



Looks like we've got a good start!

# Outcomes Journal

**Research Pearl: Part 1** of a 2 part series contributed  
By: **Britt Smith, PT, MS, OCS, FAAOMPT & Michael Dohm, MD.**

## The Reflective Practitioner

The medical literature and medical professional associations increasingly refer to "evidence based practice." However, for the clinicians not routinely engaged in this practice evolution misunderstanding may develop. The following research pearl answers some frequently asked questions about evidence-based practice.



Come on spring!

### **What is evidence-based practice?**

Sackett et al define evidence-based medicine (EBM) as 'the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. Evidence-based Practice (EBP) is the application of the EBM framework. Proponents of EBM trace the origins of EBM to Louis' clinical studies on leaching/bloodletting in 19<sup>th</sup> century Paris that stimulated the revolution in scientific methodology in medicine. Interestingly, the McMasters University WebPages (<http://hiru.mcmaster.ca/epc/>) for EBM refer to EBM as a 'new paradigm' in medicine. The authors use the term 'paradigm' in the Kuhnian sense of a theoretical framework for scientific research and endeavors in a particular historical period. They cite various assumptions of the 'old paradigm' in medicine and the new assumptions of EBM. The statement for a new paradigm is too strong a statement and, as Friedland et al point out, a better way to characterize EBM 'is not as a paradigm shift, but rather as an *evolution of the tools used to practice scientific medicine* [authors italics].' Indeed, this is most likely an inappropriate use of the paradigm



### Inside this issue:

The Reflective Practitioner	1
Patient's Rights HHS	2
Inside Story	2
Inside Story	3
Inside Story	4
Inside Story	5
Inside Story	6

### Special points of interest:

- To download the entire program for the annual AAOS meeting in PDF go to <http://www.aaos.org/wordhtml/am2001.htm>.
-

## - Pearl continued from page 1-



concept. The authors cite the true paradigm shift in practice of scientific medicine dates to the Flexner report of Abraham Flexner in 1910. Flexner instituted a program of evaluation and reformation of medical colleges in the United States that revolutionized medical education by requiring the teaching of scientific methodology in well-equipped laboratories and the learning of medicine in 'real time' clinics and wards of the nation's teaching hospitals. He understood medicine could not be entirely taught or learned in the allotted period of tuition, so the emphasis was on developing life-long learning skills and habits. We call this *problem-based learning*, or, more broadly, we articulate as the *Adult Learning Model*. Problem-based learning in clinical practice is the matrix for teaching EBM. - Continued on page 3 -

### HHS ANNOUNCES FINAL REGULATION ESTABLISHING FIRST-EVER NATIONAL STANDARDS TO PROTECT PATIENTS' PERSONAL MEDICAL RECORDS

Wednesday, Dec. 20, 2000

The new standards:  
limit the non-  
consensual use and  
release of private  
health information.

U.S. Department of Health and Human Services Secretary Donna E. Shalala today released the nation's first-ever standards for protecting the privacy of Americans' personal health records. This new regulation will protect medical records and other personal health information maintained by health care providers, hospitals, health plans and health insurers, and health care clearinghouses.

**"For the first time, all Americans -- no matter where they live, no matter where they get their health care -- will have protections for their most private personal information, their health records," Secretary Shalala said. "Gone are the days when our family doctor kept our records sealed away in an office file cabinet. Patient information is now accessed and exchanged quickly. With these standards, all Americans will be able to have confidence that their personal health information will be protected."**

The regulation was mandated by Congress when it failed to pass comprehensive privacy legislation. The new standards: limit the non-consensual use and release of private health information; give patients new rights to access their medical records and to know who else has accessed them; restrict most disclosure of health information to the minimum needed for the intended purpose; establish new criminal and civil sanctions for improper use or disclosure; and establish new requirements for access to records by researchers and others.

To review this press release in its entirety refer to— <http://aspe.os.dhhs.gov/admnsimp/pvcpress1.htm>

## Pearl Continued

### Does EBP replace clinical expertise and the role of expert opinion in orthopaedic manual care?

The proponents of EBP emphasize this is an integration of clinical expertise with the best available external evidence from systematic research. They do not suggest this is a substitute for clinical expertise, as has been recently argued in the physical therapy literature by DiFabio<sup>9</sup> and medical literature by Tonelli and others.<sup>10</sup> Much of the flap about devaluation of expertise with the rise of EBM comes from early attempts to articulate the content and context of EBM. Early proponents of EBM de-emphasized expert opinion and standards of practice in making the case for an EBM approach. Taunenbaum cites a *New York Times* interview with David Sackett, who, when asked to comment on the artfulness of clinical medicine in treating individual patients, stated, 'Art kills.'<sup>11</sup> Other descriptions of EBM place expert opinion at the bottom of hierarchies of evidence. However, Tonelli makes an interesting, and, we believe, accurate description of the epistemic differences between expert opinion and 'evidence', with the former being a 'complex type of knowledge' and not just empirical evidence from practice and separate from empirical evidence from research. His central point is that expert opinion and expertise is 'the multifaceted medical knowledge that forms a better basis for patient care than the finding of even the most rigorous clinical research.'<sup>10</sup> Tonelli calls for the understanding and full integration of expert opinion in the model of EBM and expertise 'will remain a necessary component of the provision of optimal medical care.'<sup>10</sup> The expert clinician is the best person to integrate research and new knowledge, skills in practice, and the full context of the patient's experience of their illness.

### References

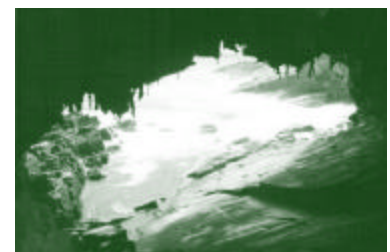
- Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based Medicine, How to Practice and Teach EBM*. New York, Churchill-Livingstone.1997.  
<http://hiru.mcmaster.ca/ebm/userguid/overview.htm>  
 Kuhn T. *The Structure of Scientific Revolutions*. Chicago, IL: University of Chicago Press. 1970.  
 Friedland DJ, Go AS, Davoren JB, Shlipak MG, Bent SW, Subak LL, Mendelson T. *Evidence-based Medicine, A Framework for Clinical Practice*. Stamford, CT: Appleton & Lange.1998.  
 Ludmerer KM. *Time to Heal, American Medical Education from the Turn of the Century to the Era of Managed Care*. New York: Oxford University Press. 1999.  
 DiFabio RP. The myth of evidence-based practice. *JOSPT*.1999;29(11):632-634.  
 DiFabio RP. What is 'evidence'? *JOSPT*.2000; 30(2):52-55.  
 DiFabio RP. *Editor-in-Chief Replies*. *JOSPT*.2000; 30(2); 99-100.  
 Tonelli MR. The philosophical limits of evidence-based medicine. *Acad. Med*. 1998;73:1234-1240.  
 Tonelli MR. In defense of expert opinion. *Acad. Med*. 1999;74:1187-1192.  
 Tanenbaum SJ. Evidence and expertise: The challenge of the outcomes movement to medical professionalism. *Acad. Med*. 1999; 74:757-763.  
 Hadorn DC, et al. Rating the quality of evidence for clinical practice guidelines. *J. Clin. Epidemiol*. 1996;49:749-754.  
 Maitland GD. *Vertebral Manipulation, 5<sup>th</sup> Edition*. Boston, MA: Butterworths & Co. Ltd. 1986.



Go to our website for  
Journal Clubs info.  
[WWW.WSSGCO.COM](http://WWW.WSSGCO.COM)



Early proponents of EBM de-emphasized expert opinion and standards of practice in making the case for an EBM approach.



EBP sheds light on our practice!



WESTERN SLOPE STUDY GROUP,  
 INC.  
 (A NONPROFIT ORGANIZATION)  
 2356 North 7th Street, Grand Junction, Co.  
 81501

Phone: 970-243-9970  
 Fax: 970-256-0503  
 Email: estone@gj.net

Serving health care providers to  
 improve quality for our future.

**Our Purpose**

The Vision of the Western Slope Study Group is to enhance, foster, and engender critical thinking in musculoskeletal medicine in a collegial, collaborative, and cooperative fashion so as to promote best practice patterns of patient care through communication, education and enlightenment...

**WE'RE ON THE WEB!**  
**WWW.WSSGCO.COM**

*To read the simplified HIPPA  
 rules go to  
<http://aspe.os.dhhs.gov/admnsimp/>*

**We at WSSG would like to thank our supporters for there contributions!**

Saint Mary's Regional Medical Center  
 Community Hospital  
 Rocky Mountain HMO  
 Aventice  
 Merck & Co. Inc.  
 Searle  
 Rehabicare  
 Boeringer Ingleheim  
 American Academy of Orthopaedic Surgeons  
 Maine Medical Assessment Foundation

**Outcomes Journal** is a free publication provided by the Western Slope Study Group, Inc. to members and supporters .Any reproduction of the Outcomes Journal for any purpose is prohibited without written approval by Western Slope Study Group, Inc.

To the extent that the Journal can accommodate writing contributions, we whole-heartedly invite them.

All submissions must be typed in MSWORD format and sent by email to:  
 Editor: Paul Harshman, by email located on [www.wssgco.com](http://www.wssgco.com). All submissions must be made by the last day of the month to be Considered.