

Introducing Tools for Practice

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Information changes quickly in medical practice. Frequently our standards of practice, based on physiological mechanisms and observational data, have been challenged and refuted by evidence. For many reasons, important new evidence is slow to reach clinicians “on the front lines.”¹ The need for timely, accurate, and up-to-date information is balanced against the overwhelming volume of medical writing aimed at busy family physicians. Summarized evidence addressing focused clinical questions has been proposed as one effective way to provide busy clinicians with potentially practice-changing research.²

In 2009, the Board of the Alberta College of Family Physicians (ACFP) voted to introduce regular evidence-based summaries as benefit to its members. The summaries would be disseminated by e-mail to College members and posted on the ACFP website. One of the authors (G.M.A.) was approached to coordinate the program. The summaries, called Tools for Practice,³ are released every 2 weeks and are kept brief (300 to 350 words), with clear bottom-line answers to the clinical questions they explore. To assure relevance to primary care, Tools for Practice are co-authored by at least 1 practising family physician. In May 2010, Tools for Practice completed its first year, providing 25 summaries on topics covering gynecology, pediatrics, neurology, cardiology, endocrinology, emergency medicine, psychiatry, pulmonary medicine, and urology.

Canadian Family Physician is pleased to bring Tools for Practice to a national audience. The Tools for Practice format is ideal for dissemination in the journal; and to further assist clinicians in applying the evidence, a brief section entitled “Implementation” has been added to each article. Primary literature provides very little guidance on the actual application of information to clinical practice, and summarized evidence resources are often only marginally better. Although the original Tools for Practice format provides a summarized answer and some direction, we decided that providing clear guidance on clinical application would be

an additional focus for the versions of the articles published in *Canadian Family Physician*.

The “Implementation” section not only addresses the evidence regarding what to do, it also tries to consider the evidence for practical suggestions on how to do it. This might be as simple as a sample script or a link to patient decision aids. Although the evidence is still growing and frequently lacks hard outcomes, many simple interventions have been shown to change behaviour and overcome some of the barriers to practice change.⁴ The options known to improve care are numerous, but include reminders,⁵ risk communication for informed decision making,⁶ and developing registries to track the care offered to selected patients.⁷

We hope you find the Tools for Practice questions relevant, the answers clear, and the implementation ideas helpful. Feedback on any aspect of the series is encouraged.



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Competing interests

None declared

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