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Internal Medicine Clerkship Orientation EBM Resources Course

Peggy Edwards, AMLS
TTUHSC - Preston Smith Library
Lubbock, Texas 79430

Reference Librarians

Offices on 2nd floor of
library, across from the
Learning Resource Center
and public computers

8am–5pm
Monday–Friday



Jennifer Yack



Peggy Edwards



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Evidence-Based Medicine for the MSIII Internal Medicine Clerkship ⓘ

Jul 5, 2016 10

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[Glossary for Suggested Best-Method of Investigation](#) [Definitions of Systematic Reviews & Meta-Analysis](#)
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Poll

Was this Guide useful to you?

☐ Yes

☐ No

Evidence-Based Medicine for the MSIII Internal Medicine Clerkship

Welcome to the LibGuide accompanying the Evidence-Based Medicine Course during the Internal Medicine Clerkship. Click the associated blue tabs for course materials and links to powerpoints.

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[Odessa / Permian Basin Library of the Health Sciences](#)

Contact Reference

[Ask A Librarian](#)

Amarillo Reference: 806-414-9964

Lubbock Reference: 806-743-2200; ask for a reference librarian

Odessa/Permian Reference; 432-703-5030

TeamViewer

- [TeamViewer for Windows](#)

TeamViewer is software that allows the reference librarian to view your desktop while guiding you through a search.
- [TeamViewer for Mac](#)

TeamViewer is software that allows the reference librarian to view your desktop while guiding you through a search.

Syllabus

Syllabus for Evidence-Based Medicine MSIII Internal Medicine Clerkship, 2015 – 2016

Dates: Classes and Assignments Due

1st Tuesday of Rotation 1:00-2:00 pm LRC, Preston Smith Library	Clerkship Orientation - Syllabus Review <i>Introductory Orientation</i> - Course Requirements; Internal Medicine <i>PowerPoint: EBM Resources Course - Internal Medicine</i> Class materials in <i>Internal Medicine Clerkship</i> - EBM Handout	Mandatory
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PubMed One-on-One Teaching Session <i>PICO Question Worksheet</i>	Mandatory DUE - at beginning of session
---	--

The Teaching Session Schedule will be emailed to you. Please schedule 2 hours for class!!

Course Description

The Evidence-Based Medicine component of the Internal Medicine clerkship is comprised of two sessions including:

- 1) an introductory orientation to three electronic point-of-care tools and several resources specific to Internal Medicine and
- 2) the PubMed One-on-One Teaching Session and

Medical librarians will instruct the sessions. During the *Introductory Orientation*, students will view highlights of important features of the point-of-care tools, via a PowerPoint, and then will complete hands-on exercises utilizing these tools. **Attendance to the Introductory Orientation is mandatory.**

Before the *PubMed One-on-One Teaching Session*, students will be expected to formulate a clinical or research question into the PICO format using the PICO worksheet. The PICO question will be of the individual student's choice. The PICO question worksheet will be due by the beginning of the student's assigned *PubMed One-on-One Teaching Session*. This assignment is **mandatory**.

In the *PubMed One-on-One Teaching Session*, students will be led through a lecture and hands-on literature search of the complete *PubMed* database in an effort to accelerate their proficiency in locating biomedical literature, including EBM data. During the teaching session, the student will locate journal articles that answer the question. It is recommended that at least one journal article be a study of high quality including: 1) a systematic review or meta-analysis, or 2) a randomized-controlled trial, or 3) a cohort study, or 4) a case-controlled study, or 5) a case series or case report, or 6) a practice guideline appropriate to study question category (diagnosis, therapy, etiology/harm, prognosis). This assignment is **mandatory**.

TTUHSC-SOM Institutional Specific Objectives

Evaluate the clinical status of patients through proficiency in clinical reasoning, including identification of clinical problems using scientific methods, data collection, hypothesis formulation, and the retrieval, management, and appropriate use of biomedical information for decision-making.

Apply evidence-based care to patients and use skilled clinical reasoning and the current state of medical art and science.

Use self-directed learning and information technology to acquire information from the basic and clinical sciences needed for patient care.

Demonstrate commitment to life-long learning, including self-directed study of basic and clinical science, critical assessment of the medical literature, and the use of evidence-based medicine.

Required Activities

Class attendance
PICO question, completed PICO worksheet, article(s) that answer the PICO question
OSCE Station

Resources

Links to Clerkship Materials <http://www.ttuhsu.edu/libraries/schools/internalmedebm/>

Point-of-Care Tools via <http://www.ttuhsu.edu/libraries> → **Databases Tab** → **Evidence Based**

- | | | |
|------------------------|-------------------|-----------------------------------|
| 1) <i>Clinical Key</i> | 2) <i>DynaMed</i> | 3) <i>Essential Evidence Plus</i> |
|------------------------|-------------------|-----------------------------------|

Internal Medicine Resources

- | | | |
|--|---|--|
| 1) <i>Access Medicine</i> | → eBooks Tab | (in fly out) → All eBooks>> |
| 2) patient education materials: <i>Medline Plus</i> | http://www.nlm.nih.gov/medlineplus/ | |
| 3) <i>Medical Letter on Drugs & Therapeutics</i> | http://m.ttuhsu.edu/resources/ | |
| 3) practice guidelines at guidelines.gov | | |

First Class:

Introductory Orientation- *Mandatory Attendance* 😊

- how to use three Point of Care EBM tools
- PowerPoint lecture, hands-on follow along, practice questions
- discuss how to formulate PICO questions
- how to determine which tools to use for background or foreground question



Point of Care Tools

available from
TTUHSC Libraries



DynaMed

First Consult

**ESSENTIAL
EVIDENCE
PLUS**



DynaMed

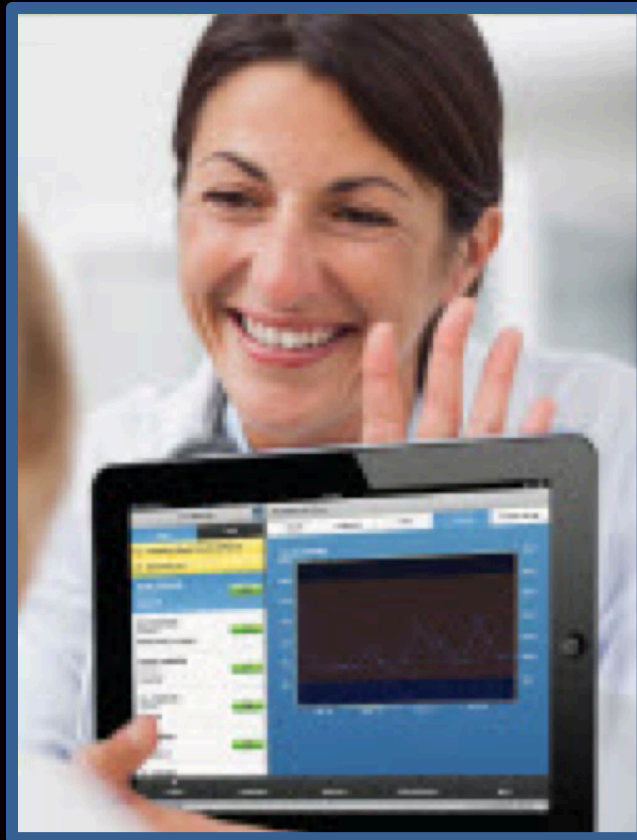
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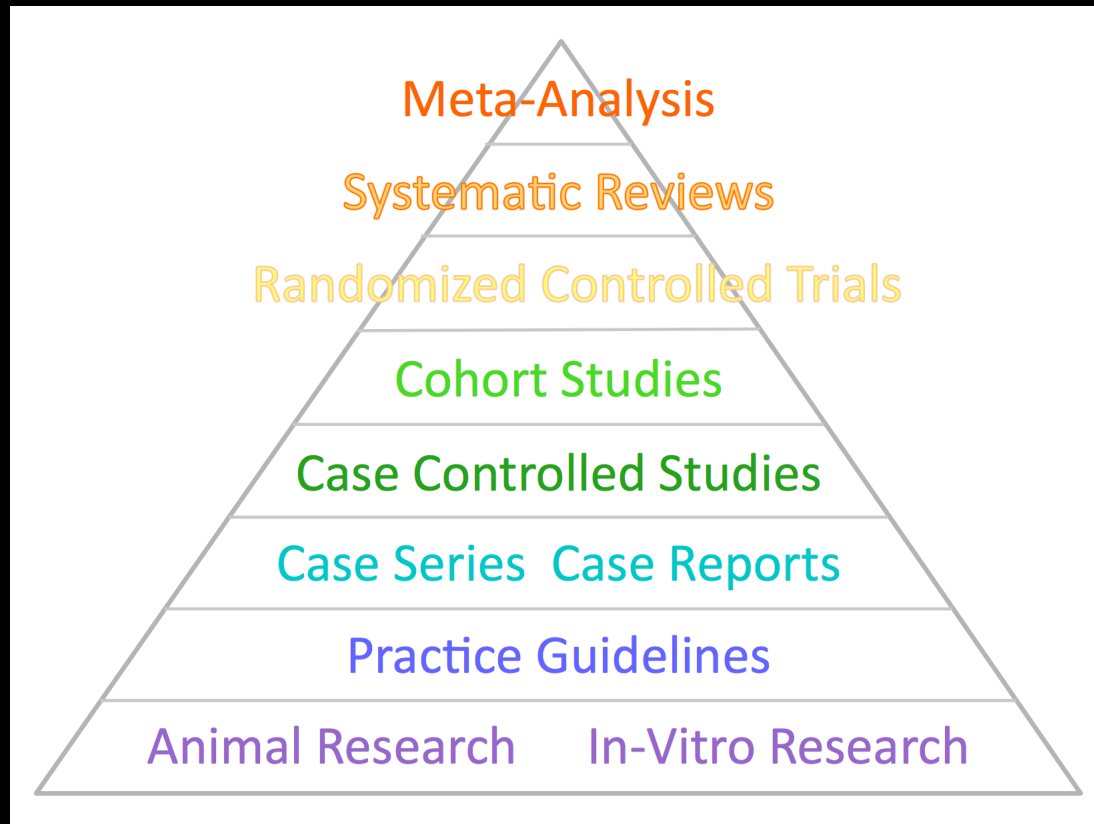
EBM Point of Care Tools

decision support information accessible at the patient's bedside or the “point of care”



EBM Point of Care Tools

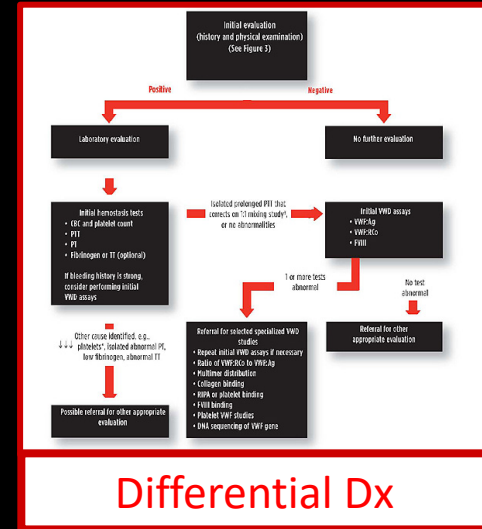
data that is evaluated and rated with levels of evidence



EBM Point of Care Tools – Disease Overview



Signs & Symptoms



H&P, Diagnosis,
Questions to Ask Patient



Therapy

EBM Point of Care Tools – Disease Overview



Follow-up

Background Questions

Background Questions are general:

What is a disorder?

What causes It?

How does it present?

What are some treatment options?

Resources that answer background questions:

Textbooks

Narratives that give a general overview

Second Class:

PubMed Searching Class - Mandatory Attendance 😊

- teaching session with a reference librarian
- in the Preston Smith Library
- how to search *PubMed* using advanced search techniques
- other resources
- PowerPoint lecture and hands-on practice
- search for article(s) that answer your PICO question



PICO Question

PICO Worksheet

Name: _____ Date: _____

PICO Search terms (synonyms, alternate spellings, abbreviations, etc.)

P (patient/population/problem)

What is the primary problem?

I (intervention)

What main intervention are you considering?

C (comparison)

What will the intervention be compared to?

O (outcome)

What are you trying to accomplish?

Type of Question (circle one):

Therapy	Etiology/Harm	Prevention
Diagnosis	Prognosis	Other _____

Clinical Question:

Using the above information, write a focused, well-articulated question.

.....

4) Attention! Please bring completed worksheet to class with you.

rev.6 06/2014

Building Focused, Well-Articulated Clinical Questions

What makes a clinical question well built? First, the question should be directly relevant to the problems at hand. Next, the question should be phrased to facilitate searching for a precise answer. To achieve these aims, the question must be focused and well articulated for all 4 parts of its 'anatomy' (known as PICO):

- 1) the **P**atient, population or problem being addressed
What are the characteristics of the patient or population?
What is the condition or disease?
- 2) the **I**ntervention being considered which could include:
exposure, diagnostic test, prognostic factor, therapy, patient perception or
What do you want to do with this patient? Treat, diagnose, observe?
- 3) the **C**omparison intervention or exposure, when relevant
relevant most often when looking at therapy questions
What is the alternative to the intervention? Placebo, different drug, surgery?
- 4) the clinical **O**utcomes of interest
What are relevant clinical outcomes of interest to you and your patient?
Morbidity, death, complications?

Asking focused, four-component questions takes practice. Doing it well requires that you have insight into what you do not know, coupled with curiosity and a willingness to learn. Also, knowing how questions arise, where they come from, and how to recognize and articulate them can help you refine your skills.

How do clinical questions arise? During a patient encounter, the clinician may be uncomfortable making a decision until more is known. It is recommended that you quiet your emotions while turning your implicit knowledge gaps into explicit questions.

Most clinical questions arise from the following six aspects of clinical work:

- 1) Clinical evidence: how to gather clinical findings properly & interpret them soundly.
- 2) Diagnosis: how to select and interpret diagnostic tests.
- 3) Prognosis: how to anticipate the patient's likely course.
- 4) Therapy: how to select treatments that do more good than harm.
- 5) Prevention: how to screen and reduce the risk for disease.
- 6) Education: how to teach yourself, the patient, and the family what is needed.

PubMed Database

- Biomedical and life sciences journal literature: *over 5,000 journals*






- International scope





- Developed and maintained by the:
*National Center for Biotechnology Information
at the U.S. National Library of Medicine
at the National Institutes of Health*



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PubMed


PubMed comprises more than 26 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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More Resources

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- [Journals in NCBI Databases](#)
- [Clinical Trials](#)
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In adult male patients with recent myocardial infarction, does a single daily dose of 300 mg of aspirin prevent re-infarction?

PICO Worksheet

Name: _____ Date: _____

PICO Search terms (synonyms, alternate spellings, abbreviations, etc.)

P (patient/population/problem)

What is the primary problem?

I (intervention)

What main intervention are you considering?

C (comparison)

What will the intervention be compared to?

O (outcome)

What are you trying to accomplish?

Type of Question (circle one):

Therapy

Etiology/Harm

Prevention

Diagnosis

Prognosis

Other

Clinical Question:

Using the above information, write a focused, well-articulated question.

4) **Attention!** Please email a copy of the completed worksheet to:

john.griswold@ttuhsc.edu stephanie.shippey@ttuhsc.edu peggy.edwards@ttuhsc.edu jennifer.teichelman@ttuhsc.edu

margaret.vugrin@ttuhsc.edu micah.walsleben@ttuhsc.edu?subject=PICO Worksheet

06/2014

P

adult male patients with recent MI

I

daily dose of 300 mg of aspirin

C

placebo

O

prevent re-infarction

Foreground Questions

Foreground Questions answer:

- specific questions

- about a specific patient

Resources that answer foreground questions:

- Primary sources – original research articles

- Secondary sources – systematic reviews, synopses, and reviews of individual studies

Clinical Key

- * content from books, journals, and videos

- * available as a mobile app



First Consult

- * point of care decision support tool within Clinical Key

- * main source of information is from the Cochrane Collaboration where possible

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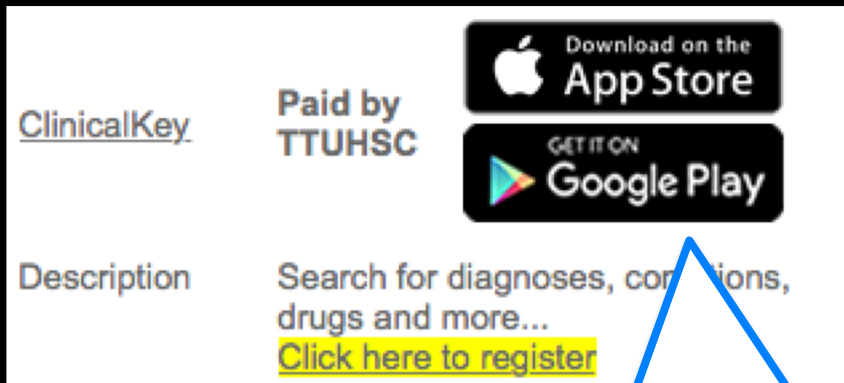
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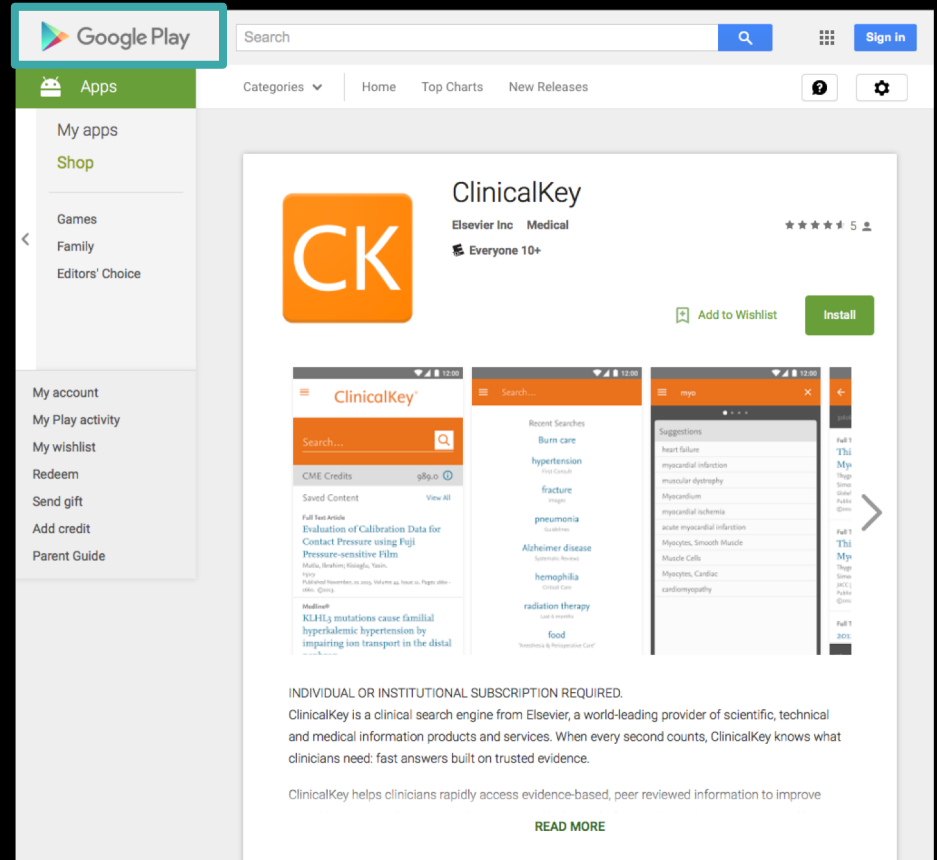
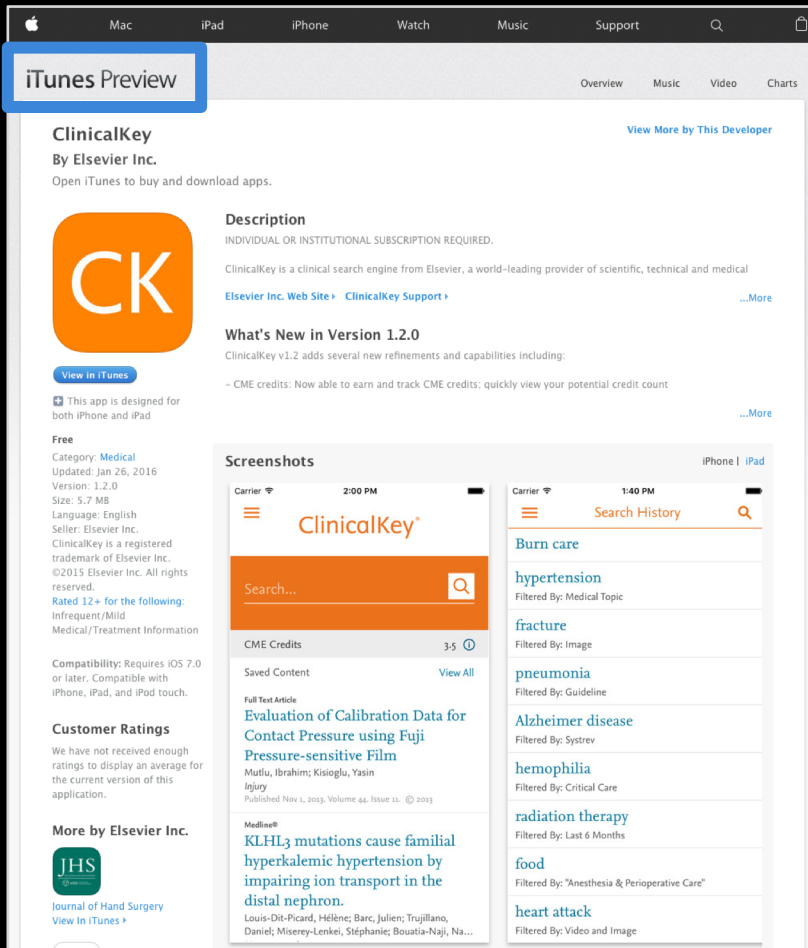
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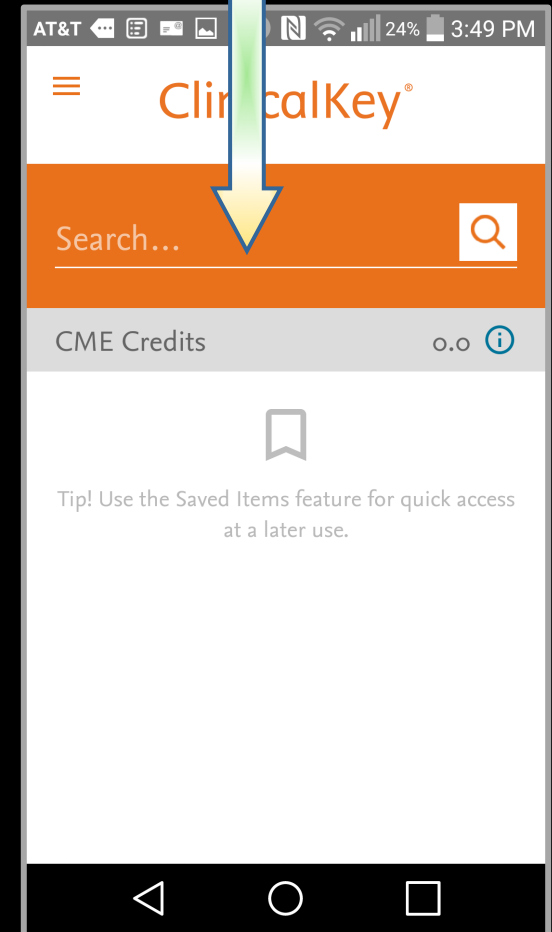
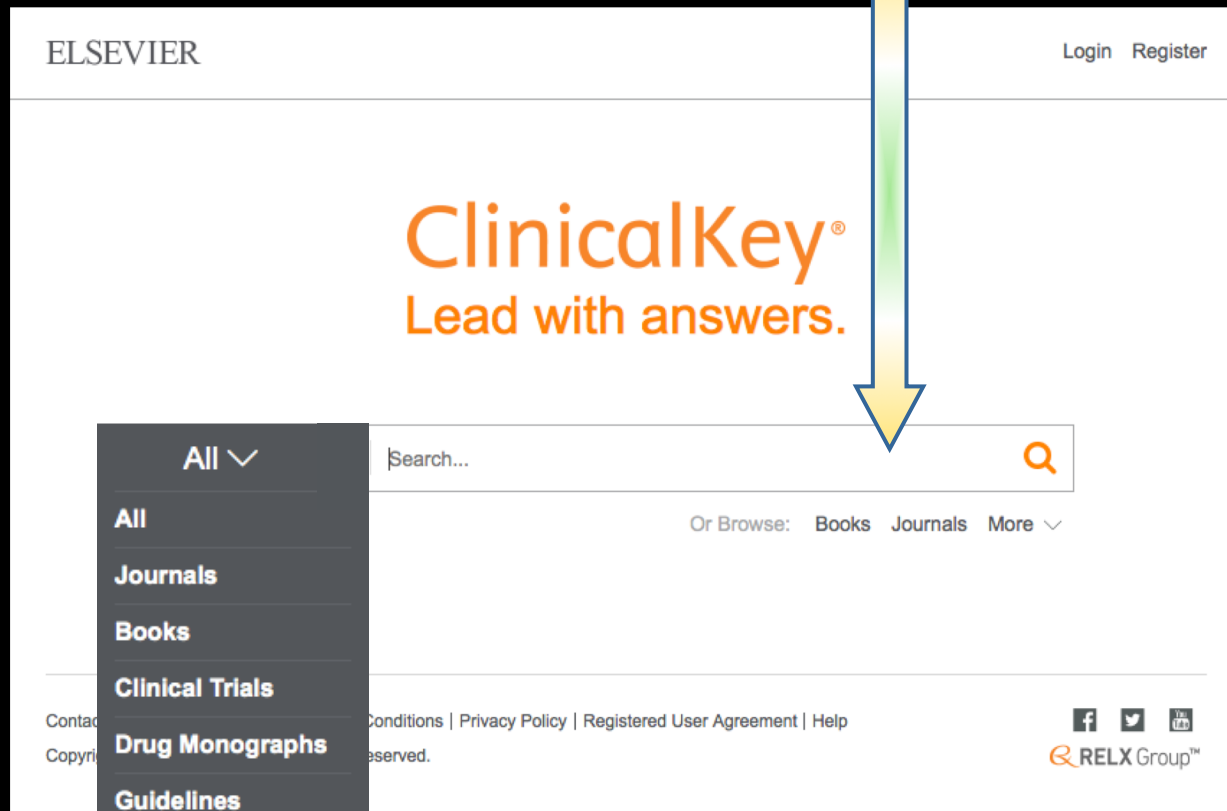
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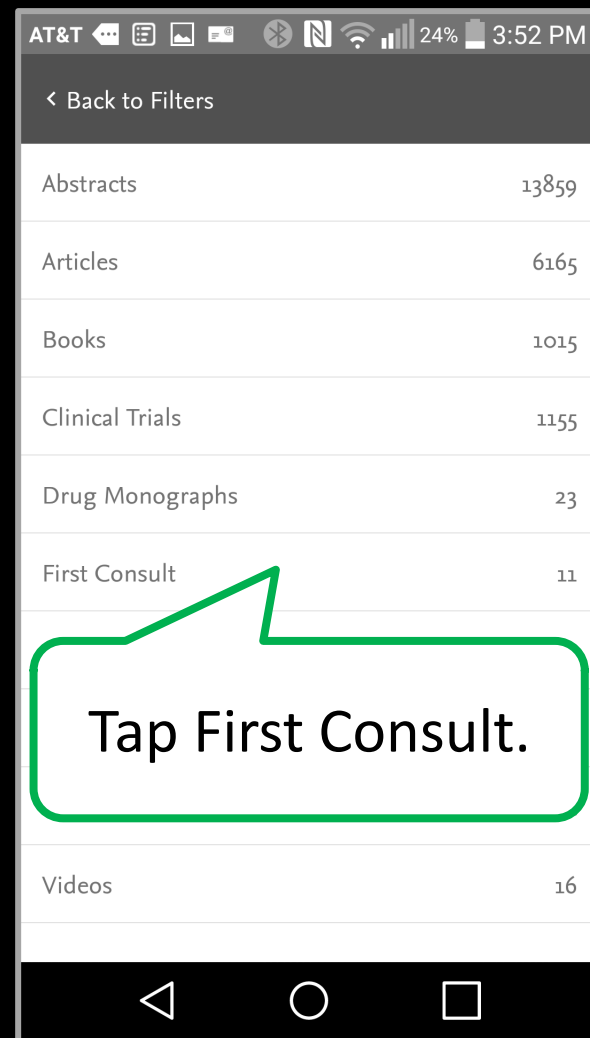
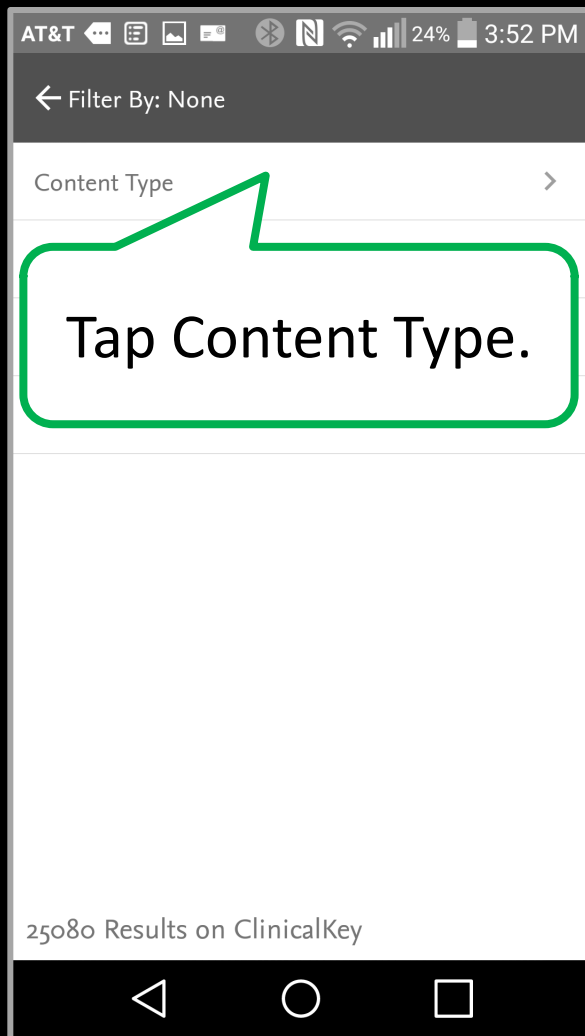
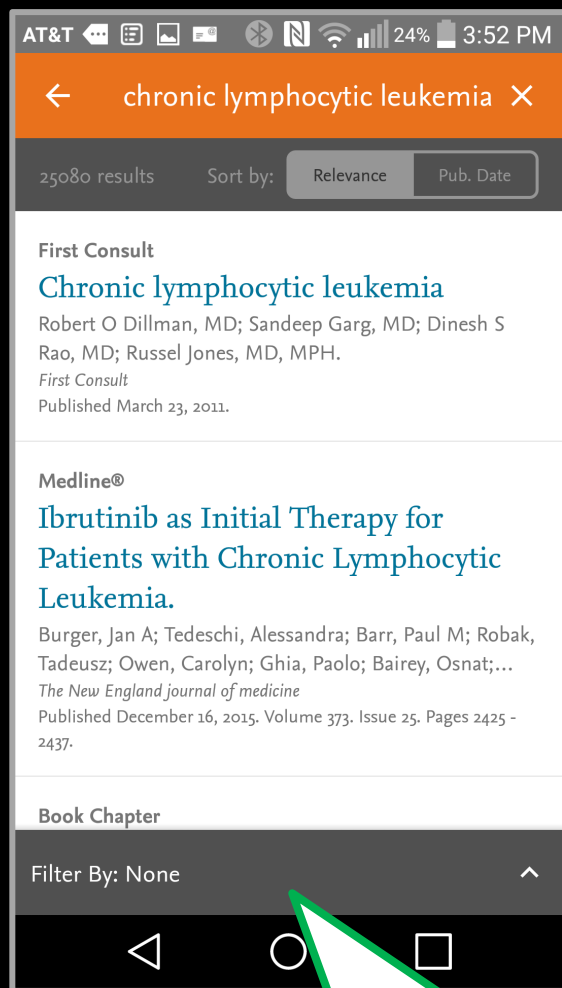
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Search for Chronic lymphocytic leukemia





Click/Tap **Chronic lymphocytic leukemia**

The screenshot shows the ClinicalKey website interface. At the top, there's a search bar with 'chronic lymphocytic leukemia' entered. Below the search bar, there are filters for 'Source Type' and 'Specialties'. The search results are displayed in a list format, with the first result being 'Chronic lymphocytic leukemia' by Robert O Dillman, MD; Sandeep Garg, MD; Dinesh S Rao, MD; Russel Jones, MD, MPH. The result is marked as 'First Consult' and 'Published March 23, 2011'. A yellow arrow points from the text 'Click/Tap Chronic lymphocytic leukemia' to the first search result.

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First Consult ▼ chronic lymphocytic leukemia × Q Books Journals More ▼

Filter By: Source Type ▼ Specialties ▼ Date ▼

First Cons... ×

11 results Sort by: Relevance ▼

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Chronic lymphocytic leukemia

Robert O Dillman, MD; Sandeep Garg, MD... Show all. Published March 24, 2011. Last updated March 21, 2011.

FIRST CONSULT
Non-Hodgkin lymphoma

David G. Crockett, MD, University of Nebraska Medical Center, Omaha, Nebraska; Matthew Lunning, DO, Assistant Professor, University of Nebraska Medical Center, Omaha, Nebraska. Published March 11, 2014. Last updated March 9, 2014.

FIRST CONSULT
Progressive multifocal leukoencephalopathy

Joseph R. Berger, MD. Published July 21, 2012. Last updated July 18, 2012.

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← chronic lymphocytic leukemia ×

11 results Sort by: Relevance Pub. Date

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First Consult
Published March 23, 2011.

FIRST CONSULT
Non-Hodgkin lymphoma

David G. Crockett, MD, University of Nebraska Medical Center, Omaha, Nebraska; Matthew Lunning, DO,...
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Epidemiology

Causes and risk factors

Associated disorders

Screening

Summary approach

Primary prevention

Summary approach

Diagnosis

Summary approach

Clinical presentation

Diagnostic testing

Complete blood count

Serum creatinine

Aspartate transaminase (AST), alanine aminotransferase (ALT)

Flow cytometry and immunophenotyping

FIRST CONSULT

Chronic lymphocytic leukemia

Revised: March 21, 2011
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Key points

- Urgent action is sometimes required in patients with chronic lymphocytic leukemia (CLL) with bulky lymphadenopathy who may experience airway obstruction caused by tracheal compression
- If the peripheral lymphocyte count is very high, rarely neurologic manifestations can occur as a result of sludging in the cerebral arteries
- Infections associated with leukopenia may be life-threatening and may require immediate treatment (eg , herpes zoster, *Pneumocystis carinii* infections, and *Candida albicans* infections)

Background

Description

- CLL is a malignant proliferation and accumulation of abnormal, mature-appearing cells of the lymphoid series in the bone marrow, peripheral blood, lymph nodes, liver, and spleen and, occasionally, in other organs
- CLL may originate in T or B cells, or 'null' cells
- It is the most common leukemia in the western world (mostly the B-cell type), and affects adults and the elderly (median age of 65 years at presentation). It is the most common cause of an elevated lymphocyte count in the elderly. CLL also affects men twice as frequently as women

AT&T ... 23% 3:53 PM

← First Consult

Outline ▾

Key points

Background

Description

Epidemiology

Causes and risk factors

Associated disorders

Screening

Summary approach

Primary prevention

Summary approach

Flow cytometry and immunophenotyping

Question for First Consult

In a patient presenting with chronic renal failure, what questions do you need to ask them ?

What are the first three tests that should be ordered?

First Consult ▾ chronic renal failure



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Questions to ask

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Questions to ask

Presenting condition

- **Have you ever been told you have blood or protein in your urine?** May indicate a longer history of kidney disease than is perceived by the patient
- **Have you ever been told your kidney tests are abnormal?** May indicate a longer history of kidney disease than is perceived by the patient
- **What medications or over-the-counter drugs do you take and for how long?** This may provide clues to possible analgesic nephropathy from combinations of drugs such as NSAIDs, aspirin, and acetaminophen
- **Do you have difficulty initiating your urinary stream, increased frequency of urination, increased urination at night after retiring?** Possible obstructive symptoms of prostatism in male patients; recurrent or chronic urinary tract infection in female patients

Contributory or predisposing factors

Questions to ask

Presenting condition

Contributory or predisposing factors

Family history

Examination

Summary of tests

Order of tests

Tests

Body fluids

Urinalysis (dipstick)

Description

Advantages/disadvantages

Normal

Abnormal

Cause of abnormal result

Medications, disorders and other factors that

Order of tests

- Urinalysis (dipstick)
- Urine microscopy
- Creatinine clearance
- Complete blood count
- Blood urea nitrogen and serum creatinine
- Serum potassium
- Chest radiography
- Renal ultrasound scan
- Renal biopsy
- Microalbuminuria screening
- Serum bicarbonate
- Calcium , phosphorous , and intact PTH levels
- 24-hour urine protein
- Spot urine specimen for protein and creatinine
- 25-hydroxy vitamin D

Tests

Body fluids

- ▾ Urinalysis (dipstick)

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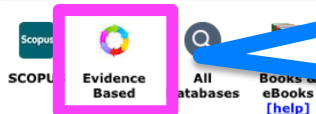
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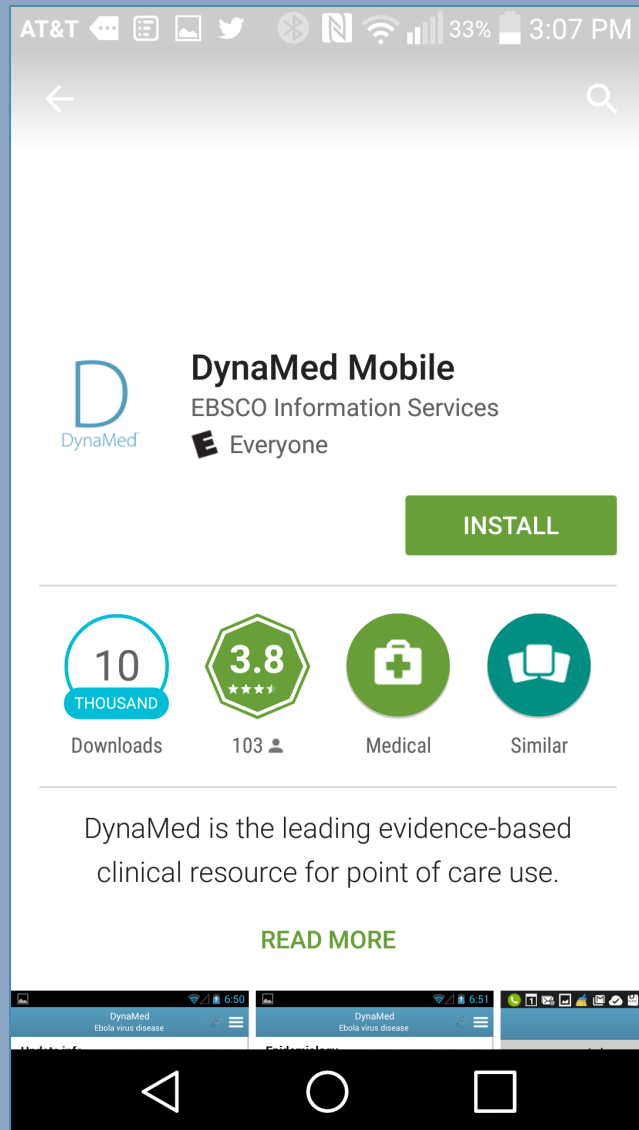
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
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
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AAT deficiency

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Abacavir/Dolutegravir/Lamivudine

Abacavir/Lamivudine




Abacavir/Lamivudine/Zidovudine


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Select Hypertension

The screenshot shows the DynaMed website interface. At the top, there is a navigation bar with links: Home, Recent Updates, E-Newsletter, Mobile, Calculators, Send Comment, About, and Help. Below this is the Texas Tech University Health Sciences Center logo. The main search area has the DynaMed logo and a search bar containing the text 'hypertension'. A dropdown menu is visible below the search bar, listing several topics: Hypertension, Hypertension (list of topics), Hypertension alternative treatments, Hypertension in children and adolescents, Hypertension management and use of antihypertensive medication in patients with chronic kidney disease, Hypertension treatment considerations for race and ethnicity, Hypertension treatment in elderly patients, and Hypertension treatment in patients with diabetes. To the right of the search bar is a 'Search' button and a 'Browse Categories' link. Below the search bar, there are logos for MEDLINE plus, MEDLINE PLUS, CLINICAL KEY, and ACP Smart Medicine. On the left side, there is a 'Spotlight' section with a list of updates, including 'Zika virus infection added', 'Check out DynaMed Plus', 'DynaMed EBM Focus: Reg Inhibitor Use Associated w Dementia in the Elderly', 'DynaMed Resident Focus: Dextrose Prolotherapy May Improve Pain, Stiffness and Function in Patients with Knee Osteoarthritis', 'DynaMed 7-Step Evidence-Based Methodology', 'DynaMed is THE MOST CURRENT point-of-care reference (BMJ)', and 'DynaMed launches new mobile app'. At the bottom, there is a footer with links to EBSCO Support Site, Privacy Policy, Terms of Use, and Copyright information.

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hypertension

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Hypertension treatment considerations for race and ethnicity

Hypertension treatment in elderly patients

Hypertension treatment in patients with diabetes

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The screenshot shows the DynaMed mobile app interface. At the top, there is a status bar with AT&T, signal strength, Wi-Fi, battery level (20%), and time (3:40 PM). Below this is the app header with 'DynaMed Hypertension' and a menu icon. The main content area is titled 'Update info' and contains a list of updates. The first update is dated 'Updated 2016 11 27 03:10:00 PM' and discusses target SBP < 120 mm Hg. The second update is dated 'Updated 2016 11 27 03:10:00 PM' and discusses CHEP guidelines. The third update is dated 'Updated 2016 11 27 03:10:00 PM' and discusses AHA/ACC scientific statement. Below the update info is a section titled 'Related Summaries' which contains a list of links to various topics. At the bottom, there is a navigation bar with a list icon, a star icon, and a share icon.

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DynaMed Hypertension

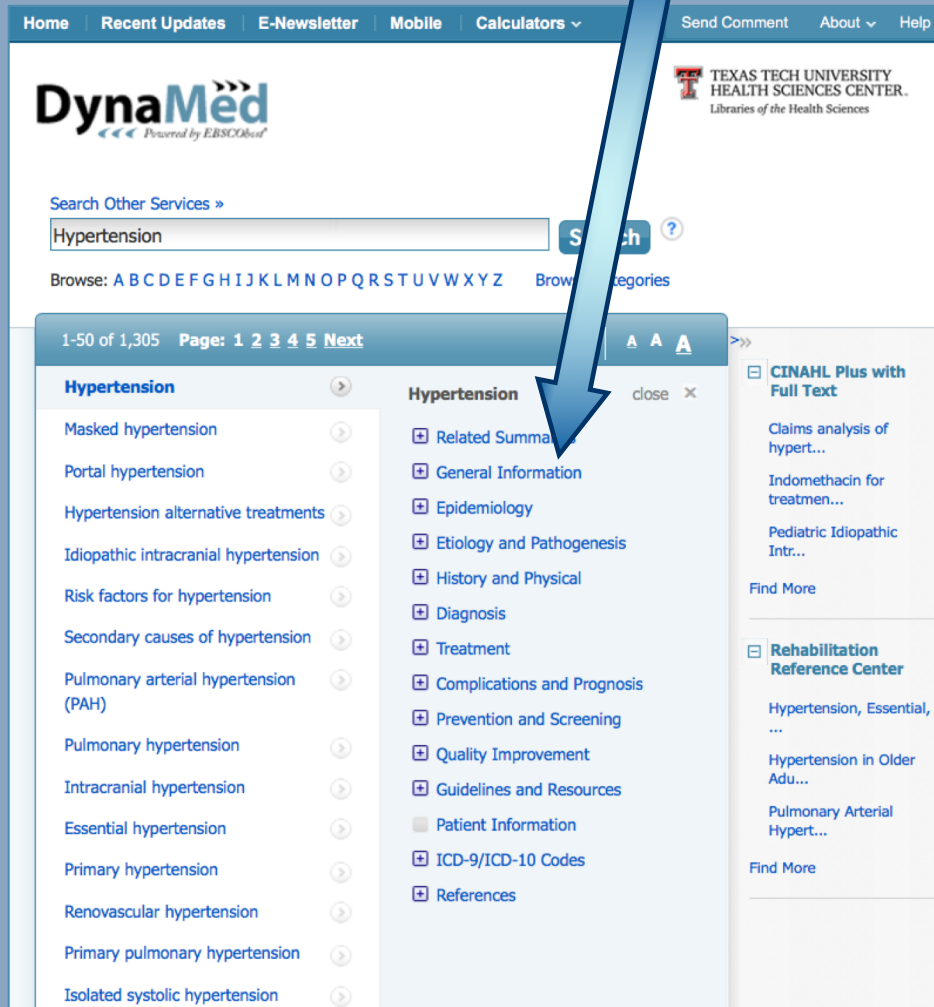
Update info

- Updated 2016 11 27 03:10:00 PM: target SBP < 120 mm Hg reduces risk of cardiovascular events and mortality compared to target SBP < 140 mm Hg in selected patients ≥ 50 years old with increased cardiovascular risk and without diabetes (Sprint trial) [view update](#)
- CHEP guideline for diagnosing hypertension (Can Fam Physician 15 Nov) [view update](#)
- AHA/ACC scientific statement on eligibility and disqualification recommendations for competitive athletes with cardiovascular abnormalities: hypertension (Circulation 2015 Dec 1) [view update](#)

Related Summaries

- [Hypertension \(list of topics\)](#)
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- [Hypertension in children and adolescents](#)
- [Blood pressure measurement and monitoring](#)
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- Essential hypertension
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- Primary pulmonary hypertension
- Isolated systolic hypertension

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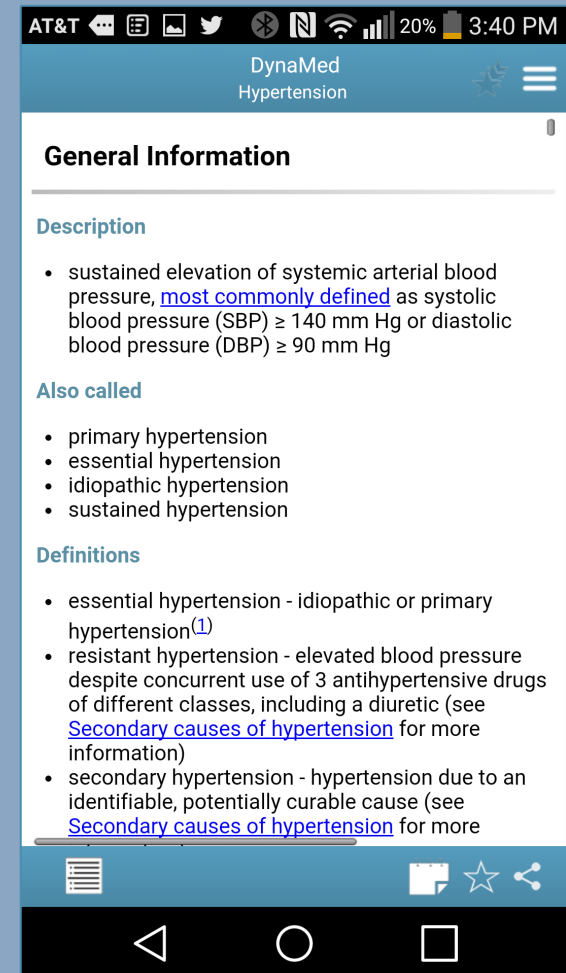
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Hypertension

General Information

Description

- sustained elevation of systemic arterial blood pressure, [most commonly defined](#) as systolic blood pressure (SBP) ≥ 140 mm Hg or diastolic blood pressure (DBP) ≥ 90 mm Hg

Also called

- primary hypertension
- essential hypertension
- idiopathic hypertension
- sustained hypertension

Definitions

- essential hypertension - idiopathic or primary hypertension⁽¹⁾
- resistant hypertension - elevated blood pressure despite concurrent use of 3 antihypertensive drugs of different classes, including a diuretic (see [Secondary causes of hypertension](#) for more information)
- secondary hypertension - hypertension due to an identifiable, potentially curable cause (see [Secondary causes of hypertension](#) for more information)

Levels of Evidence

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Hypertension

- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Treatment

Treatment overview:

- target blood pressure (BP) < 140/90 mm Hg recommended for most patients without increased cardiovascular risk or without comorbidities
- in selected patients with increased cardiovascular risk and without diabetes aged ≥ 50 years, systolic blood pressure target < 120 mm Hg reduces risk of cardiovascular events and mortality compared to target systolic blood pressure < 140 mm Hg ([level 1 \[likely reliable\] evidence](#))
- target systolic BP < 150 mm Hg recommended in older patients (aged ≥ 60 years or aged ≥ 80 years, varies by guideline)
- in patients with diabetes
 - guidelines vary but targets range from < 130/80 mm Hg to < 140/90 mm Hg
 - BP targets < 140/90 mm Hg (based primarily on diastolic BP) not associated with reduced mortality or morbidity ([level 2 \[mid-level\] evidence](#)), except in patients with diabetes ([level 2 \[mid-level\] evidence](#))

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DynaMed
Hypertension

Treatment

Treatment overview

- [target blood pressure](#)
 - target blood pressure (BP) < 140/90 mm Hg recommended for most patients without increased cardiovascular risk or without comorbidities
 - in selected patients with increased cardiovascular risk and without diabetes aged ≥ 50 years, systolic blood pressure target < 120 mm Hg reduces risk of cardiovascular events and mortality compared to target systolic blood pressure < 140 mm Hg ([level 1 \[likely reliable\] evidence](#))
 - in older patients (aged ≥ 60 years or aged ≥ 80 years, varies by guideline)
 - in patients with diabetes
 - guidelines vary but targets range from < 130/80 mm Hg to < 140/90 mm Hg
 - BP targets < 140/90 mm Hg (based primarily on diastolic BP) not associated with reduced mortality or morbidity ([level 2 \[mid-level\] evidence](#)), except in patients with diabetes ([level 2 \[mid-level\] evidence](#))

Notice!

Questions for DynaMed

What are four common symptoms of Zika virus infection?

When was the update on the review of Zika virus and pregnancy posted in Dynamed?

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zika Search

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Zika virus infection

Updated 2016 Feb 25 08:04:00 AM: review of Zika virus and pregnancy (Obstet Gynecol 2016 Feb 17 early online) [view update](#) [Show more updates](#)

Topic Editors	Recommendations Editor	Deputy Editor
<ul style="list-style-type: none">Davidson H. Hamer, MD, FACP, FIDSARenee Ridzon, MD	Allen Shaughnessy, PharmD, M Med Ed, FCCP	Stella Bond, MD, FACP

Overview and Recommendations:

Background:

- Zika virus is a mosquito-borne flavivirus transmitted primarily by mosquitoes.
- One of the largest outbreaks to date is presently ongoing in South America and the Caribbean.
 - The first cases of local Zika virus transmission were reported in Brazil in May of 2015, where an estimated 500,000 to 1.5 million persons have since been infected.
 - The outbreak has now spread to Central and South America and the Caribbean, including Puerto Rico.
 - Local transmission has not been reported in the United States but infections have been reported among travelers returning to the United States.

- About 75%-80% of infections are asymptomatic and symptomatic disease is generally mild.
 - When present, common symptoms include fever, rash, arthralgias and conjunctivitis.

limited, resolving in about 5-7 days.

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DynaMed Zika virus infection

Update info

Updated 2016 Feb 25 08:04:00 AM: review of Zika virus and pregnancy (Obstet Gynecol 2016 Feb 17 early online) [view update](#)

about Zika virus (JAMA Pediatr 2016 Feb 18 early online) [view update](#)

MFM statement on ultrasound screening for fetal microcephaly following Zika virus exposure (Am J Obstet Gynecol 2016 Feb 18) [view update](#)

Overview and Recommendations

is a mosquito-borne flavivirus primarily by Aedes aegypti.

largest outbreaks to date is presently ongoing in South America and the Caribbean, including Puerto Rico.

- The first cases of local Zika virus transmission during this outbreak were reported in Brazil in May of 2015, where an estimated 500,000 to 1.5 million persons have since been infected.
- The outbreak has now spread to Central and South America and the Caribbean, including Puerto Rico.

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The screenshot shows the desktop version of the Essential Evidence Plus website. The header features the 'ESSENTIAL EVIDENCE PLUS' logo on the left and the 'WILEY-BLACKWELL' logo on the right. Below the header is a green navigation bar with links: Home, Product Information, Subscribe, Support, CME Credits, and My Account. The main content area includes a search bar with a dropdown menu set to 'All databases' and a 'SEARCH' button. To the left of the search bar is a section titled 'Browse Our Databases and Interactive Tools' with a link 'Help me choose'. Below this is a grid of links: Essential Evidence Topics, Decision Support Tools, Cochrane Systematic Reviews, History and Physical Exam Calculators, POEMs Research Summaries, Diagnostic Test Calculators, EBMG Guidelines, Derm Expert Image Viewer, Evidence Summaries, and E/M Coding. To the right of the search bar is a section titled 'New to Essential Evidence Plus?' with a 'Subscribe Now' button and a 'Get Free Trial' button. Below this is a section titled 'Why Evidence-Based Medicine?' with a 'Learn More' link. At the bottom left is a 'Cochrane Inside' section with a link 'Learn More'. At the bottom right is a 'Share / Save' button with social media icons. The footer contains links: About Us, Contact Us, Partner With Us, and Copyright 2013 John Wiley & Sons, Inc. or related companies. All Rights reserved.

The screenshot shows the mobile app interface of Essential Evidence Plus. The top status bar displays 'AT&T', signal strength, Wi-Fi, battery level (22%), and time (3:58 PM). Below the status bar is a search bar with the text 'eeplus.mobi/m'. The header is green with 'ESSENTIAL EVIDENCE PLUS' and a 'Home' link. Below the header is a search bar with the text 'Search complete EE+ collection' and a 'Search' button. The main content area is titled 'Tools' and lists: Decision Support Tools, Derm Expert Image Viewer, E/M Coding. Below this is a section titled 'Browse Databases' and lists: Essential Evidence Topics, Cochrane Systematic Reviews, EBMG Guidelines, Evidence Summaries, History and Physical Exam Calculators, Diagnostic Test Calculators, and Daily POEMs. At the bottom is a footer with the text: Copyright 2016 John Wiley & Sons, Inc. or related companies. All Rights reserved. Below the footer are links: Privacy, Terms of Use, and View Full Site.

Home Page

Enter asthma and
Click/tap **SEARCH**

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To access the disease information
overview module, always select
from *Essential Evidence Topics*

Sort by Relevancy

Summary View Expanded View

Refine your results by:

Content

- ⊕ Epidemiology (20)
- ⊕ Diagnosis (104)
- ⊕ Screening and Prevention (21)
- ⊕ Treatment (397)
- ⊕ Prognosis (13)

Resource

- Essential Evidence Topics (70)
- ⊖ Evidence (558)
 - Cochrane Systematic Reviews (228)
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 - EBMG evidence summaries (138)
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 - NGC Practice Guidelines (107)
 - EBMG Guidelines (88)
- ⊖ Calculators (16)
 - Decision Support Tools (8)
 - History and Physical Calculators (5)
 - Diagnostic Test Calculators (3)

TOP RESULTS | Show all

Asthma (acute exacerbation)
ESSENTIAL EVIDENCE TOPICS, 24-SEP-2014

Asthma (chronic management)
ESSENTIAL EVIDENCE TOPICS, 5-MAR-2015

Allergic rhinitis
ESSENTIAL EVIDENCE TOPICS, 3-MAY-2015

RELATED RESULTS

Asthma suspected -> asthma
DIAGNOSTIC TEST CALCULATORS

Omalizumab for asthma
EBMG EVIDENCE SUMMARIES

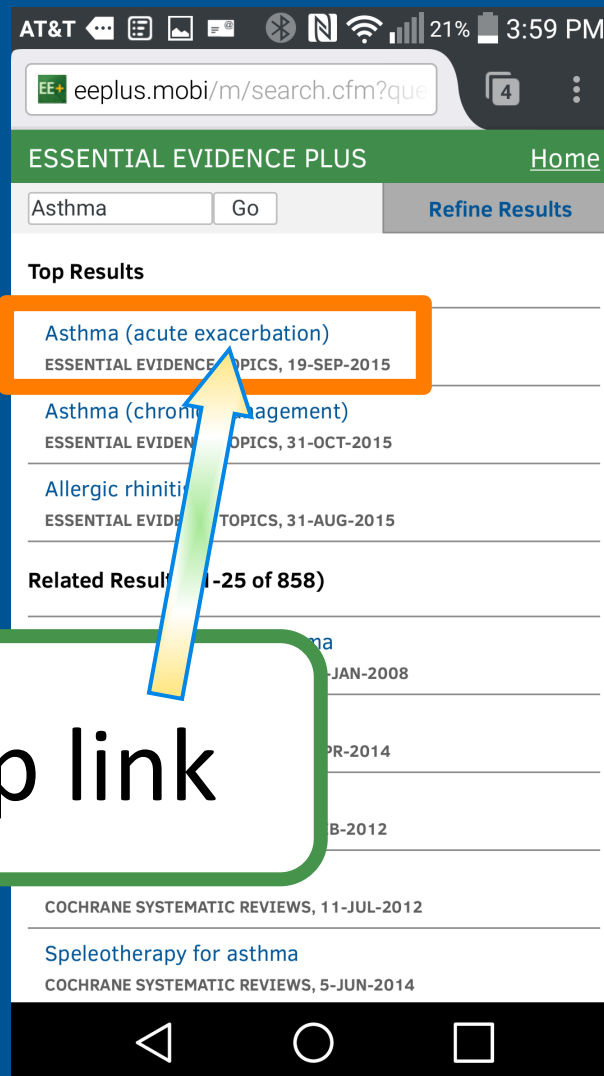
Caffeine for asthma
EBMG EVIDENCE SUMMARIES

Caffeine for asthma
COCHRANE SYSTEMATIC REVIEWS

Speleotherapy for asthma
COCHRANE SYSTEMATIC REVIEWS, 5-JUN-2014

Telehealthcare for asthma
COCHRANE SYSTEMATIC REVIEWS, 19-JUN-2012

Asthma relapse in adults
DECISION SUPPORT TOOLS, 1-JUN-2002



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Asthma (acute exacerbation)

Essential Evidence [Printer Friendly](#)

Authors:
Deborah A. Humphrey, DO, FACP, Associate Professor, Department of Family Medicine, University of Virginia

Editors:
Mark H. Ebell, MD, MS, Professor, College of Public Health, University of Georgia

OVERALL BOTTOM LINE
In children, there is no single best tool for assessing severity of exacerbation, monitoring response to treatment or predicting need for hospitalization. Diagnosis in infants should rely on physical exam findings rather than FEV1. [C](#) [1](#) [2](#)
Early treatment of asthma exacerbations is the best strategy for management and improved outcomes. [A](#) [3](#)
Initial treatment should include oxygen and a short-acting beta-agonist (SABA) for all patients; ipratropium bromide, especially for moderate to severe exacerbations; and systemic corticosteroids for most patients. [A](#) [3](#)
Response to initial treatment in the ED is a better predictor of need for hospitalization than severity of the attack on presentation. [C](#) [4](#) [5](#)

[Background](#)[Prevention](#)[Diagnosis](#)[Treatment](#)[Prognosis](#)[Populations](#)[References](#)[Guidelines](#)[Resources](#)

Background

Asthma is a chronic inflammatory airway disease characterized by repeated episodes of wheezing, shortness of breath and cough due to reversible airflow obstruction.

Incidence

There are approximately 10 million children in the United States with asthma.

Prevalence

Asthma affects 14–15 million people in the United States. [G18](#)

Calculators

- Asthma relapse in adults
- Peds asthma - hospitalization risk
- Peak flow - normal values
- [H&P] Screening (child) -> asthma
- [H&P] Screening (adult) -> asthma
- [Dx] Asthma exacerbation -> unfavourable outcome
- [Dx] Asthma suspected -> asthma

Algorithms

- Figure 1: Asthma: Management.

Overall Bottom Line

OVERALL BOTTOM LINE

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Asthma (acute exacerbation)

Essential Evidence [Updated: 2016-01-18](#)

In children, there is no single best tool for assessing severity of exacerbation, monitoring response to treatment or predicting need for hospitalization. Diagnosis in infants should rely on physical exam findings rather than FEV1. [\[SORT C\]](#) [1](#) [2](#)
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Response to initial treatment in the ED is a better predictor of need for hospitalization than severity of the attack on presentation. [\[SORT C\]](#) [4](#) [5](#)

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Asthma (acute exacerbation)

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Authors:
Deborah A. Humphrey, DO, FACP, Associate Professor, University of South Florida

Editors:
Mark H. Ebell, MD, MS, Professor, College of Public Health, University of Georgia
David Slawson, MD, Vice Chair, Department of Family Medicine, University of Virginia

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- Response to initial treatment in the ED is a better predictor of need for hospitalization than severity of the attack on presentation. [C](#) [4](#) [5](#)

[Background](#) [Prevention](#) [Diagnosis](#) [Treatment](#) [Prognosis](#) [Populations](#) [References](#) [Guidelines](#) [Resources](#)

Background

Asthma is a chronic inflammatory disease of the airways characterized by repeated episodes of wheezing, shortness of breath and cough due to reversible airflow obstruction and bronchial hyperresponsiveness.

Incidence

- There are 70,000 asthma related hospitalizations per year and 5,000 asthma related deaths per year. [G18](#)

Prevalence

[Back to Top](#)

- Asthma affects 14-15 million people in the United States. [G18](#)

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Search all of EE: Go [Search Results](#)

Asthma (acute exacerbation)

Essential Evidence Updated: 2016-01-18

In children, there is no single best tool for assessing severity of exacerbation, monitoring response to treatment or predicting need for hospitalization. Diagnosis in infants should rely on physical exam findings rather than FEV1. [\[SORT C\]](#) [1](#) [2](#)

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Calculators & Tools

Search suspected abdominal aortic aneurysm



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ESSENTIAL EVIDENCE PLUS

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All databases

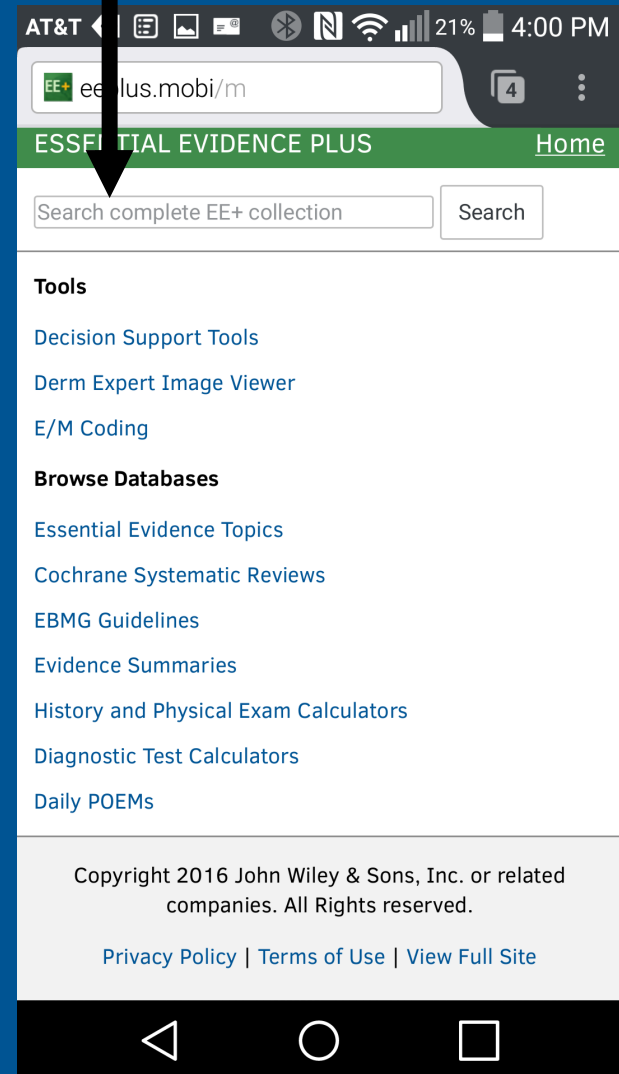
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Select AAA suspected Diagnostic Test Calculators

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Search Results

Showing **1-20** of **30** for: suspected abdominal aortic aneurysm

Sort by ☒ Summary View ☐ Expanded View

Refine your results by:

Content

- ☒ Epidemiology (0)
- ☒ [Diagnosis \(11\)](#)
- ☒ Screening and Prevention (0)
- ☒ [Treatment \(6\)](#)
- ☒ Prognosis (0)

Resource

- [Essential Evidence Topics \(12\)](#)
- ☒ [Evidence \(1\)](#)
 - Cochrane Systematic Reviews (0)
 - [POEMs research summaries \(1\)](#)
 - EBMG evidence summaries (0)
- ☒ [Guidelines \(13\)](#)

TOP RESULTS | Show all

- [Aneurysm \(abdominal aorta\)](#)
ESSENTIAL EVIDENCE TOPICS, 3-JAN-2016
- [Abdominal mass](#)
ESSENTIAL EVIDENCE TOPICS, 11-JAN-2016
- [Abdominal pain \(adult\)](#)
ESSENTIAL EVIDENCE TOPICS, 19-DEC-2015

RELATED RESULTS

- [AAA suspected -> abdominal aortic aneurysm](#)
DIAGNOSTIC TEST CALCULATORS, 1-JAN-2000
- [Aortic injury suspected -> aortic injury](#)
DIAGNOSTIC TEST CALCULATORS, 1-JAN-2000
- [Aneurysm \(thoracic aorta\)](#)
ESSENTIAL EVIDENCE TOPICS, 9-JUL-2015

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suspected abdo Go


Top Results

- [Aneurysm \(abdominal aorta\)](#)
ESSENTIAL EVIDENCE TOPICS, 3-JAN-2016
- [Abdominal mass](#)
ESSENTIAL EVIDENCE TOPICS, 11-JAN-2016
- [Abdominal pain \(adult\)](#)
ESSENTIAL EVIDENCE TOPICS, 19-DEC-2015

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- [AAA suspected -> abdominal aortic aneurysm](#)
DIAGNOSTIC TEST CALCULATORS, 1-JAN-2000
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AAA suspected -> abdominal aortic aneurysm

Diagnostic Tests [Printer Friendly](#)

Determine the likelihood of a patient having a disease based on the results of a diagnostic test.

Preferred Units: Metric | [SI](#)

Symptom: AAA suspected
Disease: abdominal aortic aneurysm

Select a Test:
97 - Ultrasound (bedside in ED) [Show test summary](#)

Sort tests by:
Rule In (LR+) [definitions](#)

LR+: 97	Sensitivity: 97%
LR-: 0.03	Specificity: 99%

Pre-test probability (%): 50 [help](#)

Positive test result: 99% probability of disease.

Negative test result: 2.9% probability of disease.

[More Info](#)

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[Diagnostic test calculator](#)

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Diagnostic Test Calculator 2000-01-01

Determine the likelihood of a patient having a disease based on the results of a diagnostic test.

Symptom: AAA suspected
Disease: abdominal aortic aneurysm
[Show test summary](#)

Diagnostic Tests: (sorted by LR+)

97 - Ultrasound (bedside in ED)

definitions

LR+: 97	Sensitivity: 97%
LR-: 0.03	Specificity: 99%

Pre-test probability (%): help

50

99% with disease if test is positive
2.9% with disease if test is negative

Hide Info

Population Studied:
Consecutive patients presenting to ED with suspected abdominal aortic aneurysm.

Reference Standard:
Surgical findings or angiogram if aneurysm, and surgery (5), autopsy (5), CT (4), or clinical follow-up at one year (15) if no aneurysm.

Reference:
Shuman Radiology 1988; 168: 117


LOE (1a - 5): 3b

No. of Patients: 60
Independent: Yes
Blinded: Yes
Gold Standard: Moderate quality, possible bias

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AAA suspected -> abdominal aortic aneurysm

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Diagnostic Test Calculator

2000-01-01

Determine the likelihood of a patient having a disease based on the results of a diagnostic test.

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97 - Ultrasound (bedside in ED) [definitions](#)

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Hide Info

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Browse Databases and Tools

asthma

All databases



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The Derm Expert features nearly 1000 images to help guide you through the diagnosis of dermatological conditions.

Derm Expert

START OVER

A visual expert system for diagnosis of skin conditions

Primary morphology

--Select primary morphology--

Atrophy
Blisters, vesicles, and bullae
Erosions and excoriations
Hair and scalp
Macules and patches
Mouth, lip and tongue
Nails
Nodules
Papules and plaques
Purpura
Pustules
Sclerosis and induration
Ulcers

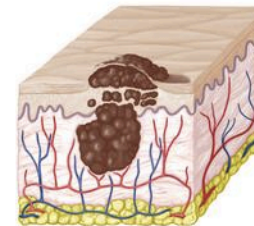
Primary morphology

Nodules

Secondary characteristic

✓ --Select a secondary characteristic--
Blue purple nodules
Cysts
Flesh-colored to red, sparse, nontender nodules
Tender red nodules
Tropical / subtropical patients

Morphology: Nodules



Solid, palpable lesion in dermis or subcutaneous (deeper than papule)

The selected characteristics suggest one of the conditions below. Select condition(s) to see the images (hold down the Ctrl key to select more than one diagnosis).

Select: [All](#) [None](#)

Epidermal cyst (11)
Pilar cyst (2)

☐ Show typical images only

Continue

Click

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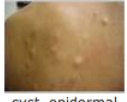
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Question for Essential Evidence Plus

What do current guidelines define as the diagnosis of type 2 diabetes mellitus? (*Hint: **Diagnosis** Bottom Line*)

What variables forecast the absolute risk of a first stroke in patients with type 2 diabetes?
(*Hint: find a calculator*)



Diabetes mellitus (type 2)

type 2 diabetes mellitus
All databasesEssential Evidence [Printer Friendly](#)

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Authors:

Nina R. O'Connor, MD, Faculty Physician, Chestnut Hill Hospital, Philadelphia, PA

Editors:

Kenny Lin, MD, MPH, Professor of Family Medicine, Georgetown University**Linda French, MD**, Professor and Chair, Department of Family Medicine, University of Toledo**David Slawson, MD**, Vice Chair, Department of Family Medicine, University of Virginia

OVERALL BOTTOM LINE

- ▶ Intensive blood pressure control and lipid lowering, along with smoking cessation, reduce complications and mortality in patients with type 2 diabetes and should be the primary treatment goals. [A](#)
- ▶ Tight glucose control (hemoglobin A1c <7.0) reduces microvascular complications of questionable clinical significance, but does not improve quality of life or reduce all-cause mortality. [A](#)
- ▶ Metformin lowers all-cause mortality independent of glycemic control; similar mortality benefits have not yet been demonstrated for insulin or the other hypoglycemic agents. [A](#)
- ▶ In type 2 diabetes, self glucose monitoring does not improve hemoglobin A1c levels or reduce complications, but does result in more symptomatic hypoglycemic events. [A](#)

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Diagnosis

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Bottom Line

- ▶ Current guidelines define the diagnosis of diabetes as a fasting glucose level of greater than 126 mg/dL, a 2-hour glucose tolerance test result of greater than 200 mg/dL, or a random plasma glucose level of greater than 200 mg/dL. [C](#)
- ▶ Sustained elevation in fasting blood glucose levels and 2-hour post-load glucose testing, even when below the threshold for a diabetes diagnosis, is significantly associated with future cardiovascular events and mortality. [B](#) [44](#)

Differential Diagnosis [Back to Top](#)

Diagnosis	Features
Impaired glucose tolerance (IGT)	Based on results of 2-hour glucose tolerance test; IGT if 140-199, diabetes if >199
Impaired fasting glucose (IFG)	Based on results of fasting plasma glucose; IFG if 100-125, diabetes if >125
Type 1 diabetes	On average: younger onset, less obesity, and greater incidence of diabetic ketoacidosis with type 1

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Diabetes mellitus (type 2)

Essential Evidence

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Intensive blood pressure control and lipid lowering, along with smoking cessation, reduce complications and mortality in patients with type 2 diabetes and should be the primary treatment goals. [\[SORT A\]](#)

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In type 2 diabetes, self glucose monitoring does not improve hemoglobin A1c levels or reduce complications, but does result in more symptomatic hypoglycemic events. [\[SORT A\]](#)

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Bottom Line

Current guidelines define the diagnosis of diabetes as a fasting glucose level of greater than 126 mg/dL, a 2-hour glucose tolerance test result of greater than 200 mg/dL, or a random plasma glucose level of greater than 200 mg/dL. [\[SORT C\]](#)

Abnormal results must be confirmed on a second occasion unless they are unequivocal. [\[SORT C\]](#)

Sustained elevation in fasting blood glucose levels and 2-hour post-load glucose testing, even when below the threshold for a diabetes diagnosis, is significantly associated with future cardiovascular events and mortality. [\[SORT B\]](#) [44](#)



Diabetes mellitus (type 2)

type 2 diabetes mellitus
All databases



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OVERALL BOTTOM LINE

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> [\[Dx\] DM \(Type I or II\) -> Type I DM](#)

> [\[Dx\] Diabetes mellitus Type II -> poor control \(HgbA1 > 7%\)](#)

Algorithms

> [Figure 1: Diabetes Mellitus \(Type 2\): Treatment.](#)

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Bottom Line

- ▶ Current guidelines define the diagnosis of diabetes as a fasting glucose level of greater than 126 mg/dL, a 2-hour glucose tolerance test result of greater than 200 mg/dL, or a random plasma glucose level of greater than 200 mg/dL. **C**
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- ▶ Sustained elevation in fasting blood glucose levels and 2-hour post-load glucose testing, even when below the threshold for a diabetes diagnosis, is significantly associated with future cardiovascular events and mortality. **B 44**

Differential Diagnosis | [Back to Top](#)

Diagnosis	Features
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Type 1 diabetes	On average: younger onset, less obesity, and greater incidence of diabetic ketoacidosis with type 1

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Estimate the risk of stroke in patients with diabetes mellitus:

Duration of diagnosed DM (yrs):

Age at diagnosis of DM (yrs):

Total cholesterol (mg/dl or mmol/L):

HDL (mg/dl or mmol/L):

Systolic BP (mm Hg):

- ☐ Female sex
- ☐ Smoking at diagnosis of DM
- ☐ Atrial fibrillation

Estimate stroke risk

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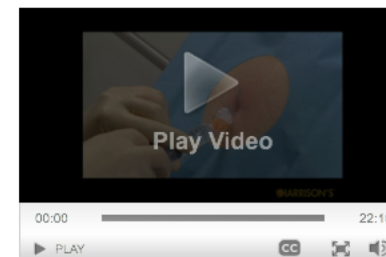
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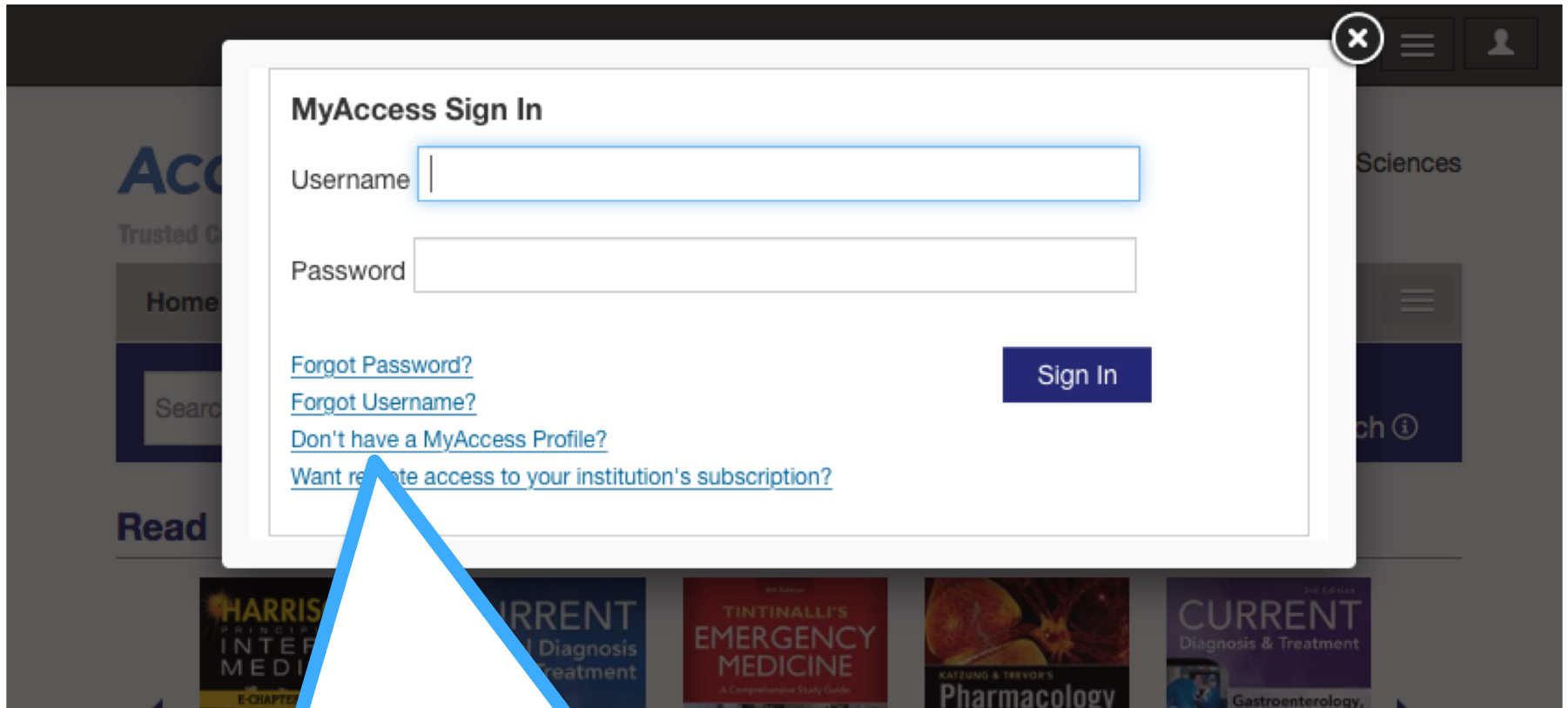
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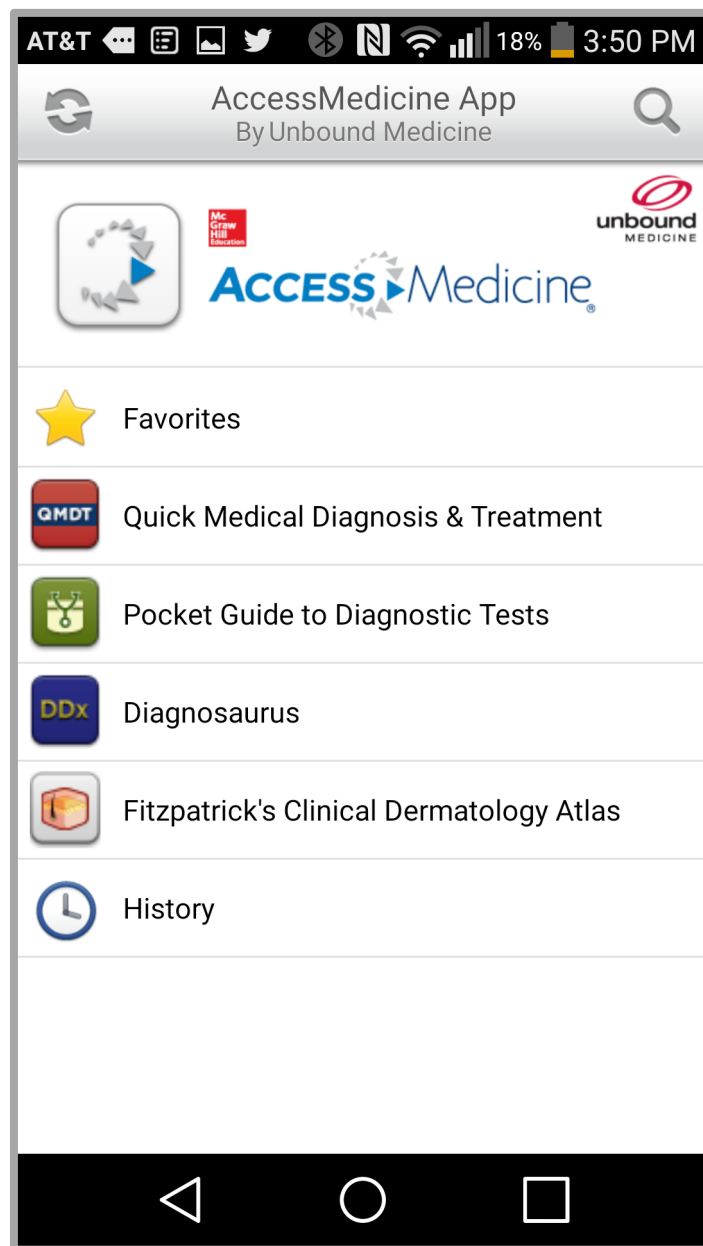
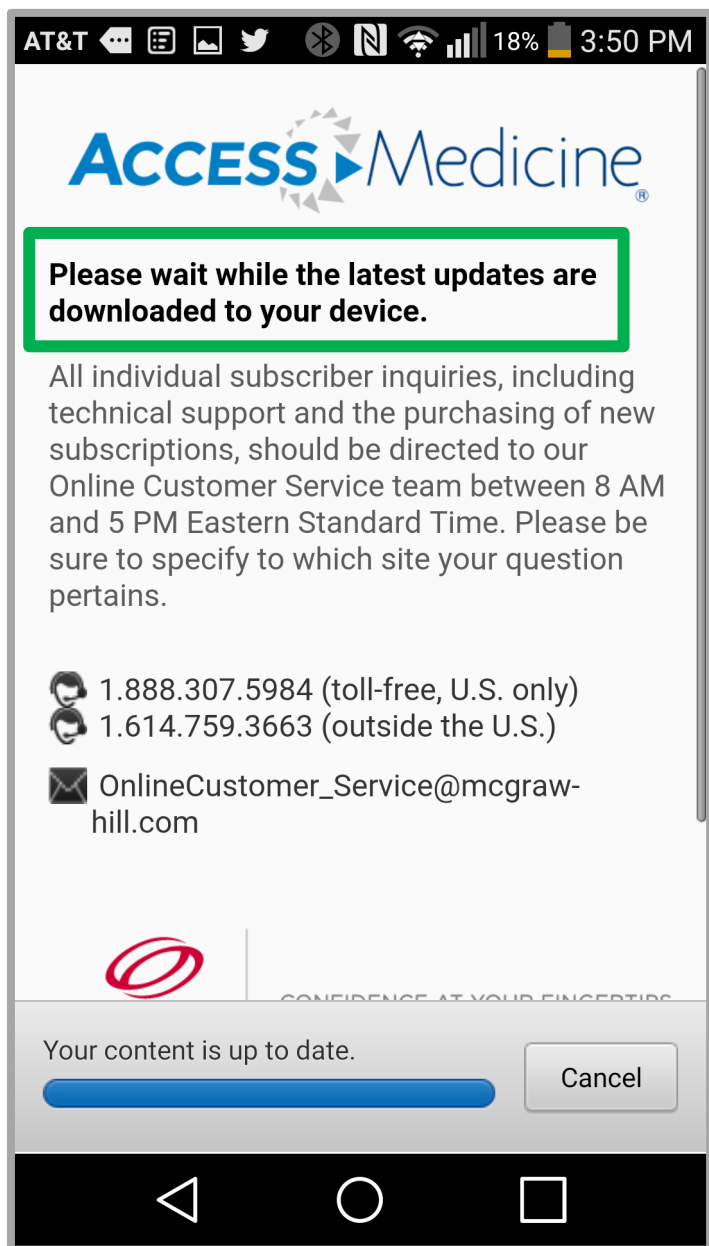
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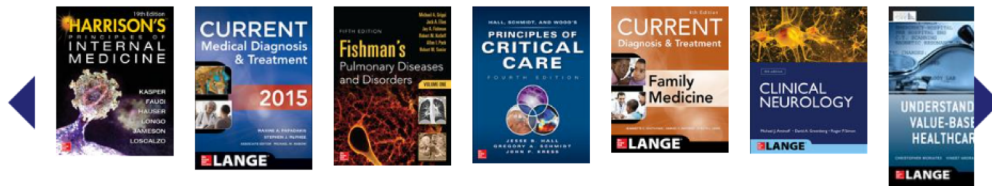
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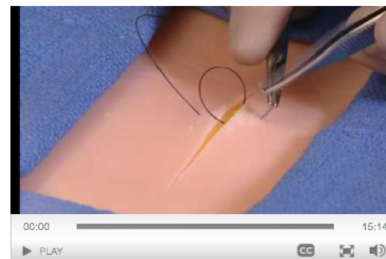


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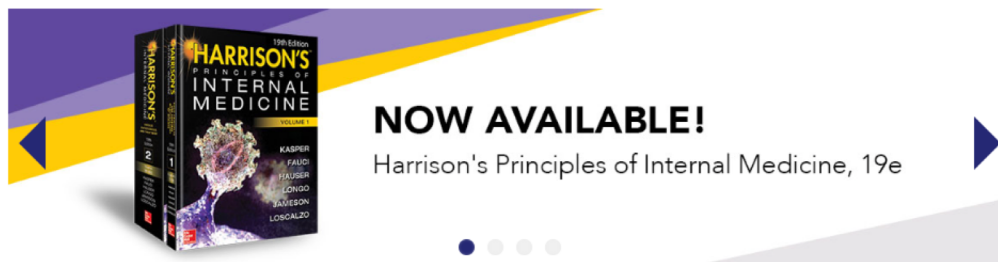
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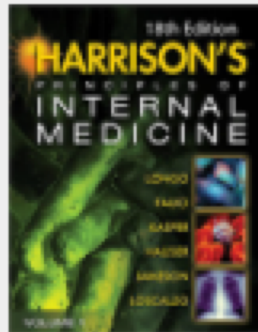
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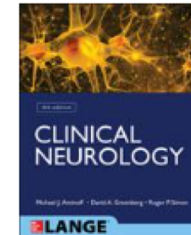
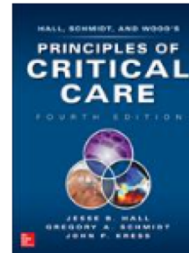
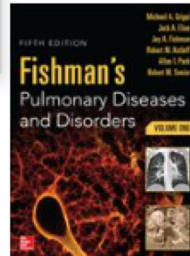
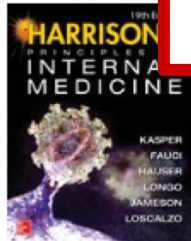
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1933. Institute for Safe Medication Practices: ISMP Medication safety alert. Institute for Safe Medication Practices. Huntingdon Valley, PA. 2008. Available from URL: <http://www.ismp.org> .

1934. Institute for Safe Medication Practices: Look-alike names. Institute for Safe Medication Practices. Huntingdon Valley, PA. 2008. Available from URL: <http://www.ismp.org> .

Last Modified: January 26, 2016

- Available as a mobile app



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Answered By: Paul Landers

Oct 29, 2015 548

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- The **Micromedex IV Compatibility** app for Apple and Android devices is available for FREE for Micromedex customers who currently have a subscription to Trissel's 2 IV Compatibility.
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- You can access these apps via the iTunes® App Store (Apple devices), or Google Play® (Android devices).
- You can activate the app by following the simple instructions below.

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- Step 2:** From all the Micromedex app results, select the free **Micromedex IV Compatibility**. You may be prompted to enter your Apple or Google ID
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Note: As a Micromedex customer with free access, you will be asked to update your password on an annual basis. Once the current password nears expiration, the app will remind you to enter a new one. At that time, return to this site and obtain the new password. Visiting our mobile page will also allow you to stay current with other mobile offerings available exclusively to Micromedex customers. Please remember that free access is for Micromedex customers only, do not share this password with non-Micromedex customers.

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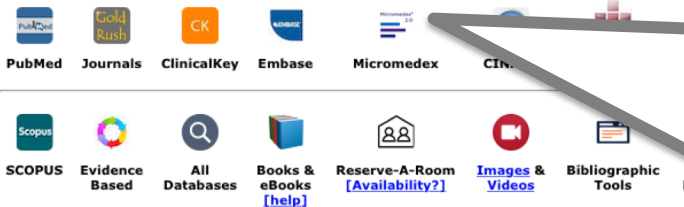
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warfarin



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Warfarin Sodium [Your search: warfarin]

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Quick Answers

In-Depth Answers

All Results

Dosing/Administration

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Pediatric Dosing

FDA Uses

Non-FDA Uses

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Comparative Efficacy

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Mechanism of Action

Pharmacokinetics

Pharmacokinetics

Patient Education

Medication Counseling

Patient Handouts

Toxicology

Clinical Effects

Range of Toxicity

Treatment

Dosing/Administration

Adult Dosing



See 'In-Depth Answers' for detailed results.

- In general, the recommended target INR is 2.5 (range, 2 to 3) [4]; an INR greater than 4 does not provide greater efficacy in most patients and increases the risk of bleeding [5]
- Atrial fibrillation - Thromboembolic disorder: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Atrial fibrillation - Thromboembolic disorder; Prophylaxis: Initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Myocardial reinfarction; Prophylaxis: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Percutaneous transluminal coronary angioplasty: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Prosthetic cardiac valve component embolism: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Prosthetic cardiac valve component embolism; Prophylaxis: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Prosthetic cardiac valve component embolism; Prophylaxis: (bioprosthetic mitral valve) target INR 2.5 (range, 2 to 3) for the first 3 months after valve insertion (ACCP guidelines) [7]
- Prosthetic cardiac valve component embolism; Prophylaxis: (mechanical heart aortic valves) target INR of 2.5 (range 2 to 3) (ACCP guidelines) [7]
- Prosthetic cardiac valve component embolism; Prophylaxis: (mechanical mitral valve, mechanical heart valves, or both, caged ball or caged disk valves) target INR of 3 (range 2.5 to 3.5) [7][6]
- Pulmonary embolism: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Pulmonary embolism; Prophylaxis: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Thrombosis, Post myocardial infarction; Prophylaxis: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Venous thromboembolism: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]
- Venous thromboembolism; Prophylaxis: initial, 2 to 5 mg ORALLY/IV once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg ORALLY/IV once a day [6]

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Toxicology

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Drug Consults

Index Nominum

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Drug Monograph

MICROMEDEX – drug identification



Drug Identification

Search: by Imprint Code [Go to Imprint Code? Click here to search by Description ▶](#)

Side 1: ☐ Partial Imprint

Side 2: ☐ Partial Imprint



Drug Identification

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<input type="checkbox"/> Gold	<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Off-White
<input type="checkbox"/> Orange	<input type="checkbox"/> Pink	<input type="checkbox"/> Purple	<input type="checkbox"/> Red
<input type="checkbox"/> Tan	<input type="checkbox"/> White	<input type="checkbox"/> Yellow	

Shape:

Pattern:

☒ Show Images with results

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Diseases & Acute Care



Toxicology & Product Info



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Drug Interaction Results

◀ Modify Interactions

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Define by: Drugs: **All** Severity: **All** Documentation: **All** Type: **All**

Jump To: [DRUG-DRUG \(1\)](#) | [Ingredient Duplication \(0\)](#) | [ALLERGY \(0\)](#) | [FOOD \(6\)](#) | [ETHANOL \(2\)](#) | [LAB \(3\)](#) | [TOBACCO \(1\)](#) | [PREGNANCY \(2\)](#) | [LACTATION \(2\)](#)

Drug-Drug Interactions (1)

Drugs:	Severity:	Documentation:	Summary:
ASPIRIN -- WARFARIN SODIUM	Major	Fair	Concurrent use of ANTICOAGULANTS and ANTIPLATELET AGENTS may result in increased risk of bleeding.

Ingredient Duplication (None found)

Drug-ALLERGY Interactions (None found)

Drug-FOOD Interactions (6)

Drugs:	Severity:	Documentation:	Summary:
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and POMEGRANATE may result in increased warfarin plasma concentrations and increased risk of bleeding.
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and CRANBERRY JUICE may result in an increased risk of bleeding.
WARFARIN SODIUM	Moderate	Good	Concurrent use of WARFARIN and NONI JUICE may result in risk of acquiring warfarin resistance.
WARFARIN SODIUM	Moderate	Good	Concurrent use of WARFARIN and HIGH-PROTEIN DIET may result in reduced warfarin anticoagulant effectiveness.
WARFARIN SODIUM	Moderate	Excellent	Concurrent use of WARFARIN and VITAMIN K FOODS may result in altered anticoagulant effectiveness.
WARFARIN SODIUM	Moderate	Good	Concurrent use of WARFARIN and ENTERAL NUTRITION may result in decreased PT/ INR response to warfarin and development of warfarin resistance.

Question Using Micromedex

In the drug monograph for warfarin, how many articles are listed in the references? Be sure to click “In-Depth Answers” to locate the complete list.

1932. Institute for Safe Medication Practices: ISMP's List of Confused Drug Names. Institute for Safe Medication Practices. Horsham, PA. 2009. Available from URL: <http://www.ismp.org> . As accessed 2009-09-14.

1933. Institute for Safe Medication Practices: ISMP Medication safety alert. Institute for Safe Medication Practices. Huntingdon Valley, PA. 2008. Available from URL: <http://www.ismp.org> .

1934. Institute for Safe Medication Practices: Look-alike names. Institute for Safe Medication Practices. Huntingdon Valley, PA. 2008. Available from URL: <http://www.ismp.org> .

Last Modified: February 01, 2016

OSCE

Tools Used During the OSCE

Dynamed

Essential Evidence Plus

First Consult within Clinical Key

PubMed

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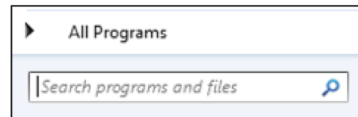
NOTE: answers from Up-to-Date cannot be used.

All About Snipping Tool

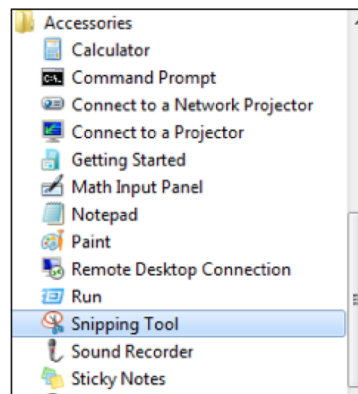
- 1.) Click on the Windows start icon. This is located in the bottom left corner of the screen.



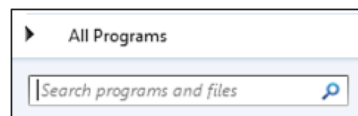
- 2.) Go to "All Programs"



- 3.) Click on the folder labeled "Accessories". Snipping Tool will be there.



- 4.) Alternatively, you can just search for "Snipping Tool" from the Windows start icon.



- 5.) Snipping Tool works by clicking and dragging to fit what you want to capture.
- 6.) Once you've captured an image, go to "Edit" (it will be located at the top of the captured image) and select "Copy". You can paste the image into the answer sheet word document.

MSIII Internal Medicine EBM OSCE Student Answer Pages

MSIII Internal Medicine EBM OSCE Student Answer Pages

SECTION 1

Using **only** the scenario provided, formulate a PICO and clinically relevant question. (4 points total)

Patient/Population:

Intervention:

Comparison:

Outcome:

Clinically relevant question:

SECTION 2

Using the Evidence-Based, point-of-care resources from your teaching session (1st Consult (Clinical Key), DynaMed, Essential Evidence Plus) or PubMed, answer the **bulleted or numbered questions below the case scenario**. You may use any combination of the above resources. Please list the database you used and **provide a screenshot of the answer within the database using the Snipping Tool or Ctrl+PrtScn**. There is no need to type out an explanation of the answers provided in this section. (15 points total)

Question #1:

Database used:

Search term(s) used:

Title of page or PMID of article used:

Question #2:

Database used:

Search term(s) used:

Title of page or PMID of article used:

Question #3

Database used:

Search term(s) used:

Title of page or PMID of article used:

SECTION 3

Based on the information you found in the previous section, what is your interpretation of the evidence? How will you apply this evidence to the patient in the case scenario? Please **type out** your answer for this section. (6 points total)

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE
Amarillo -Lubbock- Permian Basin**

**MSIII Internal Medicine Core Clerkship
OSCE – Group 1**

August 2016

EBM CASE STUDY

A 54 year old obese female with polyuria and blurred vision presents as a new patient to your clinic. Her fasting glucose is 160 mg/dl.

What current evidence or guidelines can you find to help decide on the best course of action in treating her type 2 diabetes? Please focus on the following aspects:

- Recommended plasma glucose targets
- Appropriate non-pharmacologic treatment
- Appropriate pharmacologic treatment

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Facebook Twitter News Events Outages

Ask-A-Librarian

Thank-You!

Hand-outs

Information page on: Resources for Medical Students

Library Homepage: www.ttuhscc.edu/libraries

Problems with eRaider call: 806-743-1234

Guides and Tutorials:

- Access via the "Guides & Tutorials" tab on the left-hand side of the Libraries' homepage under Resources
- Resource for step-by-step database searching instructions and all print and Learning Resource items

Gold Rush:

- Access via the "Journals" icon under *Other Popular Resources* of the Libraries' homepage
- Most complete list of print and online journals subscribed to by the TTUHSC Libraries
- Search by journal title only (this is **not** a subject search database)
- Use to access full-text or PDF's of journal articles you have citations for (especially if database link does not work)

Point of Care Tools:

- Information tool designed for use at the "point of care" (bedside, exam room)
- Accessed via the *Evidence Based icon* under *Other Popular Resources* on the libraries homepage
- Includes ACP's *Smart Medicine*, *Dynamed*, *Essential Evidence Plus*, and *First Consult (via Clinical Key)*
- Tools contain information on diagnosis, treatment, prevention, prognosis, and links to references

Dynamed (a point of care tool):

- Monitors content of over 500 medical journals
- Updated daily
- A true mobile app - does not need wireless access - click *Mobile Resources* on Libraries homepage for instructions

Essential Evidence Plus (a point of care tool):

- Over 13,000 topics
- Daily POEMS - email links to new clinically relevant evidence-based research
- Calculators are evidence-based
- Derm Expert - a visual expert diagnostic tool with nearly 1,000 images

First Consult - in Clinical Key (a point of care tool):

- Main information source is *Cochrane Collaboration* when possible
- Accessed via the *Evidence Based icon* under *Other Popular Resources* on the libraries homepage

National Guideline Clearinghouse

- Evidence-based clinical practice guidelines from www.guideline.gov
- Free from the *Agency for Healthcare Research and Quality*

PubMed

- Click the PubMed icon under *Other Popular Resources* of the Libraries homepage
- Database of journal article references published in biomedical journals
- 5,500+ journals indexed from United States and other countries
- Use *My NCBI* to save searches and customize filters
- *Clinical Queries*, in *PubMed*, is a quick EBM search tool
- Link to *Comparative Effectiveness Research* search tool under *Topic-Specific Queries*

Building Focused, Well-Articulated Clinical Questions

What makes a clinical question well built? First, the question should be directly relevant to the problems at hand. Next, the question should be phrased to facilitate searching for a precise answer. To achieve these aims, the question must be focused and well articulated for all 4 parts of its 'anatomy' (known as PICO):

- 1) the **P**atient, population or problem being addressed
What are the characteristics of the patient or population?
What is the condition or disease?
- 2) the **I**ntervention being considered which could include:
exposure, diagnostic test, prognostic factor, therapy, patient perception or
What do you want to do with this patient? Treat, diagnose, observe?
- 3) the **C**omparison intervention or exposure, when relevant
relevant most often when looking at therapy questions
What is the alternative to the intervention? Placebo, different drug, surgery?
- 4) the clinical **O**utcomes of interest
What are relevant clinical outcomes of interest to you and your patient?
Morbidity, death, complications?

Asking focused, four-component questions takes practice. Doing it well requires that you have insight into what you do not know, coupled with curiosity and a willingness to learn. Also, knowing how questions arise, where they come from, and how to recognize and articulate them can help you refine your skills.

How do clinical questions arise? During a patient encounter, the clinician may be uncomfortable making a decision until more is known. It is recommended that you quiet your emotions while turning your implicit knowledge gaps into explicit questions.

Most clinical questions arise from the following six aspects of clinical work:

- 1) Clinical evidence: how to gather clinical findings properly & interpret them soundly.
- 2) Diagnosis: how to select and interpret diagnostic tests.
- 3) Prognosis: how to anticipate the patient's likely course.
- 4) Therapy: how to select treatments that do more good than harm.
- 5) Prevention: how to screen and reduce the risk for disease.
- 6) Education: how to teach yourself, the patient, and the family what is needed.

PICO Worksheet

Name: _____ Date: _____

PICO Search terms (synonyms, alternate spellings, abbreviations, etc.)

P (patient/population/problem)

What is the primary problem?

I (intervention)

What main intervention are you considering?

C (comparison)

What will the intervention be compared to?

O (outcome)

What are you trying to accomplish?

Type of Question (circle one):

Therapy

Etiology/Harm

Prevention

Diagnosis

Prognosis

Other _____

Clinical Question:

Using the above information, write a focused, well-articulated question.

4) Attention! Please bring completed worksheet to class with you.

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SCOPUS



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- [Clinical Key](#)
- [Dynamed](#)
- [Essential Evidence Plus](#)
- [Nursing Reference Center Plus](#)

Poll

Was this Guide useful to you?

☐ Yes

☐ No

Evidence-Based Medicine for the MSIII Internal Medicine Clerkship

Welcome to the LibGuide accompanying the Evidence-Based Medicine Course during the Internal Medicine Clerkship. Click the associated blue tabs for course materials and links to powerpoints.

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Contact Reference

[Ask A Librarian](#)

Amarillo Reference: 806-414-9964

Lubbock Reference: 806-743-2200; ask for a reference librarian

Odessa/Permian Reference; 432-703-5030

TeamViewer

- [TeamViewer for Windows](#)

TeamViewer is software that allows the reference librarian to view your desktop while guiding you through a search.
- [TeamViewer for Mac](#)

TeamViewer is software that allows the reference librarian to view your desktop while guiding you through a search.

Tools Used During the OSCE

Dynamed

Essential Evidence Plus

First Consult within Clinical Key

PubMed

Snipping tool on PC's

NOTE: answers from Up-to-Date cannot be used.

Micah's Hand-outs

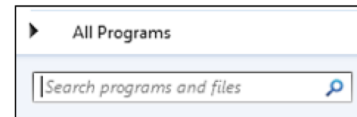
Snipping Tool on PC's

All About Snipping Tool

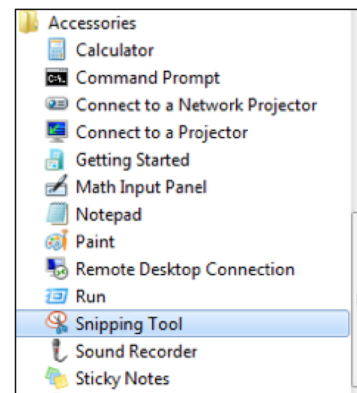
- 1.) Click on the Windows start icon. This is located in the bottom left corner of the screen.



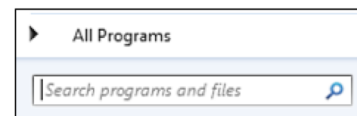
- 2.) Go to "All Programs"



- 3.) Click on the folder labeled "Accessories". Snipping Tool will be there.



- 4.) Alternatively, you can just search for "Snipping Tool" from the Windows start icon.



- 5.) Snipping Tool works by clicking and dragging to fit what you want to capture.
- 6.) Once you've captured an image, go to "Edit" (it will be located at the top of the captured image) and select "Copy". You can paste the image into the answer sheet word document.

MSIII Internal Medicine EBM OSCE Student Answer Pages

MSIII Internal Medicine EBM OSCE Student Answer Pages

SECTION 1

Using **only** the scenario provided, formulate a PICO and clinically relevant question. (4 points total)

Patient/Population:

Intervention:

Comparison:

Outcome:

Clinically relevant question:

SECTION 2

Using the Evidence-Based, point-of-care resources from your teaching session (1st Consult (Clinical Key), DynaMed, Essential Evidence Plus) or PubMed, answer the **bulleted or numbered questions below the case scenario**. You may use any combination of the above resources. Please list the database you used and **provide a screenshot of the answer within the database using the Snipping Tool or Ctrl+PrtScn**. There is no need to type out an explanation of the answers provided in this section. (15 points total)

Question #1:

Database used:

Search term(s) used:

Title of page or PMID of article used:

Question #2:

Database used:

Search term(s) used:

Title of page or PMID of article used:

Question #3

Database used:

Search term(s) used:

Title of page or PMID of article used:

SECTION 3

Based on the information you found in the previous section, what is your interpretation of the evidence? How will you apply this evidence to the patient in the case scenario? Please **type out** your answer for this section. (6 points total)