

Self-Evaluation



Objectives

- * This presentation aims to present information on self-evaluation in the journey of applying evidence-based medicine.
- * At the end of this session, the participants are expected to;
 - * Discuss the methods of self-evaluation in practicing EBM.

Evaluation is an inevitable part of quality improvement

- * Continuous quality improvement requires the constant collection and use of information to make adaptations to your daily practice so that it gets better over time.

Self-evaluation in asking answerable questions


- * 1. Am I asking any clinical questions at all?
- * 2. Am I asking focused questions?
- * 3. Am I using a “map” to locate my knowledge gaps and articulate questions?
- * 4. Can I get myself “unstuck” when asking questions?
- * 5. Do I have a working method to save my questions for later answering?

- * As our experience grows, are we using a map of where most questions come from to locate our knowledge gaps and help us articulate questions?
- * When we get stuck, are we increasingly able to get “unstuck” using the map or other devices?
- * Have we devised a method to note our questions as they occur, for later retrieval and answering when time permits?

Using a learning Portfolio

A sample EBM learning assessment tool: The personal learning portfolio.

Clinical Question (in PICO format)	Expected Deadline	Source	Status
Does handwashing with soap compared to using hand disinfectants provide better protection against COVID-19 transmission?	Feb 2021	Not available yet	Waiting to be accomplished
In hypertensive and diabetic patients, is there a benefit of using ACE inhibitors compared to CCBs to prevent cardiac events?	Feb 2021	Hypertension Guidelines https://sites.jamanetwork.com/jnc8	Waiting to be accomplished

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- * Searching for the answers in the presence of your peers may show you your strengths and areas to improve.
 - * It is suggested to limit yourself to 2 minutes for finding an answer to a clinical question.
 - * Getting help from a librarian can be of great benefit too.


A self-evaluation in finding the best external evidence

- * 1. Am I searching at all?
- * 2. Do I know the best sources of current evidence for my clinical discipline?
- * 3. Do I have easy access to the best evidence for my clinical discipline?
- * 4. Am I becoming more efficient in my searching?
- * 5. Am I using truncations, Booleans, MeSH headings, a thesaurus, limiters, and intelligent free text when searching MEDLINE?
- * 6. How do my searches compare with those of research librarians or other respected colleagues who have a passion for providing best current patient care?

- * Try to answer the questions in the next slide.
- * Are we evaluating ourselves at all?
- * If not, can we identify the barriers to our performance and remove them?
- * Consider working as a member of a group (e.g., a journal club).

A self-evaluation in critically appraising the evidence for its validity and potential usefulness

- * 1. Am I critically appraising external evidence at all?
- * 2. Are the critical appraisal guides becoming easier for me to apply?
- * 3. Am I becoming more accurate and efficient in applying some of the critical appraisal measures (e.g., likelihood ratios, numbers needed to treat [NNTs], and the like)?
- * 4. Am I creating any appraisal summaries? (learning portfolio)

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- * Another strategy to facilitate team-based appraisal is to provide half of the participants with an article that has found a positive result to an evaluation of a therapy and the other half of the participants with an article that has found a different result from an evaluation of the same therapy.
 - * The two teams then discuss why such different results were obtained from the studies.

A self-evaluation in integrating the critical appraisal with clinical expertise and applying the result in clinical practice

- * 1. Am I integrating my critical appraisals into my practice at all?
- * 2. Am I becoming more accurate and efficient in adjusting some of the critical appraisal measures to fit my individual patients (pretest probabilities, number needed to treat [NNT]/f, etc.)?
- * 3. Can I explain (and resolve) disagreements about management decisions in terms of this integration?
- * 4. Am I eliciting patient values and preferences?
- * 5. Am I integrating the evidence with my clinical expertise and my patient's values and preferences?

- * Let me remind you that there are many online tools to calculate EBM indices from studies.
- * e.g.: Evidence-Based Medicine Toolbox:
 - * <https://ebm-tools.knowledgetranslation.net/calculator>

Is your practice behavior changing?

- * We ask ourselves whether we are integrating our critical appraisals into our practice at all.
- * If we can't execute what we learned, the efforts we've expended in the previous steps are largely wasted.
- * Ask yourselves the questions in the next slide.

A self-evaluation of changing practice behaviour

- * 1. When evidence suggests a change in practice, am I identifying barriers and facilitators to this change?
- * 2. Have I identified a strategy to implement this change, targeted to the barriers I've identified?
- * 3. Have I carried out any check, such as audits of my diagnostic, therapeutic, or other evidence-based medicine (EBM) performance, including evidence use as well as impact on clinical outcomes?
- * 4. Am I considering sustainability of this change?

Knowledge to Action Framework

- * Translation of the knowledge into practice is not easy.
- * There are theories and action plans suggested to achieve the change.
- * You may want to read the work of Graham et al.:
 - * Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, Robinson N. Lost in knowledge translation: time for a map? J Contin Educ Health Prof. 2006 Winter;26(1):13-24. doi: 10.1002/chp.47. PMID: 16557505.

Find and eliminate barriers to change

- * Approximately 20% of the clinical practice is not evidence based.
 - * Ellis J, Mulligan I, Rowe J, Sackett DL. Inpatient general medicine is evidence-based. *Lancet*. 1995;346(8972):407–410.
- * More than 250 barriers were identified at the level of the physician alone.
- * Do we need new skills, equipment, organizational processes, or a reminder system?
 - * Patients with diabetes should get annual foot checkups, including monofilament testing.
 - * To implement this, we need monofilaments, the skills to use them reliably, and a data entry field added to our annual checkup form as a reminder to test.

Audit

- * Although time consuming, external or internal audit may help evaluating ourselves.
- * E.g.: Audit of medical records
- * <https://public-library.safetyculture.io/products/medical-audit-checklist>

Evidence Base

iAuditor
by SafetyCulture

Home Featured Browse Log in

Medical Audit Checklist

Use this Digital Checklist Download as PDF

SafetyCulture Staff
154 Downloads

Home > General > Medical Audit Checklist

Use this digital medical audit checklist to easily determine if the current clinical documentation in medical records are compliant, partly compliant, or non-compliant with national regulations or industry standards.

Medical Audit Checklist

Patient Record System

All clinical information is recorded electronically, password protected and reliably backed up.

Compliant Partly Compliant Non-Compliant

Patient records are electronic, secure and traceable.

Compliant Partly Compliant Non-Compliant

Clinical notes are dated and reliably identify the author.

Compliant Partly Compliant Non-Compliant

Basic demographic information is sufficient to allow for patient identification and to meet national enrolment requirements.

Compliant Partly Compliant Non-Compliant

Medical Record Review

The record is appropriate, contemporaneous and sources are identified.

Notes are completed as soon as possible after contact, and any delay is identifiable.

Compliant Partly Compliant Non-Compliant

Summary

- * Which methods of self-evaluation in practicing EBM can be of use.
 - * Working with peers
 - * Keeping a learning portfolio
 - * Audit