SHARING THE EVIDENCE
IS YOURS LIKE MINE?
Tuality Heath Education Center

PACIFIC UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
INTERPROFESSIONAL CASE CONFERENCE
February 18, 2011
Participating faculty

- Ken Bush PT, Ph.D.
- Randy Randolph PA-C, MPAS
- Nathan Shipman PharmD.
- Dave Widen
- John White Ph.D., OTR/L
- James Lane, Ph.D.
- Jay Thomas, Ph.D., ABPP
Objectives

To gain an understanding of the similarities and differences among the CHP health care disciplines in their approaches of understanding the evidence used in our practices in the areas of:

• Development of an answerable clinical question
• Discuss the various evidence based resources available to answer the question
• Evaluate interprofessional literature to establish reliability/validity and results
• Integrate the evidence into a patients treatment plan
What is evidence?

• All CHP professions have a form of Evidence Based Practice or Evidence Based Medicine as a foundation of training and practice.

• As the professions work together on cases it is important to understand that the definition of “evidence” may vary from one field to another.
Evidence and Study Design

- Randomized clinical trials are a good way to determine cause and effect. Cochrane Collaboration will only rely on these.
- Other types of studies may provide useful information; how does your field use epidemiological studies, case studies, population studies, quasi-experiments?
- Efficacy vs Effectiveness. The former looks at cause and effect, the latter looks at “does this work for this kind of client”, takes into account cultural, ethnic, and other factors.
Framing Clinical Questions

PICO(T)

• P- Patient or Population
  – Age, gender, ethnicity, socioeconomic background, occupation, primary and secondary disorders, symptom complex

• I- Intervention
  – Diagnostic test, drug, surgical procedure, time, risk factor

• C- Comparison
  – Placebo, alternative therapy, none

• O- Outcome
  – Patient relevant. Improvement, prevention, diminished consequence, cost, resource use

• T- Type of Question/Study
  – Therapy/Prevention, Harm, Prognosis, Diagnostic Test, Guideline
Clinical Scenario

• You are working at an interprofessional rehabilitation center and your are attending a case conference to plan the rehabilitation course for this new patient that has just transferred from a local hospital:

• DD is a 56 year old Intel manager who has just moved to your city with his family 4 months from East India and suffered a stroke 5 days ago. He had no prior history of any neurological disorders, transient ischemic attacks, visual disturbances or prior stroke. He has a history of hypertension but no other medical problems.

• His Review of Systems suggests some mild GERD (gastro-esophageal reflux disorder) managed by over the counter medications. Otherwise negative.

• Check handout for more particulars.
Assignment #1:

A) After reading the Clinical Scenario each discipline will develop a clinical question to address a therapeutic intervention or plan for the patient. Be prepared to share your question with the other groups.

B) Discuss what evidence based resource you might use to find the answer to your question and why. Discuss the pros and cons to your choice.

(25 minutes).
Assignment #2:

Read the attached article abstract that pertains to your discipline. Discuss whether or not you think the evidence presented is worth using (reliable, accurate, valid, etc.). Then discuss the results to determine if they are meaningful and useful (make a difference, clinically or statistically significant, precise, etc).
For question 2, think about these issues and clinical questions:

- **PA/Pharmacy**: Is Clopidrogel more effective than ASA-Dyprimdole in preventing recurrent stroke?
- **Dental**: Is there an inherent risk for stroke after dental manipulations?
- **PT**: Is there improved upper extremity function in a post-stroke patient using Constraint-Induced Movement Therapy
- **OT**: What are the Best Practices for the psychosocial experiences in post stroke patients?
- **SPP**: What factors are associated with the development of post-stroke dementia?
Assignment #3:

Discuss how you would use this evidence (or not) in your treatment plan and why. How would you explain your plan to your patient using this evidence.