

OPTIONS FOR INCORPORATING EVIDENCE BASED MEDICINE PRINCIPLES INTO CME ACTIVITIES

- Promote the “Classifications of Evidence” (see table 1 below)
- List 2-4 key clinical learning points or treatment recommendations that will be annotated by the classification of evidence that support each learning point.
- Include the classification of evidence for references.

Additional resources to assist in developing your lecture:

- Agency for Healthcare Research & Quality www.ahrq.gov/clinic
- Bandolier www.jr2.ox.ac.uk/Bandolier/
- Cochrane Database for Systematic reviews <http://www.cochrane.org>
- Database of Abstracts of Reviews of Effectiveness www.york.ac.uk/inst/crd/darehp.htm
- Evidence Based Medical Journal <http://ebm.bmjournals.com/>
- Patient Oriented Medical Journal <http://www.infopoems.com>
- Patient Oriented Evidence that Matters <http://www.ebponline.net>
- Clinical evidence. BMJ Publishing <http://www.clinicalevidence.com/ceweb/conditions/index.jsp>

Table 1 Classification of Evidence		
Rating of recommendation (Note: technology assessment rating is parentheses)	Translation of evidence to recommendations	Rating of Therapeutic Article
A=Establish as effective, ineffective or harmful (or established as useful/predictive or not useful/predictive) for the given condition in the specified population.	Level A rating requires at least one convincing class I study or at least two consistent, convincing class II studies.	Class I: Prospective, randomized, controlled clinical trial with masked outcome assessment, in a representative population. The following are required: Primary outcome(s) is/are clearly defined. Exclusion/inclusion criteria are clearly defined. Adequate accounting for drop-outs and cross-overs with numbers sufficiently low to have minimal potential for bias. Relevant baseline characteristics are presented and substantially equivalent among treatment groups or there is appropriate statistical adjustment for differences.
B=Probably effective, ineffective or harmful (or probably useful/predictive or not useful/predictive) for the given condition in specified population.	Level B rating requires at least one convincing class II study or at least three consistent class III studies.	Class II: Prospective matched group cohort study in a representative population with masked outcome assessment that meets a-d above OR a RCT in a representative population that lacks one criteria a-d.
C=Possibly effective, ineffective or harmful (or possibly useful/predictive or not useful/predictive) for the given	Level C rating requires at least two convincing and consistent	Class III: All other controlled trials (including well-defined natural history controls or patients serving as own controls)

condition in specified population.	class III studies.	in a representative population, where outcome assessment is independent of patient treatment.
U=Data inadequate or conflicting. Given current knowledge, treatment (test predictor) is unproven.		Class IV: Evidence from uncontrolled studies, case series, case reports, or expert opinion.

Rating of Diagnostic Article	Rating of Prognostic Article
Class I: Evidence provided by a prospective study in a broad spectrum of persons with the suspected condition, using a “gold standard” for case definition, where test is applied in a blinded evaluation, and enabling the assessment of appropriate tests of diagnostic accuracy.	Class I: Evidence provided by a prospective study of a broad spectrum of persons who may be at risk for developing the outcome (e.g. target disease, work status). The study measures the predictive ability using an independent gold standard for case definition. The predictor is measured in an evaluation that is masked to clinical presentation and, the outcome is measured in an evaluation that is masked to the presence of the predictor.
Class II: Evidence provided by a prospective study of a narrow spectrum of persons with the suspected condition, or a well designed retrospective study of a broad spectrum of persons with an established condition (by “gold standard”) compared to a broad spectrum of controls, where test is applied in a blinded evaluation and enabling the assessment of appropriate tests of diagnostic accuracy.	Class II: Evidence provided by a prospective study of a narrow spectrum of persons at risk for having the condition, or by a retrospective study of a broad spectrum of persons with the condition compared to a broad spectrum of controls. The study measures the prognostic accuracy of the risk factor using an acceptable independent gold standard for case definition. The risk factor is measured in an evaluation that is masked to the outcome.
Class III: Evidence provided by a retrospective study where either persons with the established condition or controls are of a narrow spectrum, and where test is applied in a blinded evaluation.	Class III: Evidence provided by a retrospective study where either persons with the condition or the controls are of a narrow spectrum. The study measures the predictive ability using an acceptable independent gold standard for case definition. The risk factor is measured in an evaluation that is masked to the outcome.
Class IV: Any design where test is not applied in blinded evaluation OR evidence provided by expert opinion alone or in descriptive case series (without controls).	Class IV: Any design where the predictor is not applied in a masked evaluation OR evidence provided by expert opinion or case series without controls.

[AAN Practice Guidelines](#)