Introducing BestBETs

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BestBETs

Evidence-based practice (EBP) is a paradigm that acknowledges the need for clinical practitioners to have a comprehensive, up-to-date knowledge of the best scientific evidence in their specialist area. This knowledge, together with patient preference, feasibility and affordability forms a powerful approach to effective clinical decision making. That is not to say that other factors such as clinician experience, the need for compassionate care and equitable delivery of services do not feature in the decision making process, but EBP allows a degree of certainty that the scientific basis for decisions is sound.

One of the many requirements of paramedic registration is to 'be able to engage in evidence-based practice' (Health and Care Professions Council, 2014) but this can be difficult to achieve when unremitting workload and unsocial shift-patterns make for a full work life with little time to 'consult the literature'. This is not a problem unique to the paramedic profession and one solution, developed by clinicians working within emergency medicine, is the best evidence topic (BET) (Mackway-Jones, Carley, Morton, & Donnan, 1998).

BETs were developed at the Manchester Royal Infirmary in the late 1990s, to provide rapid evidence-based answers to real-life clinical questions, using a systematic approach to reviewing the literature. BETs take into account the shortcomings of much current evidence, allowing clinicians to make the best of what there is. Although BETs initially had an emergency medicine focus, there are a significant number of BETs covering cardiothoracic surgery, general surgery, nursing, physiotherapy primary care and paediatrics. There are now even BETs for Vets.

BETs bring the evidence one step closer to clinical practice by providing answers to very specific clinical problems, using the best available evidence. Each topic answers a carefully worded three-part question, using a structured approach to finding and reviewing the literature. The BET method allows the use of lower quality research, and lists the shortcomings of the evidence used. As with other forms of EBP topic review, each BET has a clinical 'bottom line' for the busy clinician.

BETs are created by iterating through four steps:

1. Asking the right question
2. Searching for the evidence
3. Appraising the evidence
4. Summarising the evidence

Asking the right question

It is important that the clinical questions asked as the catalyst for a BET are well-defined and answerable. To aid this, BETs start with a general question, which is then broken down into a three-part question, which is based on the PICO framework:

1. Patient group or characteristic, e.g. disease
2. Intervention or defining question and an appropriate comparator
3. The relevant clinical outcome

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Searching for the evidence

BETs are not systematic reviews, since clinicians typically do not have the time to search exhaustively through the literature, particularly the grey literature, which forms an important part of systematic reviews. Searches are required to be explicit and reproducible however, and the search strategy, including keywords, Boolean operators, and so on are described in sufficient detail for the reader to complete their own review.

Appraising the evidence

It is likely that many of the questions posed by paramedics in relation to their clinical practice will not have a systematic review, meta-analysis or even a single randomised-controlled trial to provide a possible answer. BETs are designed to find the best available evidence, even if it is not high-level. In addition, the failure to find high-level evidence can be used as a marker for areas that require further study. Once papers of the highest level have been collated, they are critically appraised using standard methodological methods (Greenhalgh, 2010).

Summarising the evidence

BETs are reported using a standardised format which is described in detail on the BestBETs website (http://www.bestbets.org). At the conclusion of the BET is the clinical bottom line – that is, the answer to the original question posed at the start of the process. It is anticipated that a number of clinical questions will not be answered by the literature. These 'negative' BETs are important to identify areas for future research.

BETs and the BPJ

We are delighted to publish a BET in this issue of the *British Paramedic Journal* and encourage readers and other clinicians to formulate their own clinical questions to kick-start their own BET. In order to ensure that BETs are not duplicated and promote dissemination, the creators of BestBETs have created a website, which not only provides detailed guidance on BETs, but provides a portal for submission. It is a requirement of publication in this journal, that BETs have already been submitted to the BestBETs website.

References

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