

Preface



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Guest Editors

Evidence-based medicine is a relatively new concept that rapidly has gained widespread acceptance as an approach to practice and teach medicine. Gordon Guyatt was one of the first people to describe this. In 1990, he described the medical residency at Canada's McMaster University: "Residents are taught to develop an attitude of 'enlightened skepticism' toward the application of diagnostic, therapeutic, and prognostic technologies in their day-to-day management of patients."¹ This approach (which has been called "evidence-based medicine") is based on principles outlined in the book by Sackett and colleagues entitled *Clinical Epidemiology. A Basic Science for Clinical Medicine*.² The goal is to be aware of the evidence on which one's practice is based, the soundness of the evidence, and the strength of inference the evidence permits. The strategy employed requires 1) a clear delineation of the relevant question(s), 2) a thorough search of literature relating to the questions, a critical appraisal of the evidence, and its applicability to the clinical situation, and 3) a balanced application of the conclusions to the clinical problem."¹ This issue of *Hand Clinics* is devoted to the increasingly important and relevant application of these principles, which have become known as evidenced-based practice (EBP).

We have assembled a group of outstanding researchers, physicians, and therapists devoted and committed to advancing the practice of EBP, which is the integration of individual clinical expertise with the best available external clinical evidence from systematic research and the integration of patients' values and expectations. EBP

is now recognized worldwide as a foundation of quality care, and all surgeons and therapists must embrace the concepts and learn the methods.

To help you become an evidence-based practitioner, this issue will help you develop new skills to find and appraise the best evidence embedded within the volumes of good and bad information available. This issue discusses how to apply these methods to hand surgery and rehabilitation. We must learn how to practice evidence-based medicine. To practice, this issue facilitates the development of new skills by searching literature and internet and provides new skills for the critical appraisal of good and bad information available. In the United States, the Centers for Medicaid and Medicare Services (CMS), health insurers, and certification boards provide the impetus for all of us to put into action EBP. This approach to practice will lead to changes in our behavior.

CMS introduced a "Pay-for-Performance" (P4P) initiative to promote high quality medical care routed in evidence-based medicine by reimbursing to facilitate the development of new skills by searching literature and internet and provides new skills for the critical appraisal of good and bad information available. In the United States, the Centers for Medicaid and Medicare Services (CMS), health insurers, and certification boards provide the impetus for all of us to put into action EBP. This approach to practice will lead to change performing hospitals at a higher level than poor performing hospitals. Individual health

care providers are next. The primary objectives of P4P include increasing clinical quality and saving lives. A secondary objective is to improve the cost-effectiveness of health care delivery. Guidelines are becoming more important for insurers who make decisions about authorizing the care of our patients. Government programs like these, with ever increasing practice guidelines, will lead to new expectations in your practice. Whoever controls these initiatives and guidelines, controls medicine, and ultimately, the flow of money. You don't want to be left behind.

Unless individual clinicians and professional associations are sufficiently knowledgeable in EBP to find, disseminate, and implement existing evidence that supports their clinical practices and move towards generating ever increasingly high-quality evidence, health care funders will rationalize removal of payment for services on the basis of insufficient evidence. This is entirely appropriate if high(er) quality evidence supports alternative approaches or if harm is caused. However, funders who do not understand EBP or who wish to hijack the process for their own objectives will have no counterbalance unless individual clinicians and professional associations are adequately informed and competent in EBP. This issue is designed to provide you with the knowledge and skills to start you on your way to practicing evidence-based medicine. We thank all the authors for their hard work, insight, and careful presentation of material in a practical format to achieve this goal.

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