



جمهوری اسلامی ایران

وزارت بهداشت، درمان و آموزش پزشکی

دانشگاه علوم پزشکی و خدمات بهداشتی، درمانی کردستان

شماره: ۱۴/۶۱۰۰/۶۹۹۷

تاریخ: ۱۴۰۰/۰۴/۲۸

پیوست: .

سال ۱۴۰۰ «تولید؛ پشتیبانی ها، مانع زدایی ها»

جناب آقای دکتر پدرام عطائی

معاون محترم آموزشی و پژوهشی مرکز

7-7-1

اجرای برنامه ریزی آموزشی مهارت آموزی مبتنی بر شواهد جهت فراگیران

سلام علیکم

احتراما کارگاه آموزشی پزشکی مبتنی بر شواهد (EBM) و استدلال بالینی (ویژه ی اعضاء هیأت علمی و فراگیران) مورخ ۱۴۰۰/۰۴/۱۷ توسط جناب آقای دکتر یدالله زارع زاده (دانشیار آموزش پزشکی) برگزار گردید. مراتب جهت استحضار و هر گونه اقدام مقتضی ارسال می گردد.

دکتر امانتعلی زاهدیان
معاون واحد توسعه آموزش بالینی EDO
مرکز پزشکی، آموزشی و درمانی بعثت

رونوشت:

۱. رئیس محترم دانشکده پزشکی جهت استحضار
۲. رئیس محترم توسعه آموزش پزشکی دانشگاه - جناب آقای دکتر مجید شفیعیان جهت استحضار
۳. رئیس محترم مرکز جهت استحضار
۴. مدیر محترم گروه آموزشی کودکان جهت استحضار
۵. مدیر محترم گروه آموزشی زنان جهت استحضار
۶. رئیس محترم اداره آموزش جهت استحضار
۷. بایگانی آموزش
۸. بایگانی اعتباربخشی به کار تابل ۶۹۵۱
۹. بایگانی EDO



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی گوردستان
دانشکده پزشکی
مرکز پزشکی، آموزشی و درمانی بعثت
معاونت آموزشی و پژوهشی



برگزاری کارگاه توانمندسازی

پزشکی مبتنی بر شواهد (EBM) و استدلال بالینی



مدرس: جناب آقای دکتر یدالله زارع زاده

دانشیار آموزش پزشکی

گوردستان - سوندج - خیابان کشاورز

مرکز پزشکی، آموزشی و درمانی بعثت

معاونت آموزشی و پژوهشی

واحد توسعه تحقیقات بالینی (EDO)

تلفن تماس:

۰۸۷-۳۳۲۸۸۱۹۹

تاریخ برگزاری:

پنجشنبه: ۱۴۰۰/۰۴/۱۷

ساعت: ۱۱:۰۰

ویژه ی اعضای هیات علمی و فراگیران

شیوه اجرا: مجازی دانلود نرم افزار AdobeConnect

آدرس ویدیو کنفرانس: VC.muk.ac.ir/amoozesh

11:23 [Share] [Vo] 4.5G LTE 59%

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Video

33 [User Icon] [1] [Camera Icon] [Chat Icon]

Hierarchy of evidence

Systematic Reviews and Meta-analyses

Randomized Controlled Double Blind Studies

Cohort Studies

Case Control Studies

Case Series

Case Reports

Ideas, Editorials, Opinions

Animal research

In vitro ('test tube') research

Attendees (33)

- besat muk
- afife fallahi
- ASHKAN MOLODI
- asra moradkhani
- daniel soltanian
- Dr.BakhtiarPiroozi
- elahe.babaeian
- elham zarei

Chat

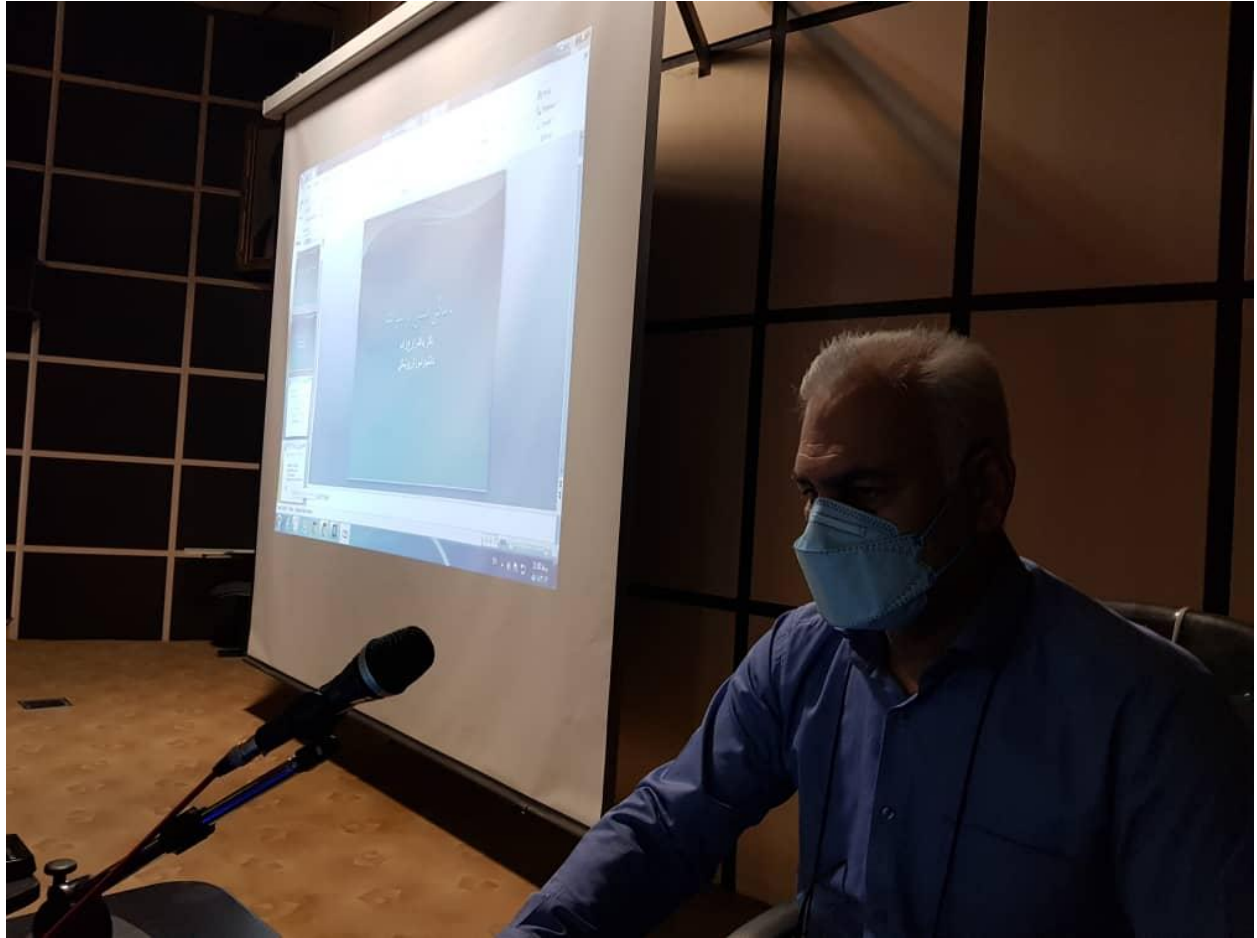
saeideh ameli: salam

masoud azizzade: sim

Dr.BakhtiarPiroozi: salam o sepa

elahe.babaeian: Salam

برگزاری کارگاه EBM و استدلال بالینی در نرم افزار Adobe connect
مدرس: جناب آقای دکتر بدالله زارع زاده



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

پزشکی مبتنی بر شواهد

دکتر یدالله زارع زاده

دانشیار آموزش پزشکی

Why Evidence-based Medicine?

مطالعات نشان میدهد که بطور
میانگین پزشکان برای
هر ۱ بیمار بستری ۵ بار
برای هر ۳ بیمار سرپایی ۲ بار
نیاز دارند مطالعه کنند.

Traditional sources of evidence

- Textbooks : out of date
- Experts: often wrong
- CME: ineffective
- Medical Journals: too voluminous

The sources of information that shape clinical practice...

- Colleagues
- Textbooks
- The internet
- Educational events
- Pharmaceutical or other Industry
- Reading the Journal articles
- What you learned in school

Time Facts

Clinical judgment / diagnostic skills increase with time, but up-to-date clinical knowledge declines

Time not available to find and assimilate evidence into practice

EBM - Important Concepts

- clinical knowledge, skills, expertise



- external evidence from systematic research



- Information gathering

- Medical informatics



تعریف

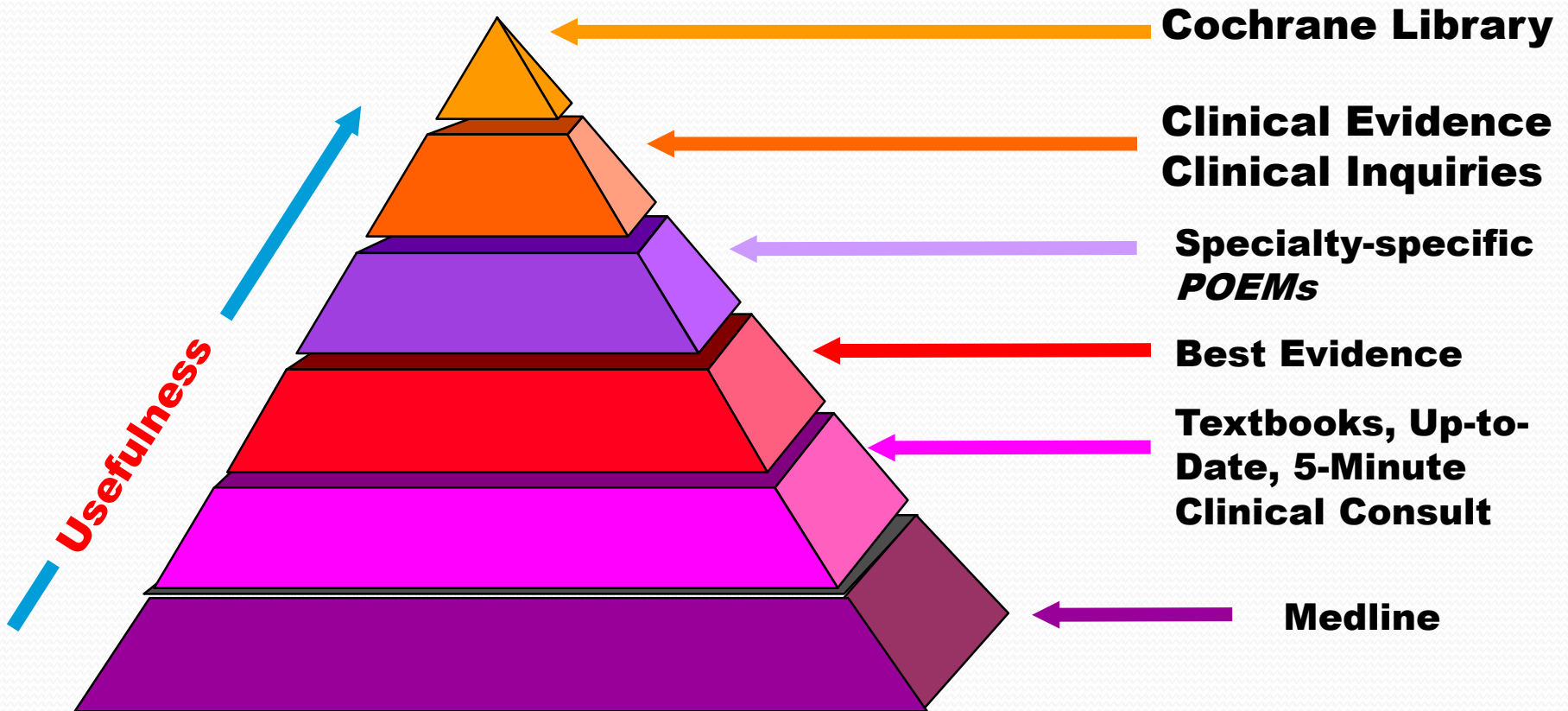
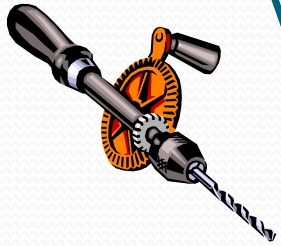
Sackett et al., 2000

ادغام بهترین شواهد برخواسته از
تحقیقات با تجربه بالینی و
ترجیحات و خواسته های بیماران

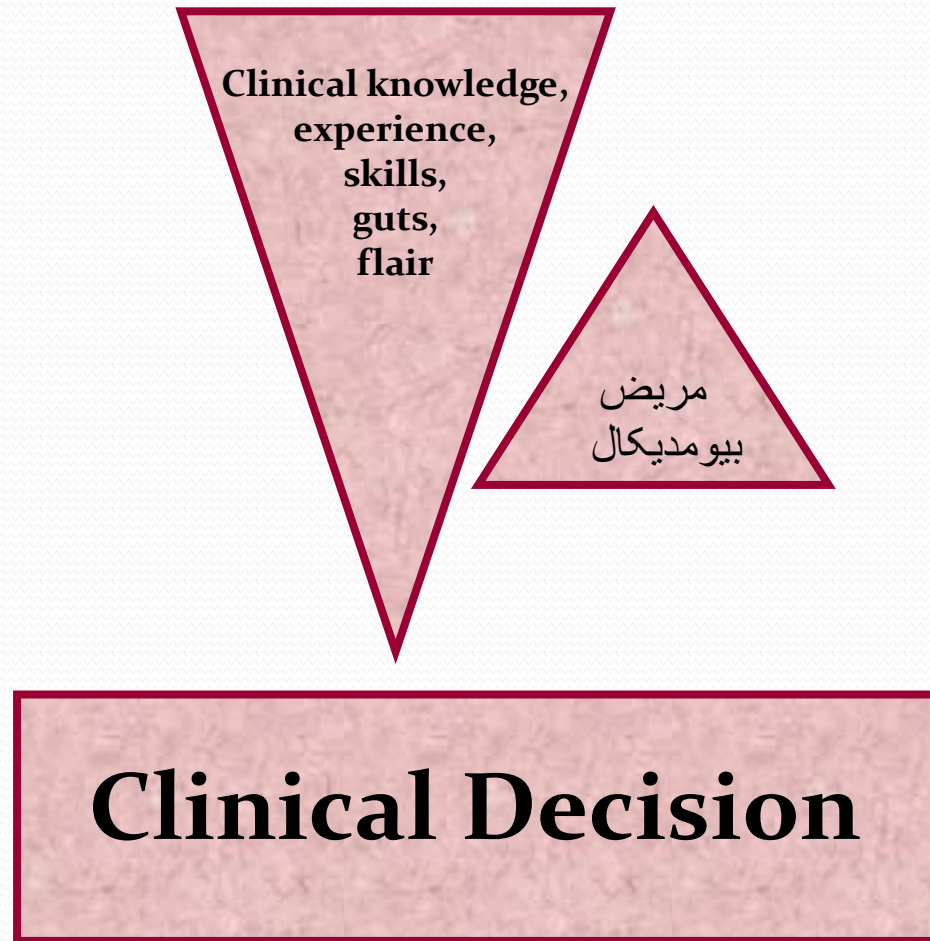
Hierarchy
of
evidence



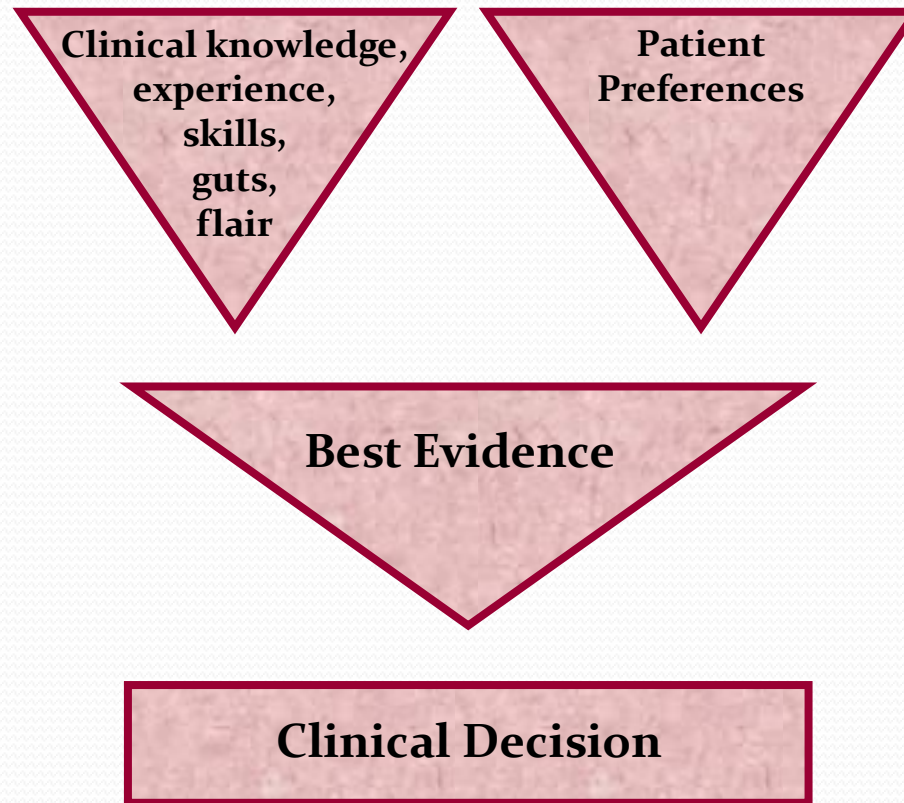
Validity: Drilling for Best Valid Evidence First



Traditional Medicine



Evidence-Based Medicine



Adapted from: Jenicek, M. (1997). Epidemiology, evidence-based medicine, and evidence-based public health. *Journal of Epidemiology*, 7, 187-197.

Evidence-Based Medicine



Adapted from: Jenicek, M. (1997). Epidemiology, evidence-based medicine, and evidence-based public health. *Journal of Epidemiology*, 7, 187-197.

PICO

سوال مناسب بالینی که امکان پیدا کردن جواب آن وجود داشته باشد یکی از ارکان مهم پزشکی مبتنی بر شواهد است.



How to formulate a
good EBM research
question ?

Characteristics of a Good Study Question

“**FINER**”

F= Feasible

I= Interesting

N= Novel

E= Ethical

R= Relevant



PICO Model of EBM

- Patient Problem, (or Population)
- Intervention
- Comparison or Control
- Outcome

PICO

Patient and Problem

Sex, age, race? Primary complaint? Disease History?

Intervention

What do you want to do for them? Prescribe a drug? A procedure ?

Comparison

Alternatives you want to compare the intervention to? Surgery or medication

Outcome

What do you hope to accomplish, improve or affect?

Example

Components of Clinical Questions

Patient/ Population	Intervention/ Exposure	Comparison	Outcome
In patients with acute MI	does early treatment with a statin	compared to placebo	decrease cardiovascular mortality?
In women with suspected coronary disease	what is the accuracy of exercise ECHO	compared to exercise ECG	for diagnosing significant CAD?
In post-menopausal women	does hormone replacement therapy	compared to no HRT	increase the risk of breast cancer?

Example Children with asthma

In **children with asthma** are **inhaled corticosteroids** more likely to **result in growth delay** than **standard therapy with beta-agonists**?

P= children with asthma

I= inhaled corticosteroids

C= beta-agonists

O= growth delay

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- [Database of Abstracts of Reviews of Effects](#)
- [Health Technology Assessment Database](#)
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Dr David Tovey is the first Editor in Chief of *The Cochrane Library* (since 2009) and oversees the *CDSR* content.

Dr Tovey is based in the Cochrane Editorial Unit, along with Dr Harriet MacLehose (Senior Editor) and Mr Toby Lasserson (Scientific Editor). You can contact the Editor in Chief via email at editorial-unit@cochrane.org. Other contact details are available on the [Cochrane Editorial Unit website](#).


Publisher

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Finding the Evidence

- General plan of attack
 - Use the search engine features to expand or collapse your search
 - Be prepared to **reformulate your question** or work with evidence that is indirectly related to your question
 - Aim for the **highest quality articles** you can find

Relevant Search Engines

- General Medical (Healthcare) Databases

- PubMed
- CINAHL
- Cochrane Library

- Physical Therapy Specific Databases

- PEDro
- Hooked on Evidence

Cochrane Library

- International collaboration
- Produces systematic reviews and meta-analyses of individual studies
- Rigorous search, selection and quality assessment methodology
- Updated regularly
- Abstracts are free
- Subscription fee for full reviews
- Many language search

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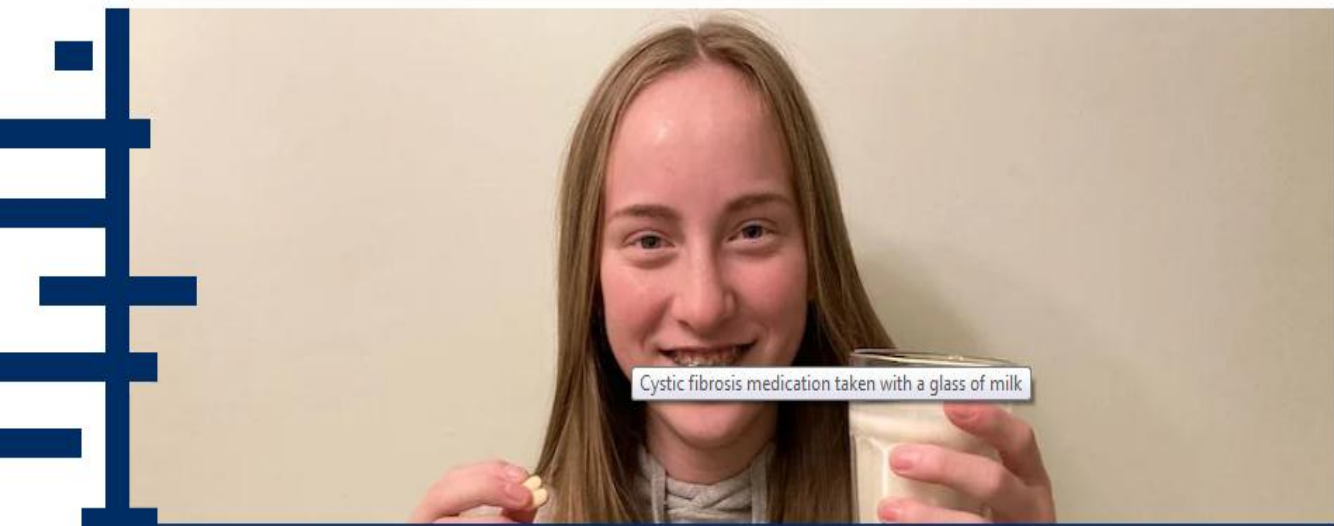
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https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010966.pub3



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 Emma McGoldrick, Fiona Stewart, Roses Parker, Stuart R Dalziel
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- Metformin treatment before and during IVF or ICSI in women with polycystic ovary syndrome**
 Leopoldo O Tso, Michael F Costello, Luiz Eduardo T Albuquerque, Regis B Andriolo, Cristiane R Macedo
[Intervention](#) [Review](#) 21 December 2020 [New search](#)
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Plain language summary

Plain language summary

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What are the benefits and risks of giving corticosteroids to pregnant women at risk of premature birth?

Why is this question important?

Babies born prematurely (before 37 weeks of pregnancy) can have trouble breathing if their lungs are not sufficiently developed. Up to half of babies born before 28 weeks, and a third of babies born before 32 weeks, have problems breathing and many babies do not survive. Others may become disabled due to the lack of oxygen they suffer because of the breathing difficulties experienced at birth.

Women who may be at risk of giving birth prematurely can be given corticosteroids to prevent their babies from having trouble breathing once they are born. Corticosteroids are anti-inflammation medicines that help the baby's lungs mature before being born. They are usually given to women at risk of early labour, typically as two injections, though they can also be given before planned preterm birth and in some cases a repeat course can be given.

To find out about the benefits and risks of giving corticosteroids to women at risk of giving birth early, we reviewed the evidence from research studies.

How did we identify and evaluate the evidence?

We searched the medical literature for studies that compared the effects of corticosteroids against:

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Unlock the full review

Abstract

Plain language summary

- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion

Appendices

Plain language summary

- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion

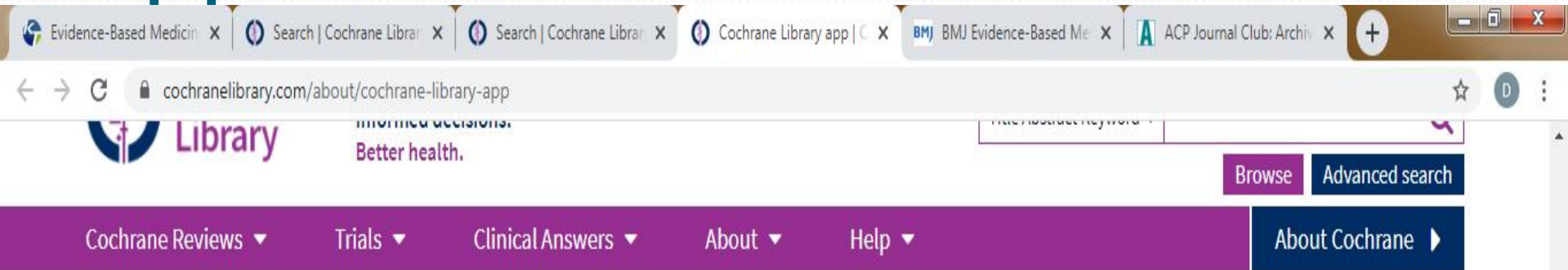


Clinical answers

2762

Clinical Answers

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Practicing EBM: Five Steps /

Sum up

- Step 1: convert need for information in to an **answerable question**
- Step 2: track down the **best evidence** with which to answer that question
- Step 3: **critically appraise the evidence** for its validity, impact and applicability
- Step 4: **integrate the critical appraisal with our clinical expertise** and patient's unique circumstances
- Step 5: **evaluate our effectiveness** and efficiency in steps 1-4 and seeking ways to improve

Factors that Facilitate EBP

- EBP knowledge and skills
- Belief in the value of EBP & the ability to implement it
- A culture that supports EBP and provides the necessary tools to sustain evidence-based care
- EBP mentors

Professor J Norcini :
EBM must go to both levels of undergraduate and
postgraduate medical education



نوزدهمین همایش کشوری آموزش علوم پزشکی ویاز، مینج چهارده آموزش شهید مطهری

۱۲ - ۱۰ اردیبهشت ۱۳۹۷

محلور هفتاد و نهول و نواوری در آموزش علوم پزشکی

محلور هفتاد و نهول و نواوری در آموزش علوم پزشکی

محلور هفتاد و نهول و نواوری در آموزش علوم پزشکی

The 19th National Health Professions Education Conference
& The 11th Shahri Educational Conference

فرهنگ زرگر

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محمد حلیلی

دکتر
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Thanks

