

POEMs as a Paradigm Shift in Teaching, Learning, and Clinical Practice

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This issue of *The Journal of Family Practice* marks the 5-year anniversary of the POEMs (Patient-Oriented Evidence that Matters) feature (originally published as the "JFP Journal Club"). As is evident from the content of this issue, this initiative has been extremely successful in increasing the relevance and value of the published literature for all those involved in family practice. In addition to the usual 8 synopses in the POEMs feature, this issue of the *Journal* includes articles on the process of finding POEMs in the medical literature,¹ the challenges of using evidence-based medicine (EBM) in everyday practice,² and responses from the readership to the POEMs feature over the last several years.³

EVIDENCE-BASED MEDICINE

The rise of EBM in recent years has been a major intellectual advance in clinical medicine with fundamental differences from traditional medical education with its global subjective judgment by experts, often without rigorous analysis of the evidence. The growth of EBM in the United States follows the early work of Sackett and others in Canada and the United Kingdom,^{4,5} but has now developed a life of its own in this country.⁹⁻¹² Perhaps the most important part of the EBM movement to busy clinicians in academic and community practice settings is the development of an ongoing forum for critical appraisal of clinical studies that are both relevant and useful to practice. The *ACP Journal Club* (a bimonthly supplement of the *Annals of Internal Medicine*) was the first regular publication of predigested evidence-based articles, soon followed by the "JFP Journal Club" (now POEMs) in this journal. The POEMs feature addresses the comprehensive content of family practice. The editorial team reviews more than 80 journals and provides critical appraisals of those articles that meet 3 criteria: (1) the clinical problem is encountered on a recurring basis by the typical practicing family physician; (2) the study includes patient-oriented outcomes (such as mortality, morbidity, and quality of life); and (3) the results, if valid, would require a change in the clinician's practice.

EBM is seeing continued growth and acceptance among clinicians because of several simultaneous trends: the increasing access to clinically useful electronic databases and resources, such as the Cochrane database and the collection of POEMs produced by this

journal available on the Internet; the growing use of best evidence in clinical policies and guidelines; the increasing use of office computers in clinical practice; the need for effective tools for dealing with information overload; and a new emphasis on research that addresses outcomes that matter to patients, not just intermediate or disease-oriented outcomes. Markers of progress in EBM around the country include its application in a growing number of medical education programs; its increasing use in managed care organizations (Group Health Cooperative is a leader in this area in the Pacific Northwest); the new journal *Evidence-Based Medicine* (published by the American College of Physicians); the *Evidence-Based Practice* newsletter including all of the POEMs published by this journal, as well as many other evidence-based appraisals; and the recently established National Guideline Clearinghouse initiated by the Agency for Health Care Policy and Research.

Despite the progress, much still needs to be done before EBM takes its appropriate role in medical education and in everyday clinical decision making. Many medical students, residents, and practicing physicians need to expand their skills in finding, assessing, and interpreting available evidence relevant to their patients and practice. Much more research is needed that evaluates outcomes that matter to patients. The shortage of time in a busy practice needs to be more effectively accommodated, such as by more efficient and accessible electronic databases relevant to clinical questions and the more widespread availability of predigested evidence-based commentaries of the published literature.

FUTURE IMPLICATIONS

What are the implications of the trend toward wider application of EBM in family practice? To family physicians in full- or part-time teaching, there is a need to teach the skills of EBM to learners at all levels — predoctoral, residency, faculty development, and continuing medical education. For those involved in research and scholarly work, there is a need to do more outcomes research involving POEMs, including meta-analyses and pooled quantitative literature evaluations instead of the standard non-evidence-based clinical reviews. For editors of family practice journals, there is a responsibility to promote publication of evidence-based studies and commentary. For clinicians in active practice, regardless of setting, there are many strategies that can be employed to better integrate EBM into daily practice, such as reading *Evidence-Based Medicine* and *Evidence-Based Practice*; becoming skilled in performing targeted searches of electronic databases (including the use of the new InfoRetriever developed for handheld

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computers); selection of consultants according to their ability to provide evidence for their recommendations; and attendance at continuing medical education programs that promote EBM and include workshops to develop the skills to apply it in practice.

The editor, editorial team, and publisher of *The Journal of Family Practice* are to be congratulated on their successful development of concrete examples of EBM as represented by the POEMs feature. The POEM concept draws together earlier, more amorphous concepts of EBM in a way that is rapidly applicable in practice. It has the potential to make a more useful and sustained advance than the global subjective judgment of experts. It can lead to improved quality of care, as well as more targeted and efficient ongoing learning. Together these can provide a more professionally rewarding style of practice.

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