

Katie's Knowledge Translator

If yes to "should"
go quickly to "how"

Appraise

should this change my practice

Is the SOURCE CREDIBLE?

Is the EVIDENCE CREDIBLE?
(see over also)

Were all options given a
BALANCED and fair review?

Is the research focused
on PATIENT-ORIENTED EFFECTS
THAT MATTER?

Are the TREATMENT EFFECTS
clinically important?

Are the results APPLICABLE TO
REAL PRACTICE?

KNOWLEDGE BASE REVIEW:
what's known, uncertain, and
remaining unknown?

Is the treatment FEASIBLE
AND AFFORDABLE?

Apply

how should I change my practice

What do I NORMALLY DO?

What needs to
CHANGE and HOW?

What are the BARRIERS
to practice change?

WHAT CAN I DO by myself?

WHO do I need to work
with to make the changes?

What TIPS AND TOOLS
can I gather from others?

WHAT ADVICE do I need about
common barriers and solutions?

WHAT DO I NEED TO DO RIGHT NOW
to ensure the change begins?

When and how should I ASSESS MY
PROGRESS?



The Katie Program

...because sometimes *knowledge* needs a translator

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Appraise *should?* ... Apply *how?*

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Who

- Were the people studied like the people I treat?
- Were the people in the different groups similar at baseline?

Outcomes

- What do my patient's care most about?
- What was measured – biomarkers, surrogates, or clinical outcomes?

Numbers

- What are the most important results?
- What is the usual rate of events, for example without treatment or with standard treatment?
- By how much does the intervention reduce pain, suffering, or the risk of negative outcomes?
- For unfamiliar measures, what is a clinically important change?
- What are the relative (\pm) and absolute ($-$) differences between treatment groups? What are the related NNTs and NNHs?
- For figures, was the y-axis truncated to imply a larger treatment effect?
- Are the treatment effects (good and bad) clinically important?

Compared To

- What is being compared?
- Does it reflect standard clinical practice?
- Was it dosed right?
- What's the role of past or other current treatments?

Believability

- What was the study's design?
- Could bias (selection, attrition, measurement, data handling, comparator, etc.) have influenced results?
- Were confounders present? How could they affect the results?

Chance

- What is the p-value or confidence interval?
- Was the sample large or small?
- Is a clinically meaningful difference ruled in or out (or neither) by the confidence interval?

Follow Up

- Was the duration of the study long enough to accurately assess the important benefits and risks of treatment?

Drop-Outs

- How many people didn't finish the study?
- Why didn't they?
- What does this mean for my practice?
- How did this affect the results of the study?

Risks

- How do the treatment options compare in terms of risks – adverse effects, overall tolerability, serious adverse effects, toxicity, and drug interactions.

Missing

- What important questions are not answered by this study? What about by all studies?

Worth

- Can my patients afford it?
- Do the advantages pay for themselves?

Strength of Evidence

- What is the quality of the best available evidence?
- Are findings consistent across studies?
- Do studies show important treatment-related differences in clinically meaningful outcomes?

Big Picture

- What are the key results, strengths, and limitations?
- What am I going to do with this information? (see over)



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Don't know? Just ask.

The *Katie Program* promotes dialogue between presenters and learners.
Many important questions need to be asked to be answered.

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