The Role of Librarians in Translating Evidence to Guide Clinical Practice

Sadaf Ullah, MI and Anne Dabrowski, MI
Centre for Effective Practice, Toronto, Ontario, Canada

CEP | **Providers**

Librarianship at the Centre for Effective Practice (CEP) goes beyond conducting searches. At CEP, the unique role of the librarian is to synthesize often conflicting clinical evidence and opinions. Cutting through the research 'noise', we identify key learnings that form the groundwork for clinical tools utilized by providers around the country.

CEP Tool Development Process

The CEP develops clinical tools (decision aids, evidence and best practice summaries, medication algorithms, etc.) as a part of the Knowledge Translation in Primary Care Initiative (KT in PC). This multi-year initiative is a collaboration between the Centre for Effective Practice, Ontario College of Family Physicians (OCFP), and Nurse Practitioners' Association of Ontario (NPAO). Funded by the Ministry of Health and Long-Term Care, this initiative supports primary care providers with the development of a series of clinical tools and health information resources.

Our integrated knowledge translation approach engages providers throughout the development processes through the application of user-centered design methodology and clinical leadership. End users and clinical experts are also engaged by providing feedback.

67%

Of providers indicated they use tools and resources during and outside of patient visits for decision-making and patient education.

Step 1: Critically Appraising the Evidence

As part of the KT in PC initiative, the CEP conducts a Primary Care Needs Assessment survey to identify topics that have gaps in the evidence and lack clinical consensus on effective decision making, which creates research noise in the system.

Step 2: Critically Appraising the Evidence

The tool development process begins with a targeted search for grey literature, clinical practice guidelines and systematic reviews relating to the health topic at hand. The librarians critically appraise the evidence by applying tools that assess the rigour of development and methodology of the information and we utilize the following tools and inclusion criteria to help with the appraisal:

⇒ the AGREE II instrument is used to appraise clinical practice guidelines

⇒ the ASMTAR criteria is used to appraise systematic reviews

⇒ All evidence has the following inclusion/exclusion criteria applied:

- Recent 5 years (scope is expanded to recent 10 years depending on the topic)
- Canadian context (but will also include the United States and Europe)
- English language
- Exclusion criteria: Does not meet AGREE II or AMSTAR criteria, older than 5 years, non-English language resource, topic out of scope

97%

Of providers reported an increase in their knowledge of the evidence and their clinical confidence from CEP tools and resources.

Step 3: Interpreting the Evidence

Once relevant evidence-based information is identified, the CEP librarians interpret the evidence to create our tools.

⇒ The librarians' abilities to interpret evidence and pull the most relevant information within an efficient time comes from our skills in evidence-based appraisal, careful assessment, and the ability to summarize information without losing important clinical content

⇒ The information forms the backbone of our clinical tools

⇒ The clinical experts provide opinions on evidence as well as shed light on further information for the librarians to add into the tool while we look for the evidence to support their recommendations

Step 4: Evidence Informing Behaviour Change

In order to make tools that providers will engage with and use in practice, the CEP employs user-centered design through usability testing with targeted end users, graphic design, and heuristics, to organize the information in the most accessible way for providers.

78%

Of providers report behaviour change (prescribing, testing and screening, non-pharmacological management and referral patterns) after using the CEP's tools and resources.

Issues We Encounter

Navigating through the grey areas of evidence and managing stakeholder expectations

Librarians encounter grey areas in the evidence when providers—who may not be as well versed in information retrieval—recommend information that makes a simple appraisal difficult. In instances where providers recommend information that does not immediately meet our inclusion criteria (e.g. outdated clinical practice guidelines that are still commonly used in practice), we are able to justify the reasons for exclusion by using best practice (the aforementioned screening tools) to make judgement calls and manage our stakeholders expectations. This method ensures that we are validating our providers opinions and input, but also instigating behaviour change with best evidence based practice.

Conclusion

Librarians at the CEP use their unique expertise to find, interpret and synthesize evidence to create clinical tools that engage providers and ensure effective behavior change, improving the quality of care in the health system.