Welcome to Sicily

#EBHC2023

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international society for
EVIDENCE BASED
HEALTH CARE

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8556 days ago…

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

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?

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2001

2003

2005

BMC Medical Education

BioMed Central

Debate

Open Access

Sicily statement on evidence-based practice

Martin Dawes*[1], William Summerskill[2], Paul Glasziou[3], Antonino Cartabellotta[4], Janet Martin[5], Kevork Hopayian[6], Franz Porzsolt[7], Amanda Burls[8] and James Osborne[9]

2007

2009

GIMBE
Gruppo Italiano per la Medicina Basata sulle Evidenze
Evidence-Based Medicine Italian Group
in cooperation with
Oxford Centre for Evidence-Based Medicine
Critical Appraisal Skills Programme
International Conference of
vidence-Based Health Care
ers & Developers
of Practice in
nd Primary Care
taly
mber, 2009

Tilson *et al. BMC Medical Education* 2011, **11**:78
http://www.biomedcentral.com/1472-6920/11/78

BMC
Medical Education

CORRESPONDENCE Open Access

Sicily statement on classification and development of evidence-based practice learning assessment tools

Julie K Tilson[1*], Sandra L Kaplan[2], Janet L Harris[3], Andy Hutchinson[4], Dragan Ilic[5], Richard Niederman[6], Jarmila Potomkova[7] and Sandra E Zwolsman[8]

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ebhc CONFERENCE 2013

2nd Conference of International Society for EBHC

6th International Conference for EBHC Teachers and Developers

Evidence, Governance, Performance

Taormina (Italy), 30th October - 2nd November 2013

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7th International Conference for EBHC Teachers and Developers

Evidence for sustainability of healthcare

Increasing value, reducing waste

Taormina (Italy), 28th - 31st October 2015

8th International Conference for EBHC Teachers and Developers

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

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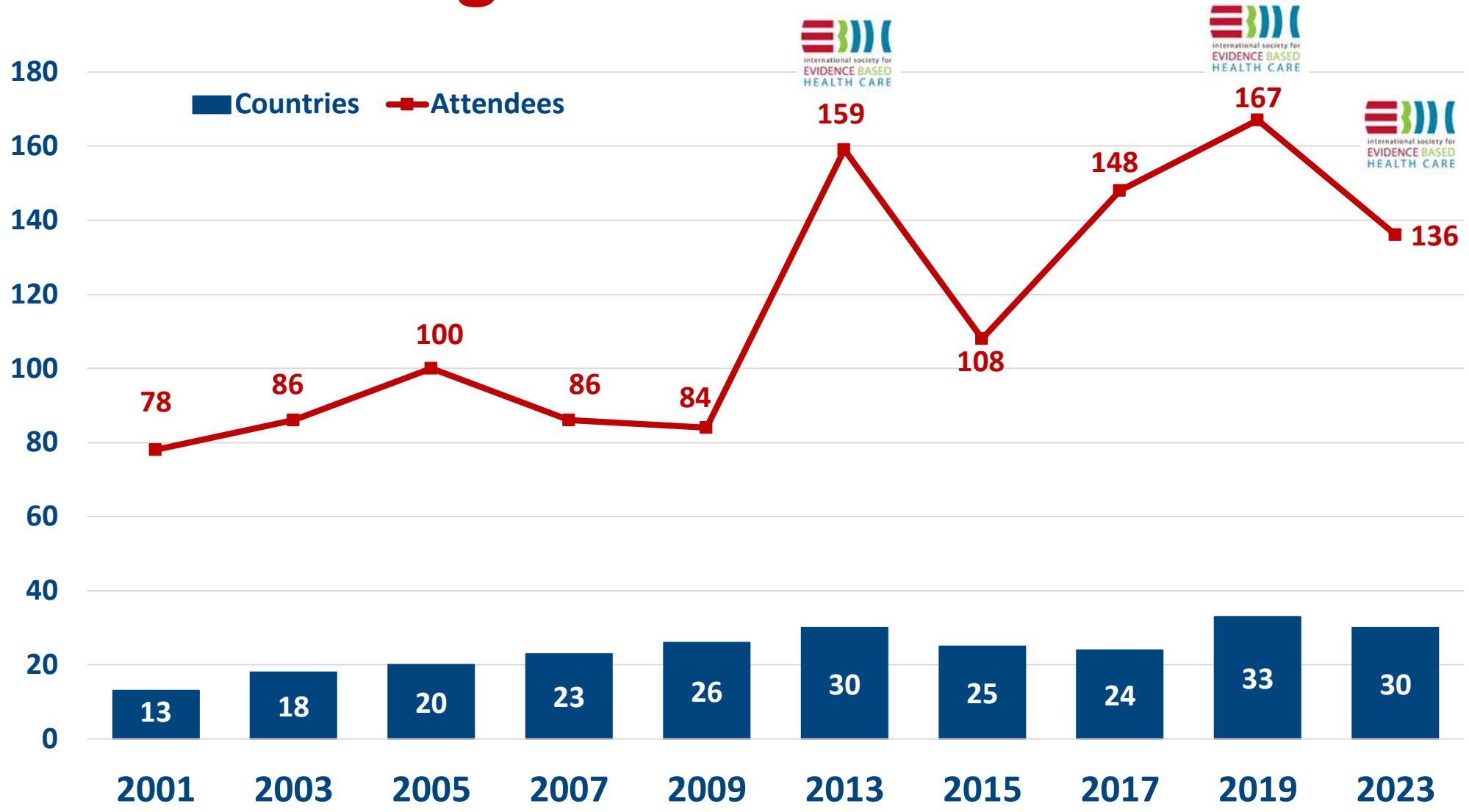
136 delegates from 30 countries



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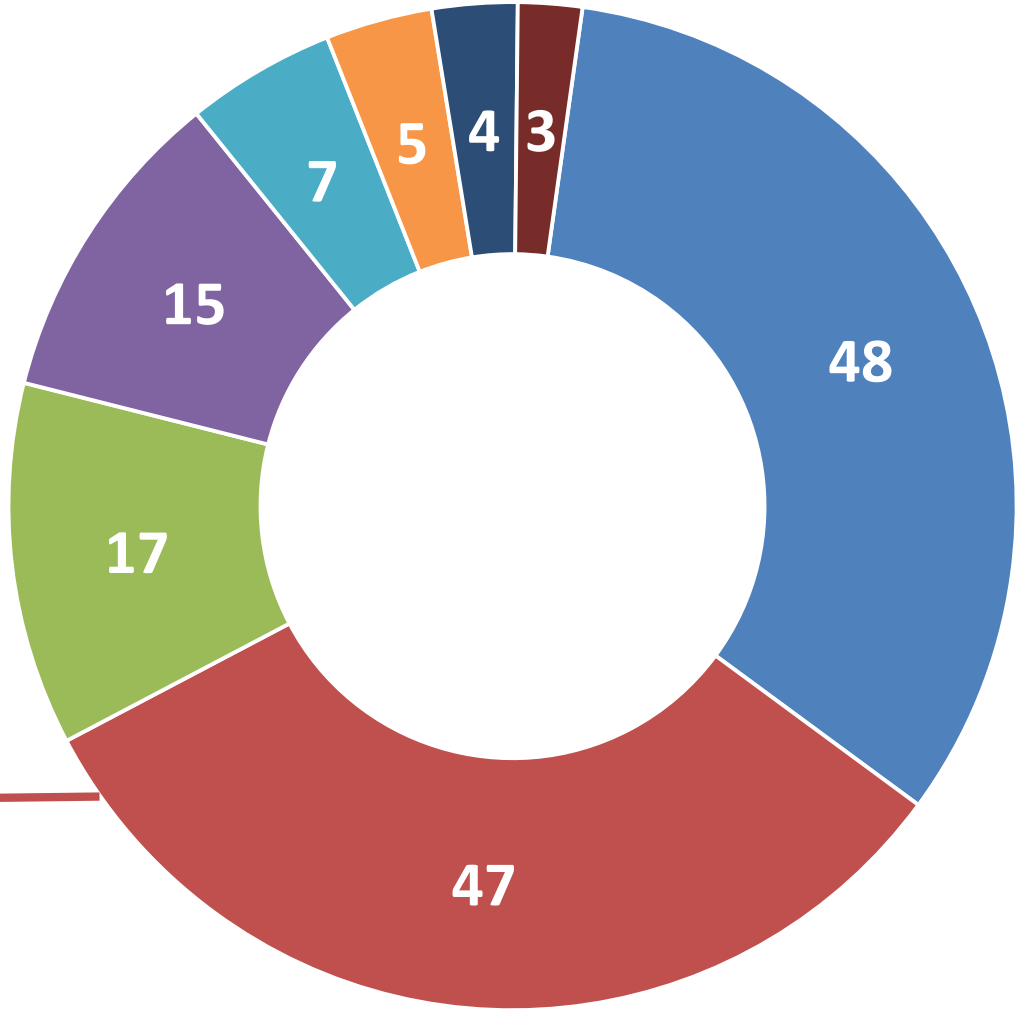
- Physician
- Other
- Physiotherapist
- Nurse
- Dentist
- Occupational Terapist
- Biomedical librarian
- Pharmacist



Midwife, student, engineer, professional educator, dietitian, biologist, medical radiology technician, dental hygienist, psychologist

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Editorial

Evidence-based medicine

ACP J Club. 1991 Mar-April;114:A16. doi:10.7326/ACPJC-1991-114-2-A16

Gordon H. Guyatt, MD, MSc

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EDITORIAL

Evidence-Based Medicine

An internist sees a 70-year-old man whose main problem is fatigue. The initial investigation reveals a hemoglobin of 90 g/L. The internist suspects iron deficiency anemia. How might she proceed?

The way of the past
When faced with this situation during her training just a few years earlier, the internist was told by the attending physician that one ordered serum ferritin and transferrin saturation and proceeded according to the results. She now follows this path. If both results come 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 tests conflict, she can proceed according to her own clinical instincts, ask a more senior colleague or local hematologist how the results should be interpreted, or consult a textbook.

The way of the future
The internist asks herself whether she knows the diagnostic properties of the tests she is considering ordering and realizes she does not. She turns to the microcomputer in her office, which has a modem and inexpensive software to link by telephone to MEDLINE. She conducts a quick, computerized literature search, using the indexing terms "iron deficiency anemia" and "sensitivity and specificity," and retrieves seven citations at a cost of $0.79. When she surveys the titles, one appears directly relevant (1).

She faxes 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 meets 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 less powerful and adds no useful information. She also finds that her laboratory's normal range for the test is misleading. The internist estimates the pretest likelihood of iron deficiency and orders the test. When the result is available, she uses data from the article to determine the sensitivity and specificity associated with the serum ferritin value obtained, calculates the post-test probability of iron deficiency, and then decides on further management.

Discussion
The way of the future described above depicts an important advance in the inclusion of new evidence into clinical practice. Clinicians were formerly taught to look to authority (whether a textbook, an expert lecturer, or a local senior physician) to resolve issues of patient 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 internists by extracting new, sound clinical evidence from the morass of the biomedical literature so that practitioners can get at it.

Gordon H. Guyatt, MD, MSc

References

1. **Guyatt GH, Patterson C, Ali M, et al.** Diagnosis of iron-deficiency anemia in the elderly. *Am J Med.* 1990;88:205-9.
2. **Sackett DL, Haynes RB, Guyatt GH, Tugwell P.** *Clinical Epidemiology, a Basic Science for Clinical Medicine. 2nd ed.* Boston: Little, Brown and Company. [In press for 1991].
3. **Guyatt GH, Keller JL, Jaeschke R, et al.** The n-of-1 randomized controlled trial: clinical usefulness. Our three-year experience. *Ann Intern Med.* 1990;112:293-9.

*Interested in acquiring or enhancing these skills? Attend the ACP Annual Meeting, 11-13 April 1991, for workshops on Searching the Literature on MEDLINE and Using the Clinical Literature to Solve Clinical Problems – *The Editor*

ELSEVIER

Check for updates

Journal of Clinical Epidemiology

Journal of Clinical Epidemiology 126 (2020) 164–166

COVID-19 ARTICLES

Evidence-based medicine in times of crisis

Benjamin Djulbegovic
Gordon Guyatt*
Department of Supportive Medicine
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Department of Hematology
Evidence-Based Analytics and Comparative Effectiveness
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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.

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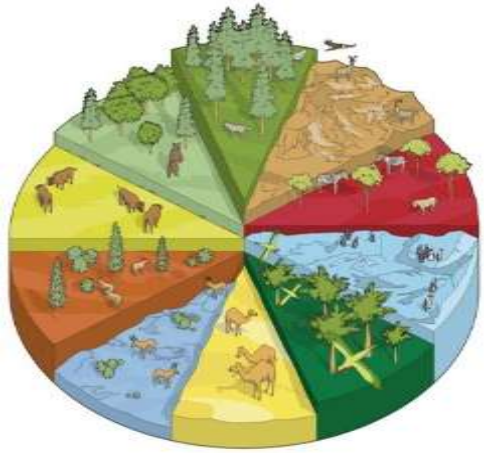
Ecosystem

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

Evidence
Generation
Synthesis
Translation
+ AllTrials
James Lind Alliance
Priority Setting Partnerships
REWARD
REduce research Waste And Reward Diligence
equator network
Guidelines International Network
AGREE II
GRADE
PRISMA
Cochrane

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Kamran Abbasi

The BMJ
United Kingdom

Hilda Bastian

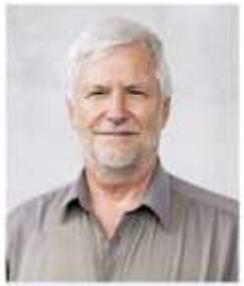
Cartoons and blogs at PLOS, and writes for The Atlantic
Australia

Nino Cartabellotta

GIMBE Foundation
Italy

John Concato

U.S. Food and Drug Administration
USA



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Gordon Guyatt

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John Ioannidis

Stanford University
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Eleanor Ochodo

Kenya Medical Research Institute
Kenya

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The visible GIMBE's staff

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Your «first welcome» assistants

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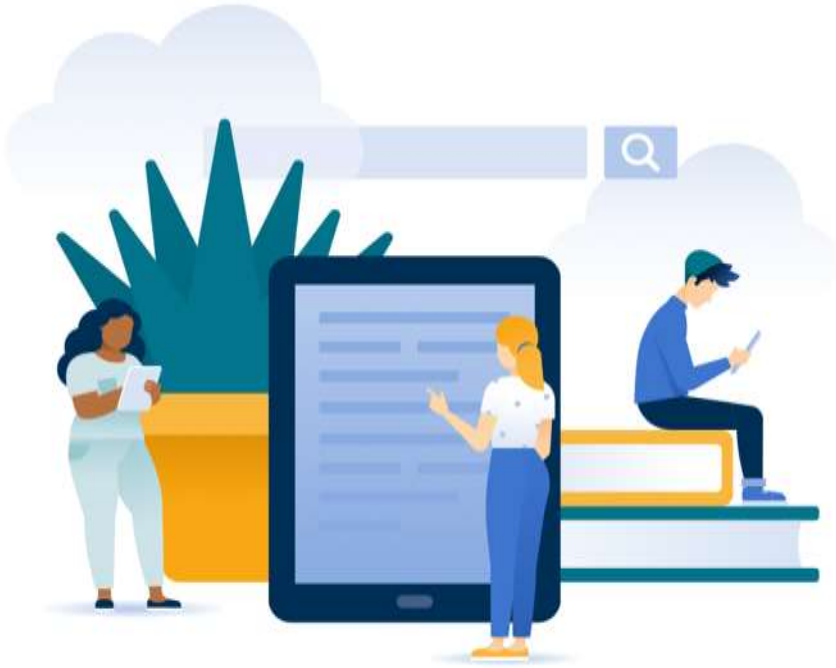

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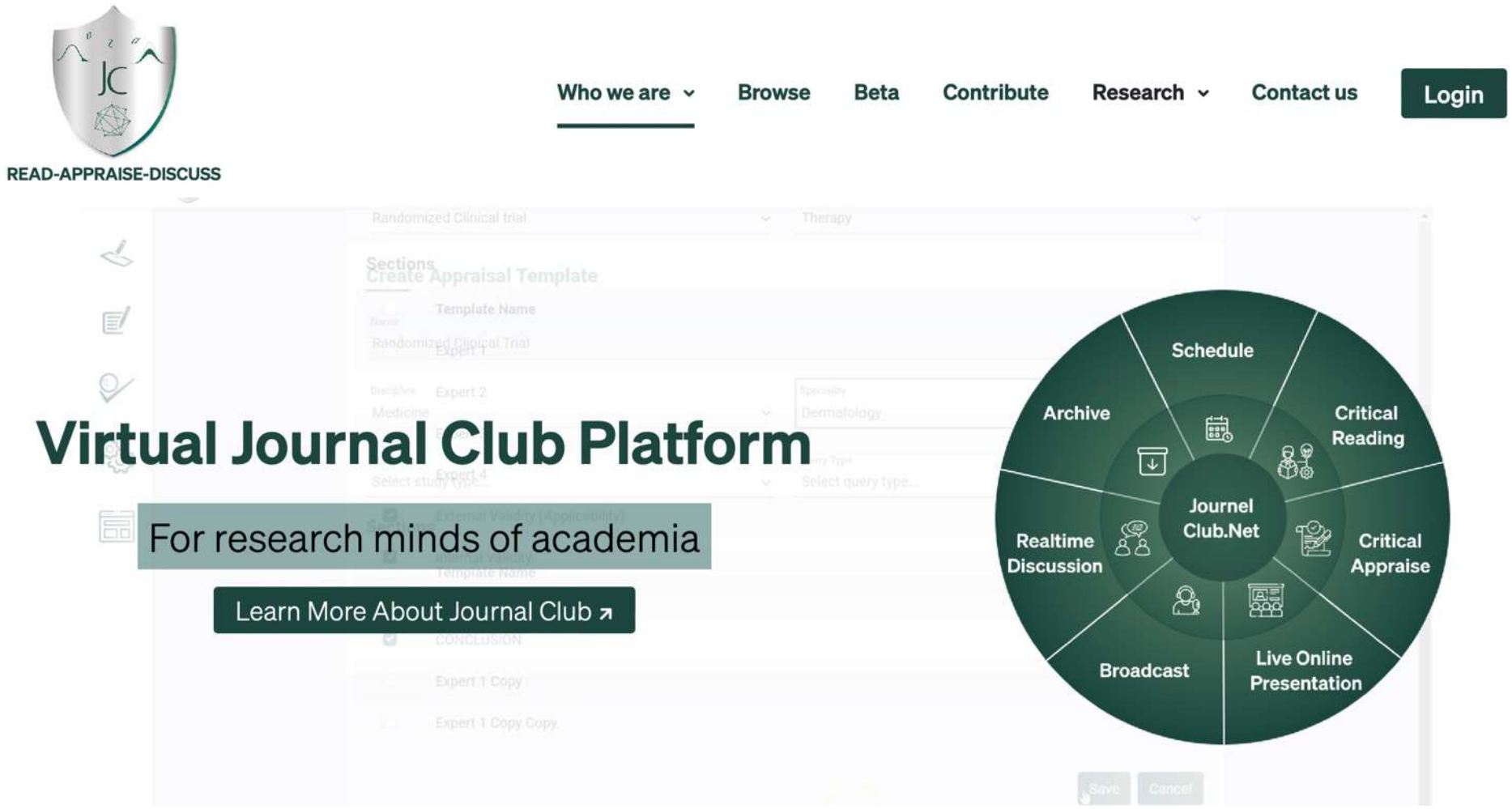

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Trauma
Work

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Let’s start with the EBM giants!

Gordon Guyatt

McMaster University
Canada

OPENING LECTURE

EBM 32 years later: achieved goals and unresolved issues

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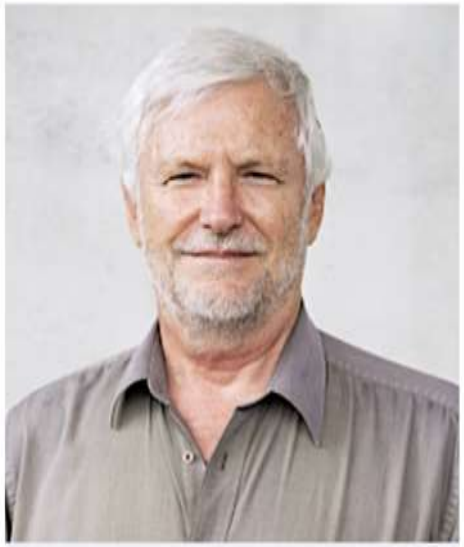

Paul Glasziou

Bond University
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OPENING LECTURE

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

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