

Evidence-based decision-making

Ann Ritchie, recipient of the ALIA Study Grant Award for 1998

The Critical Appraisal Skills Programme (CASP) was started in 1993 in Britain in response to research showing that a lack of skills in finding and appraising evidence was a barrier to the implementation of evidence-based health care. The aim of CASP is to 'enable decision-makers, and those who seek to influence them, acquire skills to make sense of, and act on, the evidence'. Multi-disciplinary workshops are now run for all health service decision-makers all over Britain.

The ALIA study grant enabled me to participate in the first International CASP workshop, held in London 5-9 July 1999, and to visit a number of hospitals, libraries and centres where librarians are playing a role in the implementation of evidence-based health care. The CASP workshops were also attended by Ruth Sladek, librarian from Daw Park Repatriation General Hospital, in South Australia.

A typical four-hour CASP workshop focuses on teaching how to make decisions about clinical effectiveness, that is, how to critically appraise different types of research articles, reviews and guidelines, on the basis of three main criteria:

- validity or trustworthiness (this aspect examines the research design and methodology);
- results (examining the outcomes of the research in terms of clinical and statistical significance); and
- relevance or applicability to the local situation or patient.

In addition to the normal CASP workshop, the five-day program incorporated the following sessions:

- Finding the Evidence Workshops (FEW) — how to find the evidence by searching the relevant databases and designing a search strategy;
- how to run training programs to teach others the skills of critical appraisal and literature searching;
- how to teach the statistical concepts which are necessary to be able to understand, interpret and apply the research literature;
- group facilitation skills, including feedback exercises;
- a 'train the administrator' workshop to learn about this aspect of program design; and
- the inaugural CASP International Conference and the annual British CASP

FEST, which focused on the theme of Clinical Governance. Clinical Governance builds on quality improvement activities and in the National Health Service in Britain, holds the hospital Executive and Board accountable not only for the hospital's financial administration, but also for clinical effectiveness. This means that hospital and health care administrators, as well as clinicians need to have skills which enable them to find the evidence and critically appraise it in order to incorporate this into clinical, administrative and policy decision-making.

One of the highlights for me was attending an evidence-based medicine training program at The John Radcliffe Hospital, Oxford. I was able to experience a training session run by the guru of evidence-based medicine, Dr Dave Sackett, who established the Centre for Evidence-Based Medicine at Oxford. I use the word 'experience' advisedly — Sackett practises what he preaches — he delivered a participative (and at times, confronting) session to a large group of medical practitioners on 'teaching mistakes we have made and seen'. His teaching is a mixture of elements from different approaches to adult learning, and emphasises interactive and learner-centred activities; it follows evidence-based medicine (EBM) principles and is based on the formula: see one, do one, teach one. In particular, he notes that teaching and learning EBM should and can 'be modelled as essential to becoming an expert clinician'.

Evidence-based decision-making is a methodology which can be extended from its beginnings in the medical world to all other professions which have a body of research-based knowledge. As a profession which has the ability to manage the literature of research, librarianship is uniquely placed to model the principles of evidence-based practice, not only as they apply to other disciplines which we serve, but also as they apply to our own professional practice. I am reminded of a saying which I heard in a training program I attended a few years ago: 'if you are not modelling what you are teaching you are teaching something else'.



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A new list — Evidence-based Librarianship (to join send the following message to mailbase@mailbase.ac.uk: subscribe evidence-based-libraries <your first name> <your last name>) — has been started by Andrew Booth who is also the moderator of the Evidence-based Healthcare list. As the director of the Information Service at Scharr (School of Health and Related Research, Sheffield University) and The Trent Institute, Andrew has a strong research and information background. He maintains one of the best evidence-based health care websites and freely makes available a wealth of teaching and other resources (<http://www.shef.ac.uk/~scharr/ir/netting.html>).

Since returning to Australia, Ruth Sladek and I have run a CASP workshop for the Western Australian Health Libraries Section. It is intended that similar workshops will be held in other states. A working group established at the Hobart Specials, Health and Law Librarians' conference in August this year will develop a professional development strategy for health librarians to learn how to practise and teach the information skills related to evidence-based health care. The materials from CASP will be an integral part of this strategy and I hope to be able to use my experiences to contribute to the implementation of the strategy. ■