



13th ISPRM World Congress 2019 Kobe

Cochrane Rehabilitation workshop:
Apply CochRane Evidence with Confidence (ACREC)

Trusted evidence.
Informed decisions.
Better health.



Conflict of Interest Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:





Introduction to EBM & ACREC workshop

Julia Patrick Engkasan
University of Malaya
Kuala Lumpur
Malaysia

Trusted evidence.
Informed decisions.
Better health.

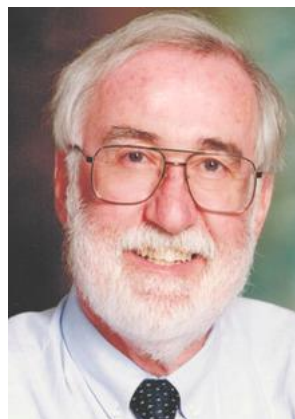
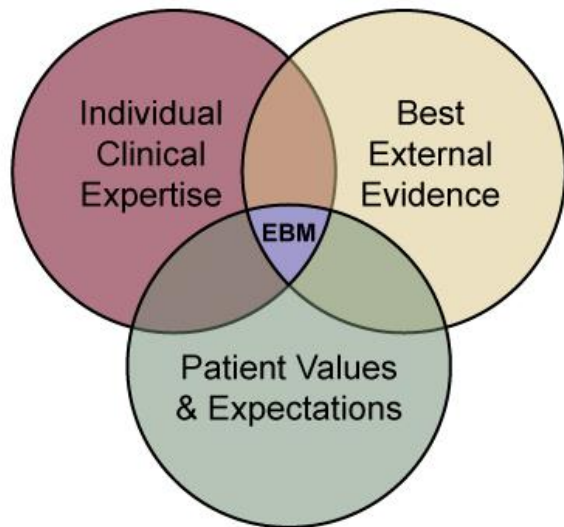


Lecture outline

-
- 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
-

“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

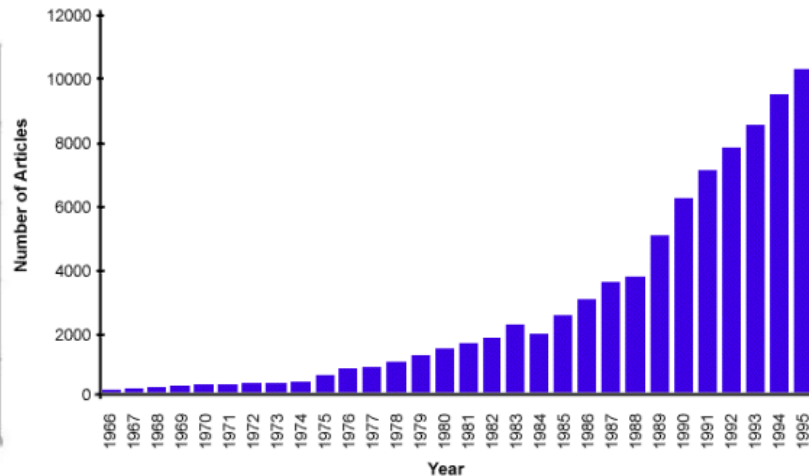
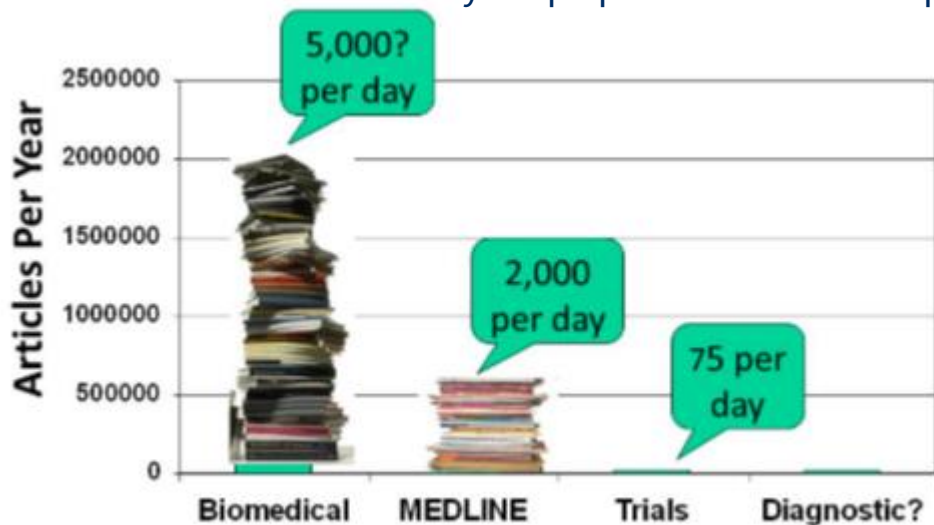
EBP is about asking questions and searching for answers in the body of medical research, and having found a source of information, appraising the paper for its scientific validity and then apply the results to your problem



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



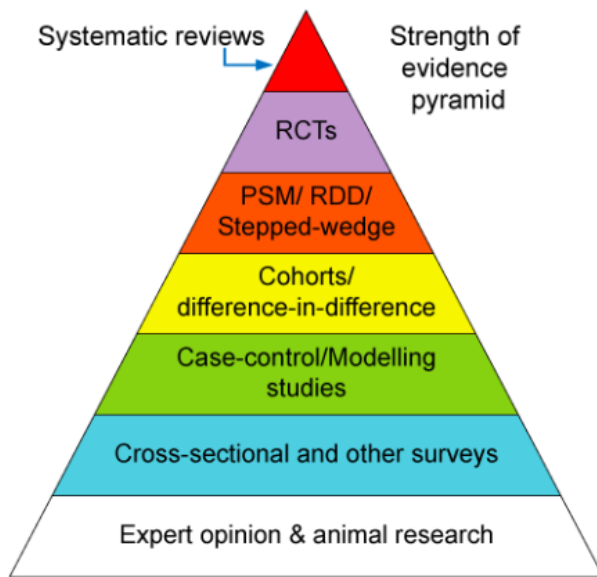
Why is EBM important?

- 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.

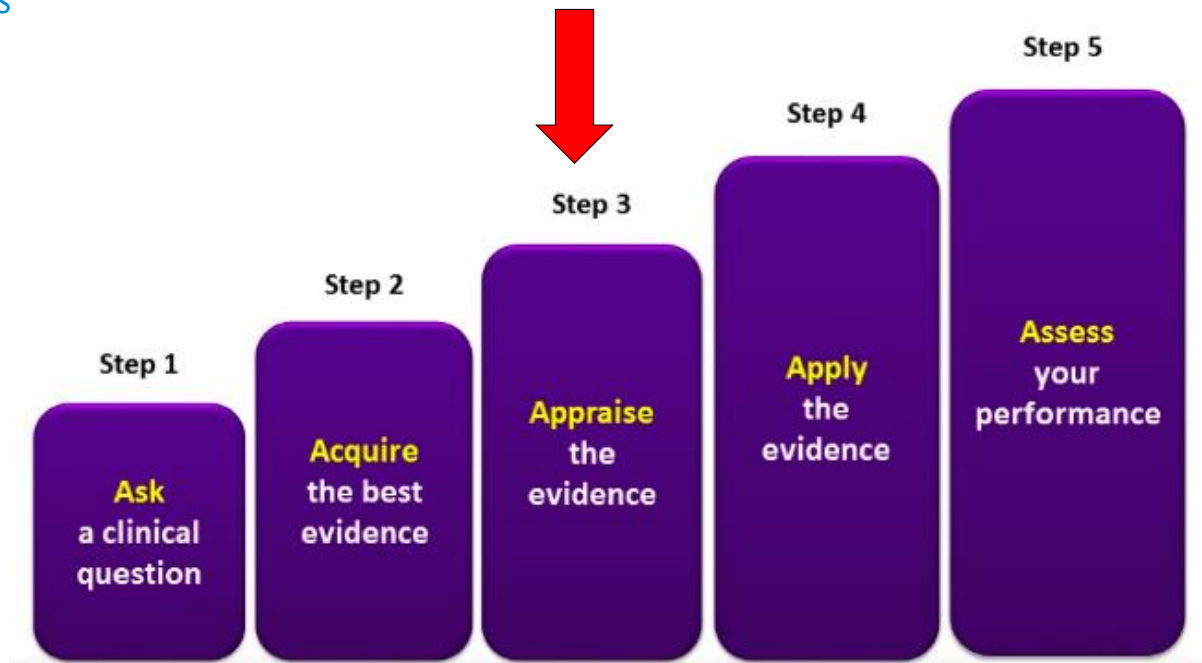
The evidence pyramid



Level	Treatment	Prognosis	Diagnosis
I	<i>Systematic Review of ...</i>	<i>Systematic Review of ...</i>	<i>Systematic Review of ...</i>
II	Randomised trial	Inception Cohort	Cross sectional
III			

EBM Cycle / Steps

The 5As



Step 3: Appraise the evidence

- Not all evidence is created equal.
- We need to decide which evidence could be use to guide clinical decision.



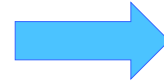
Limits of EBM

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

10 minutes	Introduction to EBM	Julia Patrick Engkasan (Malaysia)
25 minutes	How to read and understand systematic review	Frane Grubsic (Croatia)
25minutes	Critical appraisal of systematic review	Farooq Rathore (Pakistan)



Thank you

Visit our website: www.rehabilitation.cochrane.org/

Contact us at: cochrane.rehabilitation@gmail.com

Twitter: [@CochraneRehab](https://twitter.com/CochraneRehab)

Facebook: [Cochrane Rehabilitation](https://www.facebook.com/CochraneRehabilitation)

Instagram: [cochrane.rehabilitation](https://www.instagram.com/cochrane.rehabilitation)

Youtube: [Cochrane Rehabilitation](https://www.youtube.com/CochraneRehabilitation)

Trusted evidence.
Informed decisions.
Better health.

