

# Resource corner

A typically busy morning surgery\* draws to an end with several important clinical questions being raised. Many of these go unanswered under the pressures of a full waiting room and too little time, but the problems presented by 3 patients merit further reflection at the end of the day. All 3 patients had problems commonly seen in primary care, and I might have done a better job for them if I were a better informed physician. These cases included

- A 37 year old businessman who wants effective treatment for his neck that remains stiff and sore 3 months after a minor car accident
- A 15 year old boy with fatigue and a recent diagnosis of glandular fever (infectious mononucleosis) who wonders if he will be well enough for a skiing holiday in 4 weeks
- A 45 year old woman who wonders if her facial pain might be sinusitis.

Can a web based resource quickly provide reliable evidence for these patients? This review considers *Bandolier*, a monthly newsletter of secondary publication. It is available free on the internet ([www.jr2.ox.ac.uk/Bandolier](http://www.jr2.ox.ac.uk/Bandolier)), and a paper version can be purchased (free to National Health Service [NHS] staff in the UK). The web site provides succinct “bullets” of evidence (hence *Bandolier*) to support evidence-based health care—with clinical ammunition stockpiled for the past 6 years. The contents are downloadable as portable document files (PDFs).

*Bandolier*'s orderly home page offers access to 36 topic areas (eg, asthma; ear, nose, and throat [ENT]; and pain). The intended audience seems to be general practitioners, and many of the topics are relevant to primary care. An efficient search engine provides an alternate route to the “bullets” of evidence. The contents include access by date of issue of the original newsletters. The site also includes *ImpAct*, a bimonthly publication that reports on the implementation of research evidence from the NHS, and there are several links to other important evidence-based healthcare sites.

The criteria for selecting and appraising evidence for *Bandolier* are not explicitly stated. Topics seem to be selected on the basis of the recent medical literature and on questions from clinicians. The concise summaries are clearly written and suggest a careful appraisal of the evidence.

*Bandolier*'s extensive pain section contained no information about the treatment of neck pain, and its search engine did not locate any information on the prognosis of glandular fever. This information is available from such other web based resources as Medline through PubMed<sup>1</sup> and the *Cochrane Library*.<sup>2</sup>

Evidence about the diagnosis of sinusitis for my patient with facial pain was rapidly retrievable from the ENT section of *Bandolier* (and also by the search engine) (fig 1). The *Bandolier* article on diagnosing acute sinusitis is a succinct summary of a prospective study with sufficient detail to indicate that the key elements for a valid evaluation of a diagnostic test were addressed.<sup>3</sup> Only 4 features (pus in nasal cavity, purulent rhinorrhea, “double-sickening” [defined as the presence of 2 phases of the illness history], and an erythrocyte sedimentation rate of > 10 mm/h) were associated with acute sinusitis. A helpful nomogram clearly showed how I could apply the findings to my patient in primary care.

*Bandolier* is a user friendly and useful evidence-based web resource. It is quick and easy to use and merits bookmarking alongside such other web resources as PubMed and the *Cochrane Library*.

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- 1 White PD, Thomas JM, Amess J, et al. *Br J Psychiatry* 1998;**173**:475–81.
- 2 Hurwitz EL, Aker PD, Adams AH, et al. *Spine* 1996;**21**:1746–60.
- 3 Lindbaek M, Hjortdahl P, Johnsen UL. *Fam Med* 1996;**28**:183–8.

### Ratings for this resource

Quality of information: ★★★★★☆

Clinical usefulness: ★★★★★☆

\*Primary medical care clinics in the United Kingdom are quaintly called “surgeries,” although we don't usually cut the patients open.

*Bandolier*.

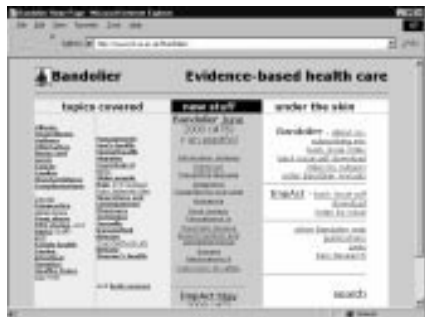
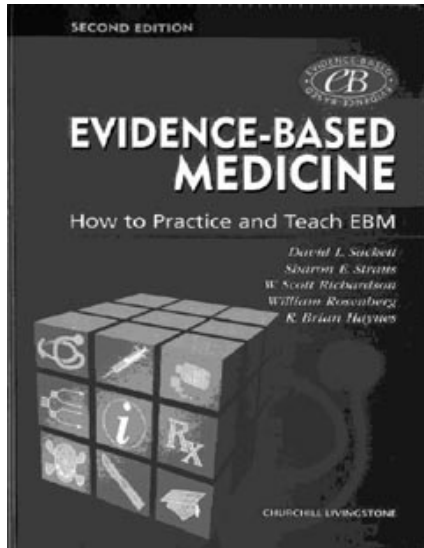


Figure 1.

Sackett DL, Strauss SE, Richardson WS, *et al.*  
*Evidence-Based medicine: how to practice and teach EBM.* Second edition. Edinburgh: Churchill Livingstone, 2000.



If you want to enhance your skills further to practice evidence-based medicine and weave it into your clinical teaching, rush out to buy the new edition of this popular handbook. Its international authors provide unique insights and practical strategies to use this approach in clinical problem solving during daily medical practice. This text is applicable to the needs of a wide range of learners, from medical students to clinician educators and practicing physicians.

Consistent with the first edition, it is still written in a comfortable conversational tone, and each chapter is peppered with helpful tables. Illustrative clinical examples appear throughout the book. 3 significant new improvements are a new organisational structure, a stronger section on teaching methods, and an accompanying CD.

The first few chapters address asking answerable clinical questions and specific search strategies to find the best available evidence. The closing chapter addresses self evaluation, including what is known about the evaluation of evidence-based medicine. In between, the chapters are organised according to the tasks that clinicians face during clinical practice (eg, diagnosis, prognosis, and treatment). The chapters use a format that consistently addresses distilled issues related to the assessment of validity, importance, and applicability of medical evidence. There are also 2 appendices. One covers confidence intervals and includes formulas and the other is a practical glossary. Inside the back cover are colourful laminated pocket cards that can reinforce basic concepts when on the run.

Beyond the content issues to help us practice evidence-based medicine, methods to help us to teach in a more evidence-based fashion are addressed sporadically throughout the text. Furthermore, a new 35 page chapter focuses solely on this area. It addresses general notions about teaching evidence-based medicine, venue specific strategies for inpatient and outpatient arenas, and even includes a discussion of the "Top 7 Teaching Mistakes" that most of us have made. Finally, the chapter ends with an extensive table of teaching tips to use when facilitating small group learning.

The mini CD resides in a pocket affixed to the front cover. It is easy to use either from your CD drive or by copying onto your hard drive. The latter option is convenient if you store your CPU on its side since properly seating the small CD is a bit of a challenge. Once open, the interface is somewhat clunky, but after making a few "wrong turns," I was able to quickly learn how to manoeuvre within it. For example, when I first opened the page entitled "CD Contents," I saw only an electronic version of the same contents as in the printed book. Eventually I found other extensive resources under the cryptic link labelled "Discipline Contents" in the bottom corner of that page. Here are rich resources applicable to a wide range of clinicians from paediatricians to nurses to surgeons. Each of 14 different discipline sections aspires to provide a contact person, an introduction to the use of explicit evidence in their field, annotated references, sample teaching scenarios, searches, completed appraisal worksheets, and examples of critically appraised topics.

Although this ambitious addition to the book is potentially quite useful for practitioners and teachers, the current development under each discipline is variable. Some sections contain multiple worked examples, as in "Child Health," "Critical Care Medicine," and "General Practice," but no examples are provided in "Occupational Health" and only 1 is included in "Complementary Medicine." To address this limitation, the authors are developing a web site to complement the book by providing regularly updated material for visitors. The site is based at the newly established Centre for Evidence-Based Medicine at the University of Toronto ([www.library.utoronto.ca/medicine/ebm/](http://www.library.utoronto.ca/medicine/ebm/)). When I surfed to their site, I found a well established initiative, and already posted is a listing of mistakes found in the second edition print version. I've bookmarked this useful site for future browsing on a regular basis.

The second edition of this handbook is a substantial revision of its predecessor and will aid any healthcare provider who aspires to improve his or her skills in evidence-based practice. Be aware that although this edition acknowledges the range of evidence-based resources now available for clinical care, the emphasis of the book is still weighted toward developing critical appraisal skills to better use original literature from Medline. Whether you use the book for its individual chapters when you have a particular task, or decide to devour it cover to cover, it will both satisfy and leave you wishing they could have fit even more material into this practical pocket sized book. The authors convey a fun and irreverent enthusiasm for a subject that is simply infectious. It will become a well worn addition to my library and I will strongly encourage my learners to invest in a copy.

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*Evidence-Based Medicine: How to Practice and Teach EBM* can be purchased online at on <http://www.harcourt-international.com/catalogue> for £18.95; a sample chapter can also be viewed on this site.

### Ratings for this resource

Methods/Quality of information: ★★★★★

Clinical usefulness: ★★★★★☆