Welcome to Sicily

#EBHC2023
8556 days ago...

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The first shot

Evidence-Based Health Discussion List

Subject: conference on teaching ebm/ websites/ sources of materials/ collaboration/ & CATs (or Pearls)

From: Martin Dawes

Date: 22 May 2000 - 11:28 BST

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Nino’s proposal was...

Evidence-Based Health Discussion List

Possibly in Europe,
ideally in Italy,
**Sicily** would be fantastic!
Before starting the EBHC International Joint Conference....

Do you remember the 9 previous outstanding Sicilian editions?

#EBHC2023
2001
Sicily statement on evidence-based practice
Martin Dawes*1, William Summerskill2, Paul Glasziou3, Antonino Cartabellotta4, Janet Martin5, Kevork Hopayian6, Franz Porzsolt7, Amanda Burls8 and James Osborne9
Sicily statement on classification and development of evidence-based practice learning assessment tools

Julie K Tilson¹, Sandra L Kaplan², Janet L Harris³, Andy Hutchinson⁴, Dragan Ilic⁵, Richard Niederman⁶, Jarmila Potomkova⁷ and Sandra E Zwolsman⁸
Evidence for sustainability of healthcare
Increasing value, reducing waste
Taormina (Italy), 28th - 31st October 2015
The ecosystem of evidence
Connecting generation, synthesis and translation
Taormina, 25th – 28th October 2017
THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

#EBHC2019
THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Taormina, 25th - 28th October 2023

#EBHC2023
136 delegates from 30 countries

#EBHC2023
Midwife, student, engineer, professional educator, dietitian, biologist, medical radiology technician, dental hygienist, psychologist
Evidence-based medicine


Gordon H. Guyatt, MD, MSc

EDITORIAL

Evidence-Based Medicine

An intern is seen a 70-year-old man whose main problem is fatigue. The initial investigation reveals a hemoglobin of 89 g/L. The intern suspects iron deficiency anemia. How might she proceed?

The way of the past

When faced with this situation during her training a few years earlier, the intern was told by the senior physician that one ordered serum ferritin and transferrin saturation and proceeded according to the results. She now follows this path. If both results came back below the laboratory's lower limit of normal, she will make a diagnosis of iron deficiency anemia, and investigate and treat accordingly. If both results are above the laboratory's cut-off point, she will look for an alternative diagnosis. If the results of the two tests conflict, she will proceed according to her own clinical judgment and consult a more senior colleague or a local hematologist, or refer the patient to a hematologist.

The way of the future

The intern asks herself whether she knows the diagnostic properties of the tests she is considering ordering and realizes she doesn't. She turns to the literature in her office, which has a systems and information software to link by telephone to MEDLINE. She conducts a quick, computerized literature search, using the following terms: “iron deficiency anemia” and “sensitivity and specificity,” and retrieves seven citations at a cost of $3.79. When she reviews the titles, one appears directly relevant (1).

She finds the citation to the library at the local hospital and picks up the article when she does rounds the next morning. She reviews the paper and finds that it uses criteria she has previously learned about validating a diagnostic test (2) and that the results are applicable to patients like hers.

The study shows that she should order a serum ferritin level, but not transferrin saturation, which is too powerful and adds no useful information. She also finds that her laboratory's normal range for the test is misleading. The intern estimates the post-test likelihood of iron deficiency and orders the test. When the result is available, the test data from the article to determine the sensitivity and specificity associated with the serum ferritin value estimated, calculates the post-test probability of iron deficiency, and then decides on further management.

Discussions

The way of the future described above depicts an important advance in the inclusion of new evidence into clinical practice. Clinicians are now informed about the evidence that supports or opposes clinical management. Evidence-based medicine uses additional strategies, including quickly tracking down publications of studies that are directly relevant to the clinical problem, critically appraising these studies, and applying the results of the best studies to the clinical problem at hand. It may also involve applying the scientific method in determining the optimal management of the individual patient (3).

For the clinician, evidence-based medicine requires skills of literature retrieval, critical appraisal, and information synthesis. It also requires judgment of the applicability of evidence to the patient at hand and systematic approaches to make decisions when direct evidence is not available. The primary purpose of ACP Journal Club is to help make evidence-based medicine more feasible for clinicians by connecting new and sound clinical evidence to the topics of the biomedical literature in which practitioners can put it to use.

Gordon H. Guyatt, MD, MSc

References

#EBHC2023
COVID-19 ARTICLES

Evidence-based medicine in times of crisis

Benjamin Djulbegovic
Gordon Guyatt*

Department of Supportive Medicine
City of Hope
Duarte, CA, USA

Department of Hematology
Evidence-Based Analytics and Comparative Effectiveness
McMaster University
Hamilton, ON, L8S 4L8, Canada
The Conference will focus on how the COVID-19 pandemic has impacted the ecosystem of evidence and what future challenges should be faced to connect the generation, synthesis and translation of evidence to individuals and populations.
A community of living organisms in conjunction with the non-living components of their environment (air, water, mineral soil), interacting as a system.
The ecosystem of evidence

An ecosystem influenced by:

- **Living organisms**: stakeholders, with their competition, collaboration and conflicts of interest
- **Environment**: social, cultural, economic, political context
- **Non-living component**: evidence
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THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic era and future challenges

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Catania International Airport

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Thank you
Welcome to Sicily

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Let’s start with the EBM giants!

OPENING LECTURE
EBM 32 years later: achieved goals and unresolved issues

Gordon Guyatt
McMaster University
Canada

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Let’s start with the EBM giants!

OPENING LECTURE
Looking into the future: evidence-based education, research and practice

Paul Glasziou
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