiring the evidence

Usually this will be an electronic search. We are interested in the databases searched as well as the search strategy.

3. Assessing the quality of the evidence

How is the best research design decided? Was a minimum standard for the quality of research papers set (such as a minimum follow up rate)?

4. Applying the evidence

Did the results of the research found

apply to the original patient? Did the information alter the clinical management – the most exciting reports?

We are asking GPs to send us examples of their searches, and the consequences of them. We will give priority to those that change practice the most, in other words, the most counter intuitive examples. But finding evidence that confirms our 'usual' practice is also useful. We will also give priority to registrars in an attempt to encourage them to engage in evidence based medicine (EBM) as much as possible.

References

1. Del Mar C B, Anderson J N. Epitaph for the EBM in action series. Med J Aust 2003; 178:535-536.
2. Albert E G. Phenytoin for the prevention of motion sickness. Med J Aust 2003; 178:575-576.

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Please send your contributions for this new series to afp@racgp.org.au. For advice and support, contact Dr Edi Albert at Edi.Albert@utas.edu.au.

Priorities in publishing EBM 'cases'

- Examples that suggest most change in usual clinical general practice or policy
- Contributions from full time clinicians
- Contributions from registrars
- Examples that confirm usual practice