

A clinically integrated post-graduate training programme in evidence-based medicine for improving disability evaluations

Rob Kok¹, Jan Hoving¹, Jos Verbeek², Paul Smits¹ and Frank van Dijk¹

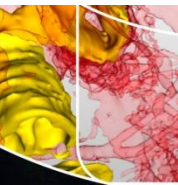
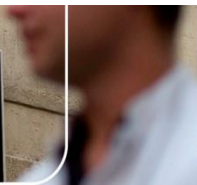
¹ Coronel Institute of Occupational Health, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands

² Cochrane Occupational Safety and Health Review Group, Finnish Institute of Occupational Health, Kuopio, Finland

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Disability evaluation is about



Research questions

1. What is the effectiveness of a clinically integrated post-graduate training programme in EBM on evidence-based disability evaluation?
 2. Which opinions and experiences do insurance physicians have towards the (continued) use of their acquired EBM skills in clinical practice?
- => Implications for further implementation of evidence-based disability evaluation



1. What is the effectiveness of a clinically integrated post-graduate training programme in EBM on evidence-based disability evaluation?

- Background and aim study
- Methods
- Results:
- Characteristics populations and primary outcome

Kok et al. PlosOne 2013



1. Background and Aim

Sofar:

- Several studies show teaching EBM is effective in improving knowledge.
- The evidence for changing professional practice after teaching EBM is less convincing.

RCT:

- Aim RCT: What is the effectiveness of a clinically integrated post-graduate training programme in EBM on evidence-based disability evaluation ?
- Primary outcome: more and better use of evidence in physician's disability evaluation reports



1. Methods (1): cluster RCT

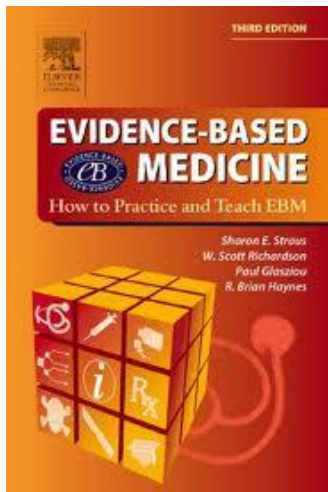
- Insurance physicians within the same case-based learning group were clustered and randomized
- After randomisation: 67 social insurance physicians in experimental group and 65 in control group
- Experimental group: 5 days EBM education in period of 6 months
- Control group: practice as usual, no specific intervention



1. Methods (2): intervention

5-day EBM training:

- 1) Formulate questions and aggregated evidence
- 2) Guidelines and reviews
- 3) Intervention: therapy and prevention
- 4) Prognosis and etiology
- 5) Diagnostic research and 'EBM implementation'



Educational forms and facilities:

- full access AMC library
- homework assignments
- practical exercises library
- plenary and small group sessions

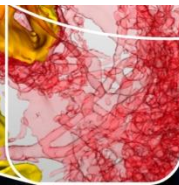
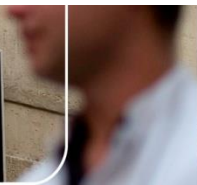


1. Results (1): baseline characteristics

Characteristics physicians	Intervention	Control
Age, mean (SD)	49,7 (7,1)	48,7 (6,3)
Male, N (%)	41 (66,1)	35 (55,6)
Work experience in years, mean (SD)	16,4 (6,7)	16,0 (7,5)
Hours work on weekly basis	34,6 (6,9)	33,0 (6,7)
Previous experience EBM, N (%)	45 (72,6)	44 (69,8)
Previous experience research, N (%)	51 (83,6)	53 (84,1)

1. Results (2): primary outcome

Primary outcome	Intervention (I) % (sd) <i>869 reports</i>	Control (C) % (sd) <i>811 reports</i>	Mean difference (95% CI) I-C
Percentage of reports with evidence of sufficient quality	16.7 (19.0)	7.0 (11.2)	9.7 (3.5;15.9)*



2. Which opinions and experiences do insurance physicians have towards the (continued) use of their acquired EBM skills in clinical practice?

- Qualitative research; group interviews
- Nested in a cluster RCT.
- 45 physicians attending the last day of the EBM training program (6 months)



2. Main themes contributing to evidence-based practice, as perceived by IP's

Improved quality of insurance physicians' actions.

1. Clients benefit from the application of EBM
2. Services of the organization improves
3. Better able to underpin their decisions with evidence
4. Consultation colleagues improves
5. Keeping up-to-date improves

Work attractiveness of insurance physician improves.

1. Work becomes more fun
2. More appreciation and job satisfaction

Some conditions and organizational role

1. Need to practice EBM skills on a regular basis
2. Collaboration with other colleagues needed
3. Time and space required
4. Secure online access to evidence
5. Support from EBM experts requested
6. Store results of EBM exercises in database



Bottom line

- A post-graduate training in EBM changes physicians behaviour toward more and better use of evidence in their disability reports.
- Physicians are inclined to use EBM because they perceive it as improving the quality of their work and as a factor introducing more fun in their work.



Questions?

