

Practice Standard Review: AIHA's Experience in Promoting Evidence-Based Medicine

The Learning Resource Center (LRC) Project is one of the health care programs, coordinated by the American International Health Alliance (AIHA) in CEE/FSU countries. Since 1995, AIHA has established 135 LRCs (of which 123 are currently active) in medical/health care institutions in 20 countries. Each LRC is managed by an LRC Director (also called "Information Coordinator") who is responsible for making the resources of the LRC available to staff, patients, and members of the community. LRC actively supports clinicians, nurses, health care policy makers in their effort to access information on current standards of practice and policy in health care. The primary objective of the LRC project is to promote the adoption of evidence-based practices in health care. To support this activity, each LRC was provided with a set of resources, and a series of training sessions were organized for Information Coordinators.

Resources provided:

- Access to computer equipment (at least one PC with printer and scanner)
- Access to the Internet
- Access to electronic DBs (OVID Medline and full-text Core Biomedical Collection)
- Access to evidence-based resources
 - Cochrane Library (CD-ROM) subscription since 1997
 - International Journal of Medical Practice electronic subscription (the Russian version of the ACP Journal Club) for 1997-2002
- Reference/Manuals
 - Clinical Epidemiology: The Essentials/ by R. Flethcher (in Russian)
 - Introduction to Evidence-Based Medicine/ by V.Vlassov (in Russian)
 - User's Guides to the Medical Literature: Essentials of the Evidence-Based Clinical Practice (in English)
- Mailing lists subscriptions (Effective Health Care bulletins, Evidence-based healthcare in CEEC & FSU, Cochrane Consumer Hot Topic)

Training provided for the first group of Information Coordinators included the following topics:

- Medline and Internet search – 1995, 1996
- Introduction to EBM (1-day course) – 1997
- Additional training module on EBP – 1998 (CEE), 1999 (NIS)

Training provided for the second group of Information Coordinators:

- Medline and Internet Information Retrieval. EBP Introduction and Resources – 1999
- 2-day course on EBP - 1999
- Application of EBP Principles and Clinical Guidelines. Information Quality Assessment - 2000
- Cochrane Library. Practice Standard Review – 2001
- Review of EBP Internet resources - 2002

The project aims to get health care professionals to access evidence-based resources on a regular basis by creation of an environment where health professionals recognize the need to analyze and validate their practice. To fulfill this task the Information Coordinators with the Committee of staff at their institutions are required to select an intervention or practice (that may relate to clinical diagnosis or treatment, health promotion, or education), and to perform a review of the evidence available for this procedure (in accordance with the suggested format). From the results of the review they can draw a conclusion as to whether the chosen practice is shown to be effective or a change in practice is warranted at their institution. The report produced is called a Practice Standard Review (PSR).

This activity is organized in accordance with the following plan:

- Step 1 - Identification of the practice or procedure for the review
- Step 2 - Background research and problem specification
- Step 3 - Literature searching and study retrieval
- Step 4 - Preliminary assessment of studies for inclusion on basis of relevance and design
- Step 5 - Assessment of information quality, data extraction and synthesis
- Step 7 – Practice Standard Review (PSR) creation
- Step 8 - Submission of PSR and plans for dissemination

The PSR format is standardized and is supposed to comprise the following information:

Title (*Practice or procedure being reviewed*)

Background (*Reasons for selecting this topic, current state of its implementation in the institution*)

Search strategy (*Strategy for identification of studies -including keywords and databases searched*)

Summary of search results (*Methodological quality of included studies. Summary of the quality of studies available on this subject*)

Results of review (*What does the evidence show? Comparing the effectiveness of treatment options considered*)

Discussion (*What other factors (e.g. financial factors) need to be considered at your institution? Where is your review lacking? Does your review accurately reflect the evidence available?*)

Reviewers' conclusions

Implications for practice (*Is a change in practice at your institution warranted? Does the evidence support your current practice?*)

Implications for research (*What further research is required? Can you conduct a trial at your institution?*)

Bibliography (*Citations for information reviewed*)

Names of reviewers (*Names of participants and contributors for this review*)

By July 1, 2002, 100 PSRs have been conducted, most of them devoted to evaluation of evidence on different therapies and diagnostic procedures (90). Others deal with prevention and health promotion interventions as well as organizational and educational issues.

The PSRs are evaluated for compliance with the following:

- the problem is clearly indicated
- current practices are clearly described
- current evidence found in literature is clearly described
- clear comparison between the practices and evidence is made
- clear recommendations (for changing practices) are provided

- search strategy is comprehensive and clearly presented

Working on the Reviews has helped the medical professionals better to realize the particular problem zones in their institutions practice, get more practical skills in information retrieval and appraisal, and has helped participating institutions to change existing practices and training curricula, and has also supported the development and adaptation of clinical guidelines and protocols. 66% of Reviews contain recommendations on changing or updating the current practice, or on introducing the new intervention. For 3 % of Reviews there was no evidence found to show whether the practice is effective or not. In 31% interventions reviewed comply with the current evidence available.

The main barriers to performing this activity were: lack of experience in formulating the “answerable” question, insufficient critical appraisal skills, and the lack of EBM resources in national languages. The best PSRs are available on the WWW through the Eurasia Health Knowledge Network (www.eurasiahealth.org) either in Russian, or in English (in its Multilingual Library data base). The next steps of this work are: to provide more training connected with the particular professional interests of participating institutions; compiling a short EBP Reference Guide for Information Coordinators (in Russian and in English); and inclusion in PSRs (where appropriate) a summary for consumers.

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