**SHLA Journal Club - November 20, 2018**

Djulbegovic, B., & Guyatt, G.H. (2017). Progress in evidence-based medicine: a quarter century on. *Lancet*, 390(10092), 415-423. DOI: [https://doi.org/10.1016/S0140-6736(16)31592-6](https://doi.org/10.1016/S0140-6736%2816%2931592-6)

**Discussion Questions**

1. **Can you relate to any changes to librarianship (health/medical or otherwise) that coincide with the author’s observations of EBM’s own evolution?**
* The sheer volume of information we deal with now. The authors talk about the tools we need to handle this large volume.
* Interesting they didn’t mention using a librarian or library services to help but they seem to allude to the fact that help is needed.
* They mention there is more of a focus on patient involvement. Much more user-focused. We’re trying to figure out what our users want and what their needs are.
* EBM doesn’t seem to be on the radar with the students or getting them to think critically about information being presented. This needs to be re-iterated with lots of students. Used to being spoon-fed the information and accepting things at face value.
* More sophisticated hierarchies. A decade of efforts to teach EBM to clinicians showed that few have the skills or time to find information on their own.
* Information overload also includes teaching EBM itself.
* Basic critical appraisal skills for random information online is lacking. Not just with EBM. Especially people fresh out of high school.
* More focus on mobile technology and electronic resources
1. **BD and GHG provide a prediction for the next 25 years based upon their review. Given their predictions, how do you think libraries must adapt to meet the needs of evidence-based research & practice?**
* 25 years seems like a long time to try and predict. How do we know social media will look the same for example? 10 years would have been more realistic.
* Suppression of research and text mining, big data, etc will certainly be prominent issues.
* Artificial intelligence is a huge topic in libraries now but it wasn’t mentioned in the article.
* Need to focus more on showing users how to use these tools, not just telling them about them.
* Lack of skills, time, or intercultural personal skills for physicians communicating with patients will be something to deal with.
* Electronic access
* Role of library in future, perhaps more so on the academic side. Issues with publishing standards, trials never getting reported. The library will have a bigger role, especially academic ones. Help improve the quality of training and publishing standards.
1. **Did you learn something new, or has your perspective on evidence-based medicine changed in any way after reading this article? If yes, how might it affect your practice? Will this help you teach/explain EBM?**
* Didn’t realize how new and recent EBM is. Really only got going in the 1990’s and early 2000’s.
* Interesting that they point out the need to have this information accessible, but they don’t state who should do it.
* Big pharma industries does a lot of publishing. This was highlighted as one of the criticisms of EBM. Makes us think about who is making the guidelines and recommendations, tools, etc. There is always a “wizard behind the curtain”.
* Role of an organization like CADTH will be more crucial. Modeling what good EBM is. Would be nice to know how integrated the librarians are. Some of us maybe lack the clinical skills for good critical appraisal.
* Some basic EBM was taught at UBC library school.
* Research methodology really needs to be taught better in library school. A skill that lacks regardless of what library you end up in. What is taught is not really applicable to the real world.
* Dalhousie had a health sciences librarianship course and Western some science and consumer health info courses. A lot of times we fall into a specific position though. So we start here without much understanding of EBM.
1. **[If time, open discussion]**
* Evidence Pyramid vs GRADE: Is this something we should be moving away from? Seems like EBM has legitimate concerns about the use of the pyramid. Is moving toward GRADE what needs to be done? Maybe we can re-contextualize the pyramid somehow. It’s more a model of publication types whereas GRADE is more about assessing the quality. The pyramid is more visually appealing to students who don’t want to read a bunch of information in a box. When looking at different types of studies needed then it would be good to include GRADE there. It allows for some of those observational studies to be high quality for example. Think about who is doing this and can we trust it? DynaMed and UpToDate are incorporating it.
* This article was well presented. It was nice to include the criticisms and know there are flaws in the model. Things always need to be improved, including EBM.
* Another criticism the authors mentioned was: making patient fit into a specific criteria like with guidelines. Maybe it impacts our judgement.
* Very inconsistent teaching in many medical programs. The way we teach can compensate for this.
* These criticisms seem legit but they can be compensated for as well.
* Would be helpful for any new librarians to read this article and take a medical terminology course.