

Evidence-Based Practice (EBP): What is EBP?

N Ebrahim, Nat. Dip Rad (Diag) S.A., FETC (London), MSc Radiography (Diag) Cambridge.

Dept. of Radiography, Medunsa, South Africa

GA Ogunbanjo, MBBS, MFGP (SA), M Fam Med, FACRRM, FACTM

Dept. of Family Medicine and Primary Health Care, Medunsa, South Africa

Correspondence: Dr N Ebrahim: nebrahim@medunsa.ac.za

Prof GA Ogunbanjo: gboyega@intekom.co.za

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Introduction

EBP is being developed in primary health care, mental health, social work, radiology, allied health sciences, management and education. This article is the first in a series of articles, aimed at expanding the family practitioner's understanding of developments in this field. We hope to facilitate the use of evidence-based approaches in education and practice, to integrate its application with the continued importance of clinical experience and judgment.

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WHAT IS EBP?

Roots of EBP can be traced to the emergence of evidence-base medicine during the early 1990s. Evidence-based medicine is defined as: *"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients, based on skills which allow the doctor to evaluate both personal experience and external evidence in a synthetic and objective manner".*¹

From this definition it can also be seen that evidence-based medicine does not disregard personal experience, instead it leaves room for individuals to base their care delivery on prior knowledge. Whilst this "paradigm shift" in patient management had already taken place in many medical arenas, some professions began their inquiry into this change in practice only recently. Each of these professions have formulated their own definitions, these may be sourced on line at <http://www.shef.ac.uk/~sharr/ir/def/html> As a result of this overwhelming "paradigm shift" in healthcare, the generic term 'evidence-based practice emerged'. EBP means that *practice should be based on the most up-to-date, valid and*

*reliable research findings.*²

According to Dawes, "evidence-based practice is the acknowledgement of uncertainty followed by the seeking, appraising and implementation of new knowledge".³ It enables the clinician to openly accept that there may be different and possibly more effective methods of care than those they are currently employing. Attendance of post-graduate educational events and reading professional journals are no longer sufficient to keep us up to date with the new developments in practice. We need to:

- Question
- Seek answers to questions
- Appraise the quality of the evidence and
- If appropriate, implement change based on that knowledge.

HISTORICAL BACKGROUND TO EBP

According to Sackett et al, the "philosophical origins of evidence-based medicine extended back to the mid 19th Century Paris and earlier and remains a hot topic for clinicians, public health practitioners, purchasers, planners and the public".¹ Part of the evolution was the adoption and the formulation of

definitions by health professions allied to medicine. This evolution followed after Cochrane expressed the need for evidence-based health care in 1972. M^c Master University in Canada introduced the problem-based, self-directed learning approach. This transformation contributed to the integration of research principles and clinical practice so that informed decisions could be made about diagnosis, treatment and the side effects of drugs. A new term 'clinical epidemiology' was coined. The difference between clinical epidemiology and traditional research teaching is that clinical epidemiology is the process of *using* research whereas research based teaching is *conducting* research.

The pioneering efforts at M^c Master University in the development of evidence-based practice may have contributed to the advances made in disseminating and understanding research in the clinical practice. One of these advances was the randomized clinical trials (RCT) of teaching methods for research appraisal skills. The advances in electronic media, the use of information technology to access research information also aided the clinical decision-making process.

Published material changed in format by including abstracts and keywords. An abstract gives the reader an outline of the article and the keywords facilitate searches using electronic media. Statistics were adapted to relate more to clinical significance rather than basic quantification of results.

In 1979, Archie Cochrane, a British epidemiologist rated evidence-based research in amongst clinicians by awarding a "silver spoon" or a "wooden spoon" to specialists for their research. This practice stimulated Chalmers and his colleagues to conduct pragmatic perinatal trials and to create an Oxford database of perinatal trials.⁴ The British Health Services recognized the achievement by Chalmers et al. It

subsequently provided funding for the Cochrane Centre in Oxford in 1992. In 1993, 77 people from 9 countries gathered in Oxford to establish the Cochrane Collaboration. The Cochrane Collaboration is regarded as the dominant model for reviewing health care interventions.

In recent years, evidence-based practice has been supported by the National Health Services in the United Kingdom. The National Health Services appointed a director of research and development and published a research and development strategy in support of the Cochrane Centre in the United Kingdom. More recently, the 1997 White Paper, 'The New NHS: modern, dependable,' refers to the

establishment of a National Institute for Clinical Effectiveness (NICE). □

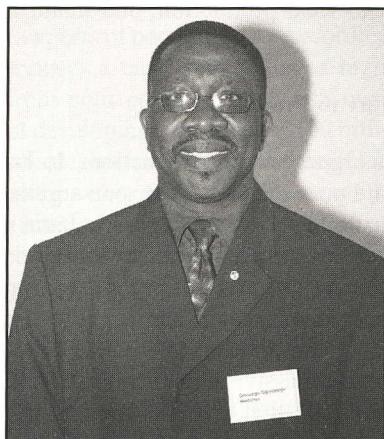
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Academy News

Highest Research Output Award Winner



Thursday 21 August 2003, Prof Gboyega Ogunbanjo, received the Medunsa Senate research excellence award for the best clinical research output for 2002 at the Medunsa Academic Day Gala Dinner. Prof Ogunbanjo, is the Deputy Dean: Research, Faculty of Medicine & Academic Coordinator, Mpumalanga Province, Medunsa, Treasurer of the SAAFP and Associate Editor of the *SA Family Practice/Geneeskunde*. He is a member of the Centre for Evidence-Based Medicine: Oxford, United Kingdom and was recently appointed to the editorial board of the International Journal of Medicine, UK. The award was for the highest research output in the Faculty of Medicine, Medunsa for the year 2002. This is based on the number of publications in peer-reviewed journals both national and international. Congratulations!

All SA DOCTORS ARE CORDIALLY INVITED to the 17th World Congress of Family Doctors, Orlando, USA

The 17th World Congress of Family Doctors will be held from 13 – 17 October 2004 in Orlando, hosted by the American Academy of Family Physicians (AAFP).

The theme for the Congress is "*Family Medicine – Caring for the World*" and will highlight the important and various roles that family practitioners play in providing appropriate and cost-effective health care.

This Congress will be unique for two reasons. Firstly, the AAFP Scientific Assembly will run concurrently and all WONCA delegates will be able to attend a number of these sessions without additional registration fee. These two major meetings will offer scientific programs that blend cutting-edge medicine with practical applications in lectures, workshops, symposia and hands-on applications for the international doctor. For more information on the Congress visit the website at www.wonca2004.org

Secondly, at this Congress, Professor Bruce Sparks will be inducted as President of the World Organisation of Family Doctors (WONCA) – the first time that WONCA has bestowed this honour upon a South African. A special reception of all South African delegates and the WONCA Executive is planned to celebrate the occasion.

The Academy has appointed Turners Travel as the official travel agents for this event. Special packages have been arranged and will include the travel and accommodation costs. For further information about the travel arrangements please contact Garth Brink at gkb@brink.za.net.