

## Gap a new tool for assessing school of medicine's guidelines

**Keywords:** appraisal, evaluation, assessment, guidelines

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**Summary:** Introduction: Guidelines are being used in many universities throughout the world to provide information about aims, methodology, programs, curricula and evaluation to the students and professionals. In spite of a common consensus about which are the topics to be covered by a guideline, there are no tools to assess the information, the structure and the development processes reflected in those guidelines

**Aims:** To develop an instrument for the appraisal of School of Medicine's guidelines.

**Methodology:** A multi-staged approach was used to develop the instrument. That included item generation, selection and scaling process, field testing in some selected guidelines by different appraisers and refinement procedures assessing the validity and reliability of the final instrument.

**Results:** An initial list of 25 possible criteria was generated from the bibliographic search. After three rounds of consultation inside the Guideline Appraisal Program group (GAPg) a final draft instrument was created that comprised 18 items. Those items were involved in five theoretical quality areas: scope and purpose (3), contents (3), methodology (4), evaluation (4) and planning and organization (4). The instrument was then tested in 5 Spanish School of Medicine's guidelines by 4 appraisers. The appraisers found the instrument easy to apply, only 15 min were necessary. Reliability was satisfactory for all the areas: Cronbach's  $\alpha$  ranged from 0,65 to 0,97; inter-rater reliability ranged (intra class correlations) from 0,67 to 0,98.

**Discussion:** The GAP instrument seems to be a good tool for critical appraisal of guidelines. Further investigation is needed for testing the GAP instrument in other contexts.

## Internal medicine residents' viewpoint and understanding of evidence based medicine in Shiraz medical school

**Keywords:** evidence based medicine residents

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**Institution:** Shiraz medical university

**Summary:** This study was designed to determine the view and understanding of evidence based medicine among internal medicine residents in Shiraz medical school. A questionnaire was prepared based on residents' background, their view and understanding of evidence based medicine and their ability to access use and interpret evidences. The overall response rate was 80% (40/50). The residents background of exposure to research showed that 92% of them had previously received education in research methodology. 44% had personally been involved in conducting research. All of the residents had access to library and also all of them had access to internet. The residents had a positive attitude toward use of evidence in medicine but their understanding of evidence based medicine wasn't favorable. The residents' ability to evaluate medical literature was low 23% of them was able to critically evaluate medical literature. The results of this study showed that although there is a positive attitude of evidence based medicine among internal medicine residents the level of understanding it was low and evidence based medicine should be a part of residents' educational program

## Effect of Physician Communication on Health in Oncology

**Keywords:** physician communication; oncology; psychosocial needs; health outcomes

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**Summary:** The present meta-analysis focused on data pertaining to the nature of communication between physicians and patients for promoting clinical outcomes as satisfaction, psychological adjustment and adherence. There were 30 studies published in refereed journals with a total sample of 7, 801 patients included in the present study. There were 20 articles coded for patient satisfaction (54.1%), 9 articles for psychological adjustment (24.3%), and 8 articles for adherence (21.6%). The findings from this study indeed established that physician-patient communication had a positive moderate to high association for impacting satisfaction (unweighted  $d = .87$ , weighted  $d = .52$ ), psychological adjustment (unweighted  $d = .56$ , weighted  $d = .36$ ), and adherence (unweighted  $d = .67$ , weighted  $d = .85$ ) in heterogeneous subgroups of oncology patients and patients pre-screened for cancer. Moderator variables analyses employing analysis of co-variance indicated that physician status (oncologist vs. general practitioner) and country of study (USA vs. others) moderated the magnitude of the effect size ( $p < .05$ ) (unweighted and weighted) on patient satisfaction. No other moderator variables (year of publication, disease status, education, type of cancer) affected effect sizes. These results emphasize the importance of physician-patient communication for influencing positive health outcomes of oncology patients.

## Impact of Nurse Assistance on the Management of High-risk CV Patients in Primary Care Setting

**Keywords:** guidelines implementation, tailored CME programs

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**Summary:** Relevance: Cardiovascular disease is associated with high morbidity and mortality despite excellent treatment possibilities. Numerous large clinical trials have demonstrated that aspirin, beta-blockers, angiotensin-converting enzyme inhibitors (ACEIs) and lipid-lowering drugs improve outcomes of high-risk CV patients and decrease health care costs. Many studies reveal their suboptimal use. When physicians are asked to identify the reasons for not implementing guidelines in the clinical practice inadequate knowledge, time limitations and lack of reminder system have been mentioned most frequently, particularly when talking about guidelines for preventive services. Purpose: The purpose of this session is to:

- Present educational strategies developed to facilitate implementation of EBG in primary care setting
- Describe their implementation in real life

**Objectives:** At the conclusion of this presentation, participants should be able to:

- Describe barriers to adhering to EBG, particularly to those that focus on preventive services
- Identify and discuss some of the most effective strategies for implementation of EBG
- Formulate ideas on how to facilitate implementation of EBG in their environment

**Key Points:** EBG are not self-implementing. Unless the barriers to their implementation are identified and overcome, efforts to develop EBG will be wasted and the quality of patient care will not improve.

**Expected outcomes:** Participants will be encouraged to develop tailored CME programs targeting specific barriers for EBG implementation in their own environment.

**Reference:** Cabana MD et al. Why don't physicians follow clinical practice guidelines? A framework for improvement. *JAMA* 1999; 282:1458-65.

## Teaching Evidence-based Medicine in Clinical Situations

**Keywords:** *clinical teaching, evidence based medicine*

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**Summary:** For many years evidence-based medicine (EBM) has been called a new paradigm for medical practice. While there are specific skills that must be developed in order to practise within an EBM framework, teaching within that framework requires the clinical teacher to be aware of different opportunities in learning situations and to respond to these in a variety of ways. Thus, clinical teachers may find that they tend to focus on the content of clinical cases and miss the opportunity for students to practise their own EBM skills. Modelling EBM practice allows students to recognise its relevance and applicability to their own learning and practice. Thus, although students may be taught the skills they require to take an EBM approach, the application of those skills is a key to their future utilisation. Our own research in New Zealand has revealed that, though many clinical teachers feel relatively confident in their own EBM practice, they are keen for resources and training in teaching EBM. To this end, we are developing a "Handbook for Clinical Teachers of Evidence-Based Medicine" which we are supporting with workshops held in medical schools across New Zealand. This workshop will use a case-based approach to explore the ways in which teachers can increase students' involvement in EBM. Its objectives are to help participants recognise and build on EBM teaching opportunities in order to encourage students not only to develop their EBM skills but also to understand more about how they can be employed in day-to-day practice.

## Accept, Revise, Reject: Reviewing Educational Research Manuscripts

**Keywords:** *reviewing educational research*

**Authors:** *Louis Pangaro, William Gilliland; Sonia Crandal; Ann Steinecke,*

**Institution:** *Uniformed Services University of the Health Sciences; Wake Forest University School of Medicine; Academic Medicine*

**Summary:** Purpose: This workshop is designed for individuals who wish to improve skills for reviewing manuscripts in medical education research and development. A familiarity with the processes of learning and teaching in medicine and the general types of research in this field will be helpful, but is not required. All faculty are welcome.

**Methods:** This workshop has been developed by the Research in Medical Education (RIME) section of the Group on Education Affairs of the Association of American Medical Colleges. There will be an initial presentation of criteria for reviewing educational research (ref 1): (1) Problem Statement, Conceptual Framework, and Research Question; Relevance. (2) Research Design; Instrumentation, Population and Sample. (3) Data Analysis, Statistics: Reporting of Statistical Analyses and Results. (4) Discussion, Conclusion, Interpretation; Presentation and Documentation.

Workshop participants will work in small groups through examples of research submissions and identify strengths and weak-

nesses, for the purposes of 1) providing feedback to the authors, and 2) informing decisions on acceptance for a research conference (such as RIME) and to journals.

**Summary:** previous versions of this workshop have been highly successful at other meetings, and it is expected that participants will develop their skills in reviewing research abstracts and manuscripts.

1. Bordage G, Calleigh AS, Steinecke A, Bland CJ, Crandall SJ, McGaghie WC, Pangaro LN, Penn G, Regehr G, Shea JA. *Acad Med* (2001) 76(9):897-978. *Academic Medicine*. 76. 2001.