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Transforming Knowledge Into Action

Evaluating Useful Information from a Variety of Sources

By Brent Kvern, MD, CCFP

*“The time has come,” the Walrus said,
“To talk of many things:
of shoes—and ships—and sealing wax
of cabbages—and kings—
And why the sea is boiling hot—
And whether pigs have wings.”*
-Lewis Carroll

As primary-care physicians, we more and more “talk of many things” with our patients and we are expected to be knowledgeable. Some days, the subjects we discuss truly seem to vary in scope, from sealing wax to kings. One of the traditional roles of Continuing Medical Education is to help us keep our professional knowledge current, so that we can answer our patients questions, as well as our own. Two interesting concepts have

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evolved over the past decade that influence how we talk, and what we talk about, with our patients.

1. Information Literacy

This form of literacy encompasses the retrieval, analysis, evaluation, and application of information. Computer literacy is a key component, but information-literate people understand that skillful use of a computer does not automatically produce

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Editorial

useful results. The adage “garbage in, garbage out” summarises the truth—a computer only retrieves what it has been asked to find. There seems to be a widely-held perception among novice information searchers that typing a word or two in a Web search tool, such as Google (www.google.ca), will always yield quality results. One author has summarised the approach to information retrieval as “garbage in, gospel out.”

Even though Canada is one of the most technology savvy countries in the world, with one of the highest rates of Internet usage, most primary-care physicians still access the Internet via home computers. Few of us have Internet connections in our offices, where the majority of our questions need to be answered. Everyone complains that time is the problem; there is never enough of it to do all the things that need to be done. Looking for answers, especially going to the original sources and evaluating the quality of the evidence, is too daunting and does not seem to be a worthwhile investment of our energies and time. Letting someone else do the legwork makes a lot of sense.

There are three main evidence-based medicine reviews, (*i.e.*, databases where information has already been retrieved and evaluated): American College of Physicians (ACP) Journal Club, Cochrane Database of Systematic Reviews, and Database of Abstracts of Reviews of Effectiveness (DARE).

The ACP Journal Club

The ACP Journal Club is a collection of two prominent journals in the field of evidence-based medicine: ACP Journal Club and Evidence-Based

Practice Pointer

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- ACP Journal Club
- Cochrane Database of Systemic Reviews
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Medicine. The American College of Physicians and the British Medical Journal Publishing group publish these journals. Editors of the journals screen other top clinical medicine journals to identify relevant studies conducted in various medical specialties. Commentaries on the value of the published findings and enhanced abstracts of the chosen articles are provided in full text in this database.

The Cochrane Database

The Cochrane Database is a collection of full-text systematic reviews prepared by The Cochrane Collaboration. Reviews included in the collection are of two types:

Complete Reviews: Reviews prepared, maintained, and updated by collaborative review groups.

Protocols: Background, methods, objectives and expected date of completion for reviews currently being prepared.

The Cochrane Collaboration is an international network of individuals and institutions whose

aim is to help people make well-informed health-care decisions by promoting accessibility of systematic reviews on health-care topics. Members include researchers, health-care professionals, and healthcare consumers.

DARE

DARE is a full text database containing critical assessments of systematic reviews from a variety of medical journals. DARE is produced by the expert reviewers and information staff of the National Health Services' Centre for Reviews and Dissemination at the University of York, England, and consists of structured abstracts of systematic reviews from all over the world. DARE records cover topics such as diagnosis, prevention, rehabilitation, screening, and treatment.

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2. Knowledge Transfer

Recently, a new set of guidelines on the diagnosis and management of osteoporosis was published in the Canadian Medical Journal. The Canadian Diabetes Association is currently working on revising their last guideline. These are just two examples where large bodies of literature are reviewed, evaluated, and distilled into practical, evidence-based recommendations. There is very little evidence however, that the publication of guidelines impacts physicians' practices. The assumption "if you write it well, people will follow your recommendations" does not take into

account the complex and overlapping systems physicians are currently working in and influenced by.

Of course, you must be aware of information before it can be consciously acted upon, but the mere knowledge of a clinical recommendation is not enough to ensure you will provide the latest definition of best care for your patient. CME professionals are working hard to ensure that the process of transferring knowledge to you and then supporting the transformation of that knowledge into better patient care, becomes more of a seamless continuum.

As the author Kathleen Tyner notes in her book, "Literacy in a

Digital World," the challenge is not to amass more information, but to access, organise, and evaluate useful information from a variety of sources. The next step is a highly personal one; to utilise the information by challenging our own habitual patterns of care and diagnostic reasoning.

If it all sounds like work, it is! At its core, CME should help you answer your own and your patients' questions in order to provide the best patient care possible. We will always have to 'talk of many things' with our patients, but as information tools become more sophisticated, so must we. CME