Evidence Informed Practice at Northwestern is defined as the integration of patient presentation and preferences, clinical experience, and research in healthcare delivery.

Applying EIP in Clinical & Teaching Settings

In November 2011, four faculty members from Northwestern’s College of Chiropractic went to the University of Iowa for, "TRIP into the Future: Evidence-based clinical practice workshop". Drs. Katie Burns-Ryan, Jodell Skaufel, Chris Major, & Barry Taylor, spent two days learning new tools and strategies to effectively and efficiently find, review, and apply current research. Below is a Q&A with Katie Burns-Ryan on her experience.

How did your perspective change after the workshop?

I originally thought that EIP valued the importance of research over that of the doctor’s experience and patient preference. During the workshop I learned that each individual presentation is different. Some patients present with a complaint that has little to no research so my clinical experience must take precedence. Other individuals present with a complaint that has reliable and current research that I can use when creating my care plan. Still others present with a preference of care that requires me to use a form of care that is not considered standard. I realized how simple the process can be to find and use current research while in a busy clinical setting, that I enjoyed the process and I want to learn more.

How did the workshop affect the way you view your work at NWHSU? The way you practice? Teach?

I have now altered two different assignments in my Patient Interviewing and Clinical Internship courses to include the use of EIP. I have also altered how I create care plans to include quick searches of literature to ensure I am aware of the most updated clinical findings. In both a teaching and clinical setting, I have pulled up PubMed to do real time searches right in front of students and interns.

What are the take home messages from the workshop that you are sharing or would like to share with NWHSU?

Do not fear EIP! It is a process that gets easier with practice, provided the clinician has received the appropriate instruction on how to locate and evaluate the new material. Also, keep in mind that the value of the patient's preference and the clinician's experience is not diminished when using EIP. It just provides the clinician with another tool to create the most appropriate care plan.

EIP Clinical Tip!

Upcoming Events

EIP Events at Northwestern
05/09-08/01/12, NWHSU
Faculty Research Scholars I Program.

National Research Events
05/15-05/18/12, International Research Congress on Integrative Medicine and Health Conference in Portland, OR.
06/03-06/08/12, McMaster University on "Improving your practice/teaching through evidence-based medicine".

Highlights!

NWHSU’s AOM Homecoming, the Great River Symposium, hosted its first ever poster presentation in March.
John Pirog and Barb Gosse presented "An Introduction to Acupuncture Pain Research" to 60 orthopedic surgeons at Fairview Hospital on 02/17/2012.

Published, Postered, Presented was held on 01/12/2012. Co-hosted by the library and the research department, the event recognized faculty for their 2011 scholarly work.

NWHSU's College of Chiropractic Homecoming hosted two EIP events. Barry Taylor facilitated,
Clinical Trials: A Clinician’s Perspective

Dr. Bergmann has worked at NWHSU for over 30 years as a Professor in the College of Chiropractic and now as an adjunct faculty member at the Wolfe Harris Center for Clinical Studies working on a headache study funded by the National Center for Complementary and Alternative Medicine. He also served as a treating chiropractor on the first large randomized clinical trial investigating chiropractic treatment for acute neck pain, conducted at the Wolfe Harris Center for Clinical Studies:


Why are clinical trials important?

Clinical trials are the bridge over which all new therapies must pass to become accepted practice and the bridge is a long one. The importance of clinical trials to the advancement of health care practices generally, and chiropractic/CAM specifically, cannot be overstated. Clinical trials partner scientists, patients, and industry in a journey to improve treatments and outcomes. Clinical research differentiates us from routine practice. It allows us to offer the best-known therapies and diagnostic tests to achieve superior clinical results. In routine clinical practice today, the potential to help patients is limited primarily by the ability to assimilate the flood of information and come up with ways to apply it.

What is it like working on a clinical trial?

To come up with a solution to an important problem and to use that solution to help patients is a thrill. In routine clinical practice, the clinician is in control of decision-making. Clinical research is a totally different ballgame. As a research clinician, I do not have direct control over the outcome of the study. There are rules to follow. It’s rarely ever boring, but it can be pretty tiring, maybe even exhausting, trying to follow all the protocols, filling out all the forms, and meeting about everything! I am very impressed by the way problem solving takes place in research. When issues are identified, the involved individuals work together to come to a solution and all input is considered before a decision is agreed on. It has been a pleasure to have a small part in the research process.

What are your thoughts on the impact of the recently published acute neck pain study?

"Navigating the Medical Information Jungle" for faculty, community based internship chiropractors. Michele Maiers also presented "Recent Findings in Chiropractic Research”.

Lori Baldwin presented at Faculty Conference in February on the "College of AOM's EIP Internship at the VOA”.

Scholarly Activity

Publications


Presentations & Workshops


Taylor B, et al. Teaching and integrating evidence based practice skills in the clinic-applying evidence for therapy

Looking to use the latest research in the classroom? In your practice?

Download simple exercises for neck pain (pdf), courtesy of researchers from Northwestern’s Wolfe Harris Center for Clinical Studies.

Barry Taylor, DC, Research Clinic Director and EIP Instructor
Probably the single most important issue that faces any therapeutic approach is being able to demonstrate a positive risk/benefit ratio. This study clearly adds to the sorely needed evidence for the benefit of spinal manipulation for neck pain. Cervical spine thrust adjustments have been identified (rarely, and in many cases falsely) as causing brain stem strokes and vertebral artery dissections. Without evidence of benefit, it would be difficult to continue with a treatment approach that carries even a very rare potential for harm.

This study is also a monumental feather in NWHSU’s cap. Being published in the Annals of Internal Medicine is incredible on its own but to also receive such positive press should have far-reaching beneficial effects for the profession and the institution, as well as our research leadership. Kudos to Drs. Bronfort and Evans, as well as the entire research department team.

How can we use the information from the neck pain trial for students, faculty, etc?

This paper has already been discussed in a number of classes and will be part of the required reading for our classes in cervical spine adjusting.

Any additional thoughts you’d like to share about your experience with research and/or evidence informed practice?

I am an "old-timer" in this profession. Clinical practice in the past was difficult and scary for me as it was very hard to find information on problem cases. To be clear, if a patient responds to the care decided on and provided based on the clinical presentation, all is good. But when a patient didn’t respond or presented with confounding clinical findings, there was no place to go really. Now any computer with internet connection can get information instantly. This has opened the door to information that could benefit patients immediately. Clinicians need to be regularly looking for recent information regarding conditions their patients have. I believe we are doing a good job of instilling this concept in our students while in the classroom experience and I hope we are continuing in the clinical experience.

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