Mini-EBM Wednesday Lecture Series
Lecture I

History or EBM
- David Sackett in the late 70s and early 80s began with a group of clinical epidemiologist to advise clinicians on how to read clinical journals
- Gordon Guyatt and David Sackett together in the early 1990s and started EBM as we know it today.
- David Sackett defines EBM today as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.”

What is EBM?
- It is learning how to apply massive volumes of literature to improve the care of your patient.
- It helps you define a clear clinical question.
- It teaches you how to search the literature
- Be able to determine the soundness of the evidence
- How to decide for yourself if paper should change your practice
- It requires efficient literature searching and the application of rules
- It forces you to be aware of the evidence in which your practice is based

“converts the abstract exercise of reading and appraising the literature into the pragmatic process of using the literature to benefit individual patients while simultaneously expanding the clinician’s knowledge base.” (Bordley DR, 1997).

Steps in EBM
- The patient
- The question
- The resource
- The evaluation
- The patient
- Self-evaluation

The Argument For and Against EBM

Against EBM
1. EBM is “old hat” and clinicians have been using the literature for a long time
2. EBM is “cookbook” medicine
3. EBM is the application of population studies to individuals
4. There is often no definitive evidence
5. Finding the literature is often difficult

For EBM
1. Filters the literature so that decisions are made based on strong evidence
2. Decisions should be made based on literature, but also clinical reasoning and patient preference
3. Clinicians must decide if the evidence is applicable to the individual patient
4. Clinicians should use EBM principles to help them determine the strongest evidence
5. EBM teaches you how to efficiently search the literature.