13th ISPRM World Congress 2019 Kobe

Cochrane Rehabilitation workshop: Apply CochRane Evidence with Confidence (ACREC)
## Conflict of Interest Disclosure

<table>
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<tr>
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<th>No, nothing to disclose</th>
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Yes, please specify:
Introduction to EBM & ACREC workshop

Julia Patrick Engkasan
University of Malaya
Kuala Lumpur
Malaysia

Lecture outline

01 Evidence Based Medicine (EBM)
02 Importance of EBM in daily clinical practise
03 The Evidence Pyramid
04 The 5 steps of EBM
05 Introduction to the workshop

Acknowledgement: some slides presentations is from CEBM website
“Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.”

- David Sackett

In real life practise

EBP is about asking questions and searching for answers in the body of medical research, and having found a source of information, appraising the paper for its scientific validity and then apply the results to your problem.
Why is EBM important?

New types of evidence are being generated which can create changes in how patients are treated.

There is a need to efficiently keep up to date with the rapidly accumulating evidence.
Why is EBM important?

- Identification and promotion of practices that work, and
- Elimination of those that are ineffective or harmful.
- EBM promotes critical thinking.
- It is important that health care professionals develop key EBM skills including the ability to find, critically appraise, and incorporate sound scientific evidence into their own practice.
Five ways EBM adds value to health systems

❖ Helps clinicians stay current on standardized, evidence-based protocols.
❖ Uses near real-time data to make care decisions.
❖ Improves transparency, accountability, and value.
❖ Improves quality of care.
❖ Improves outcomes.

Source: 5 reasons why EBM is a hot topic
The evidence pyramid

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<tr>
<th>Level</th>
<th>Treatment</th>
<th>Prognosis</th>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>I</td>
<td>Systematic Review of ...</td>
<td>Systematic Review of ...</td>
<td>Systematic Review of ...</td>
</tr>
<tr>
<td>II</td>
<td>Randomised trial</td>
<td>Inception Cohort</td>
<td>Cross sectional</td>
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<tr>
<td>III</td>
<td></td>
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EBM Cycle / Steps

The 5As

Step 1: Ask a clinical question
Step 2: Acquire the best evidence
Step 3: Appraise the evidence
Step 4: Apply the evidence
Step 5: Assess your performance
Step 3: Appraise the evidence

• Not all evidence is created equal.

• We need to decide which evidence could be used to guide clinical decision.
Limits of EBM

There is no guarantee that the average results obtained in a large study will apply perfectly to the patient in front of you.

There is always a need for judgment in how completely the "evidence" fits this particular case.

You might be caught between your clinical judgment and the threat of lawsuits if things go wrong.

RCTs are usually undertaken in controlled settings; when the results are applied to complex patients with multiple presenting problems, the applicability of the evidence may be less clear.
DIFFERENT TREATMENT DECISION
## Content of workshop

<table>
<thead>
<tr>
<th>Duration</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10 minutes</td>
<td>Introduction to EBM</td>
<td>Julia Patrick Engkasan (Malaysia)</td>
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<tr>
<td>25 minutes</td>
<td>How to read and understand systematic review</td>
<td>Frane Grubsic (Croatia)</td>
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<tr>
<td>25 minutes</td>
<td>Critical appraisal of systematic review</td>
<td>Farooq Rathore (Pakistan)</td>
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Thank you

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