

# STAYING UP-TO-DATE

Have Medical Information Come to You -Without Searching

# WHAT WILL I GET?

- Be able to describe valid versus invalid sources of medical information.
- Identify needs in how you stay current with medical or educational information.
- Identify and learn how to implement strategies to have valid information updates come to email or postal mail.
- Be able to construct a time management system for staying medically informed and current.

# IT IS IMPORTANT TO BE INFORMED AND RELEVANT.

Very low percentage look up info about a patient question in recent studies.

We need to stay current on medicine AND teaching.

Others quickly realize when you aren't informed.

# CURRENT STRATEGIES AND ROADBLOCKS

- Morning news?
- Something laying around?
- Colleagues?
- Buzz?
- Patients?
- Conferences?

# Too much info, too little time, chatter and hyperbole (!)

- We are bombarded with information.
- You have to sift the good from the bad.
- You can't give up and read nothing.
- Where would you prefer to get your daily news?

# VALIDITY

Not all information is created equally, even if it is pretty.

Editors do not screen that a study was perfectly done.

In desperation, you may listen to buzz as fact-that's how rumors get started and we don't have time or leeway for that.

Usefulness of Information =  $\text{Relevance} \times \text{Validity} / \text{Work}$ .

Something has to be relevant to you, be good info and take little time to find.



## Walter Cronkite

Walter Cronkite was a real news anchor.

<http://www.theatlantic.com/international/archive/2012/07/is-it-walter-cronkites-fault-why-olympic-announcers-keep-saying-beizhing/260556/>



## Ron Burgundy

Not a real news anchor, even though he looks like one.

Source:

<http://cdn.sheknows.com/articles/2013/08/ron-burgundy-memoir.jpg>



# Tips on keeping validity

- Go to trusted sources (use the pyramid).
- Go to relevant items (POEMs).
- Look for LEVELS OF EVIDENCE, resources, someone who is accountable.
- A.K.A. “WHO WROTE THIS?”
- Don’t contribute to chatter if you haven’t checked the facts. Read the article.
- Brush-up on how to read a research article. It’s ok. We all forget some things, sometimes.

# FREE TOOLS

ACCESSSS

AHRQ/USPSTF

TWITTER (YES, TWITTER), JOURNALS, CDC

# ACCESSSS Federated Search McMaster Plus

- Follow the link below to the home page
  - <http://plus.mcmaster.ca/accessss/Default.aspx?Page=1>
- Click on Register to create your account
- Profile Settings:
  - Title
    - First Name
    - Last Name
    - Institution
    - Email

# ACCESSSS Federated Search

## McMaster Plus

- Educational Options
  - ▣ Select current position or role
    - Physician Assistant
- Alert Settings (Who and What you want to learn about)
  - ▣ This will allow you to receive email alerts regarding important information/articles from your selected disciplines.
  - ▣ Patient Population
    - You can choose Neonates through geriatrics or all populations.

# ACCESSSS Federated Search McMaster Plus

- Alert Settings Continued
  - ▣ Disciplines: Some of these disciplines have subcategories.
    - General Practice/Family Practice
    - Internal Medicine and Subspecialties
    - Gynecology
    - Obstetrics
    - Pediatrics
    - Psychiatry
    - Surgery
    - Anesthesia

# ACCESSSS Federated Search McMaster Plus

## □ Alert Frequency

### □ Choices include:

- Daily or every 2, 4, 5, 6, 7 days.

## □ Cut-off Scores

### □ Relevance

### □ Newsworthiness

- Rated on a scale of 1-7
- 4-7 will receive alerts
- 1-3 too low for alerts

# ACCESSSS Rating Scale

Relevance	Newsworthiness
7- Directly and highly relevant	7- Useful information, most practitioners in my discipline definitely don't know this
6- Definitely relevant	6- Useful information, most practitioners in my discipline probably don't know this
5- Probably relevant	5- Useful information, most practitioners in my discipline possibly don't know this
4- Possibly relevant - likely of indirect or peripheral relevance at best	4- Useful information, most practitioners in my discipline possibly already know this
3- Possibly not relevant	3- Useful information, most practitioners in my discipline probably already know this
2- Probably not relevant: content only remotely related	2- It probably doesn't matter whether they know this or not
1- Definitely not relevant: completely unrelated content area	1- Not of direct clinical interest

# ACCESSSS Federated Search McMaster Plus

- Login Details
  - ▣ Username
  - ▣ Password
- Terms and Conditions
  
- Registration in Complete



# ACCESSSS Example



The following slides show screen shots of what a typical ACCESSSS email alert looks like.

You just click on the article to read it.

Article Title	Discipline	Relevance	News-worthiness
<a href="#"><u>Tobacco cessation interventions for young people.</u></a> Cochrane Database Syst Rev	General Practice(GP)/Family Practice(FP)	6	5
<a href="#"><u>Stroke Prevention in Atrial Fibrillation.</u></a> AHRQ Comparative Effectiveness Review	General Practice(GP)/Family Practice(FP)	7	6
<a href="#"><u>Multitarget Stepping Program in Combination with a Standardized Multicomponent Exercise Program Can Prevent Falls in Community-Dwelling Older Adults: A Randomized, Controlled Trial.</u></a> J Am Geriatr Soc	General Practice(GP)/Family Practice(FP)	6	5
<a href="#"><u>Combined corticosteroid and long-acting beta2-agonist in one inhaler versus inhaled corticosteroids alone for chronic obstructive pulmonary disease.</u></a> Cochrane Database Syst Rev	General Practice(GP)/Family Practice(FP)	6	4
<a href="#"><u>Efficacy and safety outcomes of oral anticoagulants and antiplatelet drugs in the secondary prevention of venous thromboembolism: systematic review and network meta-analysis.</u></a> BMJ	General Practice(GP)/Family Practice(FP)	7	5

**New articles:** colleagues in your discipline have identified the following article(s) as being of interest:  
Just click on the title to review the abstract and/or PubMed record.

Article Title	Discipline	Relevance	News-worthiness
<a href="#">Edoxaban versus Warfarin for the Treatment of Symptomatic Venous Thromboembolism.</a> N Engl J Med	General Practice(GP)/Family Practice(FP)	6	6
<a href="#">Stroke Prevention in Atrial Fibrillation.</a> AHRQ Comparative Effectiveness Review	General Practice(GP)/Family Practice(FP)	7	5
<a href="#">Comparison of effects between home visits with telephone calls and telephone calls only for transitional discharge support: a randomised controlled trial.</a> Age Ageing	General Practice(GP)/Family Practice(FP)	6	6
<a href="#">Behavioral Treatment for Weight Gain Prevention Among Black Women in Primary Care Practice: A Randomized Clinical Trial.</a> JAMA Intern Med	General Practice(GP)/Family Practice(FP)	6	6

Castellucci LA, Cameron C, Le Gal G, et al. **Efficacy and safety outcomes of oral anticoagulants and antiplatelet drugs in the secondary prevention of venous thromboembolism: systematic review and network meta-analysis.**

BMJ. 2013 Aug 30;347:f5133. doi: 10.1136/bmj.f5133. (Systematic Review) [PMID: 23996149](#)

[Read Abstract](#) [Read Comments](#)

Clinical Evidence Topics:

[Stroke: secondary prevention](#), [Thromboembolism](#)

Physician Disciplines	<a href="#">Relevance to practice</a>	<a href="#">Is this news?</a>
General Internal Medicine-Primary Care(US)	1-7	1-7
General Practice(GP)/Family Practice(FP)	1-7	1-7
Hematology/Thrombosis	1-7	1-7
Internal Medicine	1-7	1-7
Surgery - Vascular	1-7	1-7

### [Comments from Clinical Raters](#)

**General Practice(GP)/Family Practice(FP)** Most [general practitioners](#) know that newer drugs have lesser bleeding, but they do not know the smaller effect size of new anticoagulant drugs.

**Surgery - Vascular** This review emphasizes something well know in clinical practice. It is important to have this meta-analysis but nothing new is learned.

# Agency for Healthcare Research Quality (part of HHS)

- Go to [AHRQ.gov](http://AHRQ.gov)
- Right upper corner > “Email Updates”
- Put your email in the only box on the page and click “submit”
- You will see a long list of check boxes-pick what you like.
- If you want to change them, just go back through the above steps and check different boxes.
- EASY!
- When you submit, you are brought to another list of gov’t resources. Use restraint.

# United States Preventative Services Task Force (USPSTF)

- <http://www.uspreventiveservicestaskforce.org/>
- Go to “email updates” top right center or on the right “sign up for USPSTF updates”. Same thing.
- Click on “ USPSTF Email Updates”.
- Yes, this looks like AHRQ, but is directly for USPSTF.
- Edit as needed.

# “The Chronicle of Higher Education”

- Chronicle.com
- Go to BOTTOM of page.
- “get newsletters”
- Enter name, email and title. Sign up for the newsletter that you want.
- **IMPORTANT:** You will get an email. You must click on the link provided or copy/paste to confirm that you signed up.

# Other Resources

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- CDC's MMWR
- US News and Education
- Social Media: Follow news sources on FB and Twitter



# SCHEDULE

Make one. Then use it.

# I don't have time!

- You have time to eat and brush your teeth.
- There are 1,440 minutes in each day.
- Take  $30/1440$  (.02%) to remain relevant to yourself and those around you.
- You made it through a rigorous medical training program already.
- You can do this if you are committed to growth.

# When to Review?

- Each morning, **1/2 an hour** can be used to read **email updates/articles** that are of most relevance.
- Do you commute? Train? Podcasts or other audio for car.
- Journals: Choosing **one day of the month** to review and select readings from journals can create a systematic approach to read and review pertinent articles over a period of time.
- Email: Online updates can be kept in a folder for later review, while deleting those updates/articles as needed.
- Don't forget to choose the **VALID** sources. You need to know where the research came from and that someone else who knows that it was done well says so!

# When to Review?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Have fun	Morning emails	AM: Review online alerts and articles received in the past week	Noon: Review Articles from the Journal of Physician Assistant Education.	Noon: Review Articles from JAAPA	Morning emails.	Have fun

For example, from the above calendar one Wednesday of the month is used to review and select articles for reading. Once that is completed the selected articles can be scheduled for reading to be completed within the month. The time to do so is up to the individual and examples include during the weekday commute, start of the day in the office, etc.

# References

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- Shaughnessy A, Gupta P, Erlich D, Slawson D. Ability of an information mastery curriculum to improve residents' skills and attitudes. [Fam Med](#). 2012 April; 44(4): 259-64.
- <http://www.theatlantic.com/international/archive/2012/07/is-it-walter-cronkites-fault-why-olympic-announcers-keep-saying-beizhing/260556/>
- <http://cdn.sheknows.com/articles/2013/08/ron-burgundy-memoir.jpg>