

Welcome to Sicily

Our adventure started **6365** 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 (martin.dawes@public.health.oxford.ac.uk)

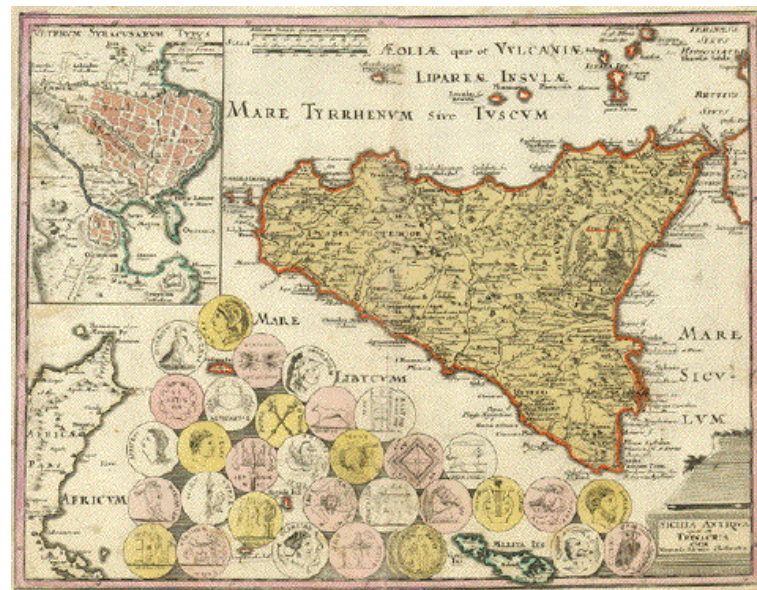
Date: 22 May 2000 - 11:28 BST



My proposal was...

Evidence-Based Health Discussion List

Possibly in Europe,
ideally in Italy,
Sicily would be fantastic!



Before starting the 8th EBHC
Conference....

Do you remember 7 previous
outstanding Sicilian editions?



The ecosystem of evidence

Connecting generation,
synthesis and translation

Taormina, Italy
25th-28th October 2017

#EBHC2017

2001



2003



2005



Debate

Open Access

Sicily statement on evidence-based practice

Martin Dawes*¹, William Summerskill², Paul Glasziou³,
Antonino Cartabellotta⁴, Janet Martin⁵, Kevork Hopayian⁶, Franz Porzolt⁷,
Amanda Burls⁸ and James Osborne⁹

METRICS

Article accesses: 116062

Citations: 234 [more information](#)

Altmetric Attention Score: 29



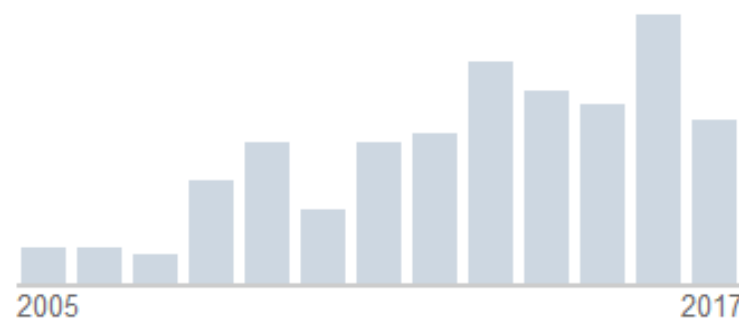
234

ITEMS CITE THIS ARTICLE

CITATION RANK

99th PERCENTILE

CITATIONS PER YEAR



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
Evidence-Based Health Care
Leaders & Developers

of Practice in
and Primary Care

Italy
November, 2009

CORRESPONDENCE

Open Access

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

Julie K Tilson^{1*}, Sandra L Kaplan², Janet L Harris³, Andy Hutchinson⁴, Dragan Ilic⁵, Richard Niederman⁶, Jarmila Potomkova⁷ and Sandra E Zwolsman⁸



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





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

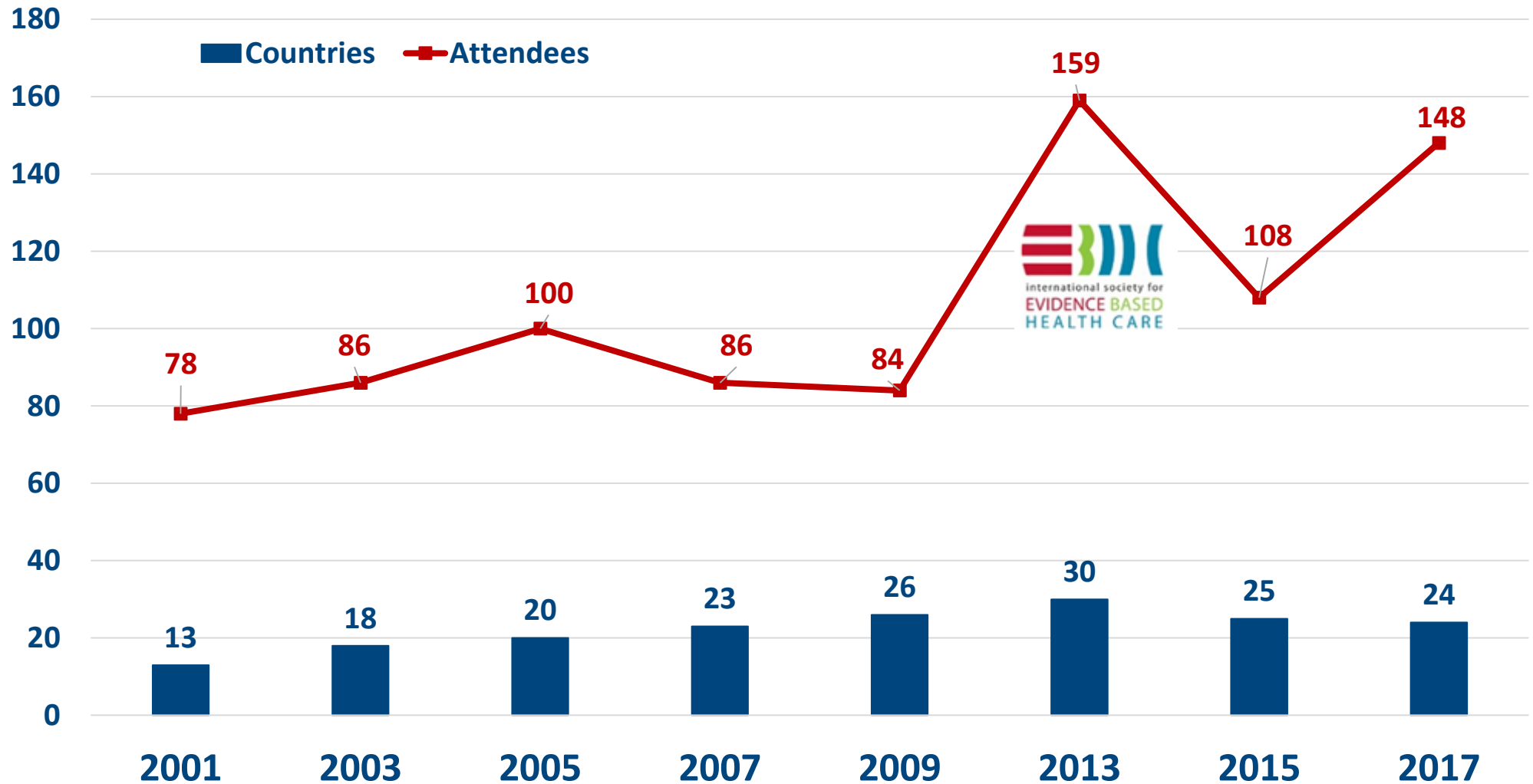
The ecosystem of evidence

Connecting generation, synthesis and translation

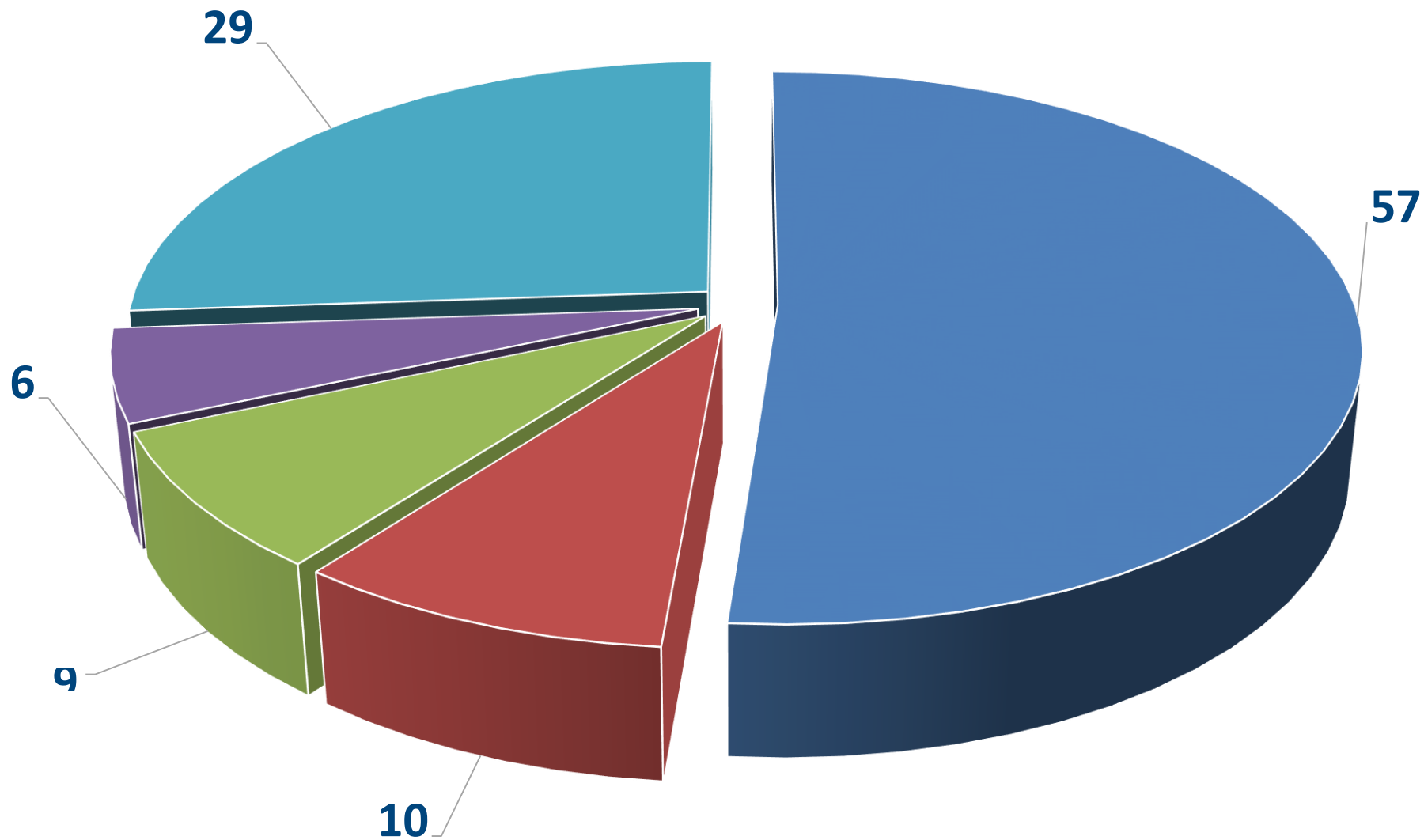
Taormina, 25th – 28th October 2017



148 delegates from 24 countries



■ Physician ■ Physiotherapist ■ Nurse ■ Biomedical librarian ■ Other



	Australia	15		Netherlands	9
	Brazil	5		Norway	24
	Canada	11		Russia	1
	Colombia	1		South Africa	2
	Croatia	1		Spain	2
	Finland	1		Sweden	2
	Germany	2		Switzerland	3
	Ireland	3		Tajikistan	1
	Italy	18		Thailand	1
	Japan	1		UK	22
	Lebanon	1		USA	20
	Malta	1		Uzbekistan	1

The Rational Clinical Examination 

JAMA, November 4, 1992

Evidence-Based Medicine

A New Approach to Teaching the Practice of Medicine

Evidence-Based Medicine Working Group

Progress in evidence-based medicine: a quarter century on

Benjamin Djulbegovic, Gordon H Guyatt

In response to limitations in the understanding and use of published evidence, evidence-based medicine (EBM) began as a movement in the early 1990s. EBM's initial focus was on educating clinicians in the understanding and use of published literature to optimise clinical care, including the science of systematic reviews. EBM progressed to recognise limitations of evidence alone, and has increasingly stressed the need to combine critical appraisal of the evidence with patient's values and preferences through shared decision making. In another progress, EBM incorporated and further developed the science of producing trustworthy clinical practice guidelines pioneered by investigators in the 1980s. EBM's enduring contributions to clinical medicine include placing the practice of medicine on a solid scientific basis, the development of more sophisticated hierarchies of evidence, the recognition of the crucial role of patient values and preferences in clinical decision making, and the development of the methodology for generating trustworthy recommendations.

Lancet 2017; 390: 415-23

ANALYSIS

ESSAY

Evidence based medicine: a movement in crisis?

Trisha Greenhalgh and colleagues argue that, although evidence based medicine has had many benefits, it has also had some negative unintended consequences. They offer a preliminary agenda for the movement's renaissance, refocusing on providing useable evidence that can be combined with context and professional expertise so that individual patients get optimal treatment

Trisha Greenhalgh *dean for research impact*¹, Jeremy Howick *senior research fellow*², Neal Maskrey *professor of evidence informed decision making*³, for the Evidence Based Medicine Renaissance Group



CrossMark
click for updates

EDITORIALS

How medicine is broken, and how we can fix it

The chief medical officer's review on statins and oseltamivir may look for answers in the wrong places

Ben Goldacre *senior clinical research fellow*, Carl Heneghan *professor of evidence based medicine*

Centre for Evidence Based Medicine, Nuffield Department of Primary Health Care, University of Oxford, Oxford, UK



ELSEVIER



CrossMark

Journal of Clinical Epidemiology 73 (2016) 82–86

**Journal of
Clinical
Epidemiology**

Evidence-based medicine has been hijacked: a report to David Sackett

John P.A. Ioannidis^{a,b,c,d,*}


^a*Department of Medicine, Stanford Prevention Research Center, Stanford, CA 94305, USA*


^b*Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA 94305, USA*


^c*Department of Statistics, Stanford University School of Humanities and Sciences, Stanford, CA 94305, USA*

^d*Meta-Research Innovation Center at Stanford (METRICS), Stanford University, Stanford, CA 94305, USA*

Accepted 18 February 2016; Published online 2 March 2016

- 
- Evidence generation, synthesis and translation processes not adequate and poorly harmonized

- 
- Gray zones
 - Duplication of primary and secondary research
 - Consistent gaps between research and practice

- 
- Suboptimal health outcomes
 - Waste due to overuse/underuse of drugs, devices, diagnostic tests and other health interventions



8th International Conference for EBHC Teachers and Developers

The ecosystem of evidence

Connecting generation, synthesis and translation

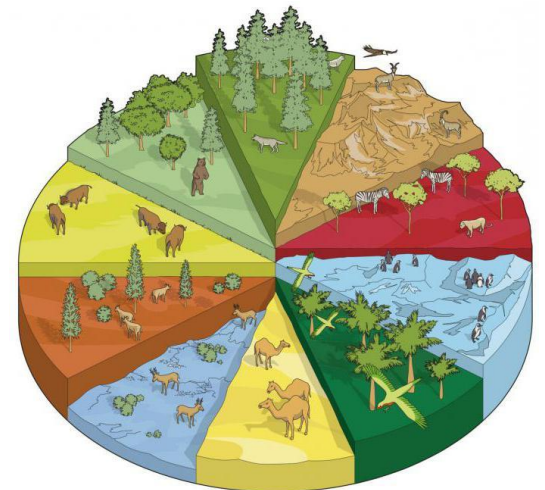
Taormina, 25th – 28th October 2017

The aim of the Conference is to explore the ecosystem of evidence to improve the connections among generation, synthesis and translation



Ecosystem

A community of **living organisms** in conjunction with the **nonliving 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

This is your 3 days hard work schedule...

25th October

08.30 – 18.00 Welcome coffee and registration
14.30 – 16.30 Pre-conference workshops
18.30 – 19.30 Conference inauguration

20.00 – 21.30 Welcome buffet

26th October

08.30 – 09.00 Breakfast session 1
09.00 – 10.45 Plenary session A
10.45 – 11.30 Break, poster session
11.30 – 13.15 Plenary session B

13.15 – 14.30 Lunch

14.30 – 16.15 Parallel session C / Parallel session D
16.15 – 16.30 Break
16.30 – 18.00 Workshops / Theme group

27th October

08.30 – 09.00 Breakfast session 2
09.00 – 10.45 Plenary session E
10.45 – 11.30 Break, poster session
11.30 – 13.15 Plenary session F

13.15 – 14.30 Lunch

14.30 – 16.15 Parallel session G / Parallel session H
16.15 – 16.30 Break
16.30 – 18.00 Workshops / Theme group

20.00 – 23.00 Gala dinner

28th October

09.00 – 10.45 Plenary session I
10.45 – 11.30 Break
11.30 – 13.15 Plenary session J

13.15 – 14.30 Lunch

Beware of using appropriately your unscheduled night time... because we won't!





8th International Conference for EBHC Teachers and Developers

The ecosystem of evidence

Connecting generation, synthesis and translation

Taormina, 25th – 28th October 2017





John Ioannidis
Stanford University



Gordon Guyatt
McMaster University



Paul Glasziou
Bond University



Doug Altman
University of Oxford



Howard Bauchner
JAMA



Trisha Greenhalgh
University of Oxford



Amir Qaseem
ACP



David Tovey
Cochrane



Sharon Straus
University of Toronto



Angela Coulter
University of Oxford



Nancy Santesso
McMaster University



Trish Groves
The BMJ



Amanda Burls
City University of London



Per Olav Vandvik
University of Oslo



Walter Ricciardi
NIH Italy



Nino Cartabellotta
GIMBE Foundation



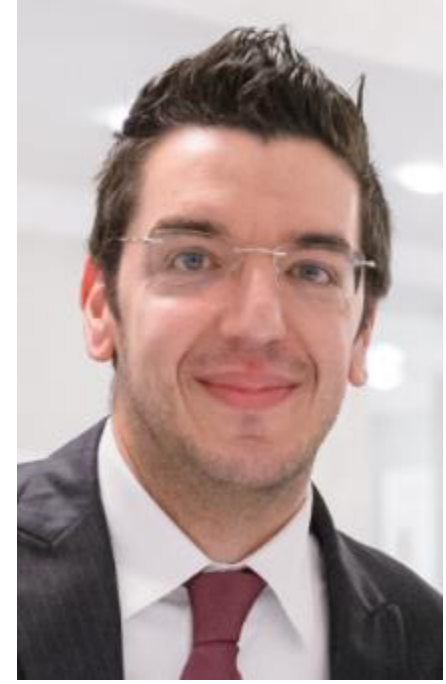
The visible GIMBE's staff



The hidden GIMBE's staff



Francesco



Roberto

Your «first welcome» assistants

Deborah & Barbara



Caparena Hotel: from management to staff





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Read the latest about the *DynaMed Plus* mobile app

[DynaMed Plus app review, UpToDate gets put on notice »](#)

Gracias

Merci

Thank You

Thank You

Thank You

Gracias

Danke

Thank You

Grazie

Thank You

Thank You

Danke

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Welcome to Sicily

Opening lecture

“False” and “not useful” clinical research: how can we increase its value?

John Ioannidis, Stanford University (USA)



Why Most Published Research Findings Are False

John P. A. Ioannidis

PLoS Medicine | August 2005 | Volume 2 | Issue 8 | e124

68,358 Save	2,841 Citation
2,341,629 View	10,186 Share



Essay

How to Make More Published Research True

John P. A. Ioannidis^{1,2,3,4*}

1 Meta-Research Innovation Center at Stanford (METRICS), Stanford University, Stanford, California, United States of America, **2** Department of Medicine, Stanford Prevention Research Center, Stanford, California, United States of America, **3** Department of Health Research and Policy, Stanford University School of Medicine, Stanford, California, United States of America, **4** Department of Statistics, Stanford University School of Humanities and Sciences, Stanford, California, United States of America

PLoS Medicine | October 2014 | Volume 11 | Issue 10 | e1001747



ESSAY

Why Most Clinical Research Is Not Useful

John P. A. Ioannidis^{1,2*}

1 Stanford Prevention Research Center, Department of Medicine and Department of Health Research and Policy, Stanford University School of Medicine, Palo Alto, California, United States of America, 2 Meta-Research Innovation Center at Stanford (METRICS), Stanford University, Palo Alto, California, United States of America

PLOS Medicine | DOI:10.1371/journal.pmed.1002049 June 21, 2016





Hijacked evidence-based medicine: stay the course and throw the pirates overboard

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^d*Meta-Research Innovation Center at Stanford (METRICS), Stanford University, 1265 Welch Rd, MSOB X306, Stanford, CA 94305, USA*

Several criticisms have been raised against EBM:

- focusing on benefits and ignoring adverse events
- being interested in averages, ignoring the wide variability in individual risks and responsiveness
- ignoring clinician-patient interaction and clinical judgement
- falling prey to corruption from conflicts of interest



I argue that none of these deficiencies are necessarily inherent to EBM that has contributed a lot towards minimizing them in research and in healthcare.



However, EBM is paying the price of its success: having become more widely recognized, it is manipulated and misused to support subverted or perverted agendas that are hijacking its reputation value.

Sometimes the conflicts behind these agendas are so strong that one worries about whether the hijacking of EBM is reversible.



Nevertheless, EBM is a valuable conceptual toolkit and it is worth to try to remove the biases of the pirates who have hijacked its ship.

Is this feasible?

I cannot promise success because the pirates have become too many and too powerful.



MADE IN
★ 1965 ★

