



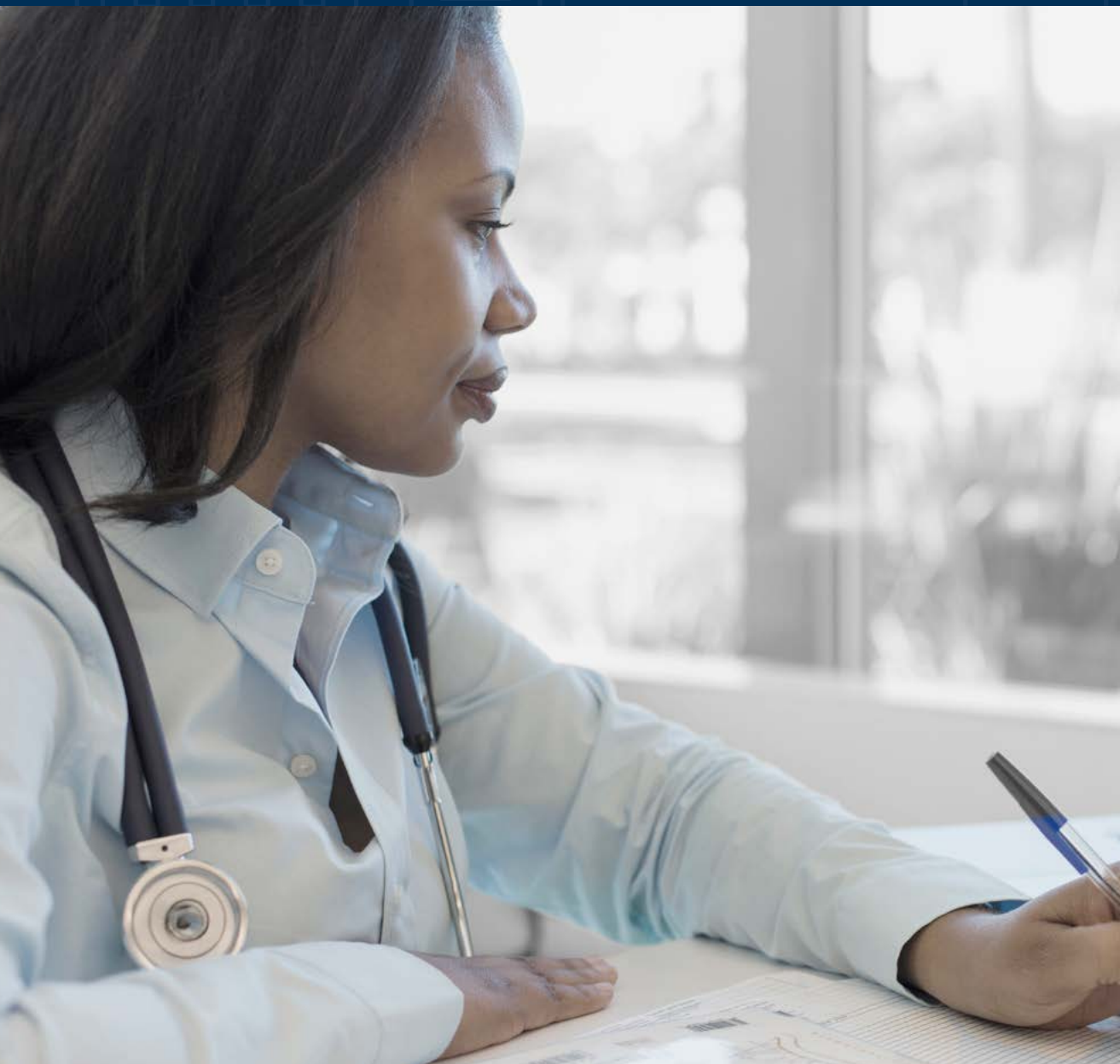
The Evidence Is So Clear



DynaMed Plus®



Evidence-Based Medicine is at the Heart of *DynaMed Plus*®



“

As described by Izet Masic, Milan Miokovic and Belma Muhamedagic, evidence-based medicine (EBM) is, “the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information. It is a movement which aims to increase the use of high quality clinical research in clinical decision making.”

At *DynaMed Plus*, our goal is to provide clinicians with the fastest answers to their clinical questions at the point of care that are based on and supported by the best and most current available evidence. To do that, we must consistently and systematically identify, select, evaluate, summarize and synthesize clinical evidence, as well as continuously update it. The *DynaMed Plus* editorial process ensures content is always based on evidence and not solely on the opinion of the author or clinical experts.

Keep reading to explore the *DynaMed Plus* evidence-based methodology, our systematic literature surveillance process, how levels of evidence are determined and an inside look at the folks behind it all.

DynaMed Plus Evidence-Based Methodology



- ① **Identifying the Evidence:** To ensure that *DynaMed Plus* provides the best available evidence, an extensive set of current literature is monitored daily.
- ② **Selecting the Best Available Evidence:** Each article is assessed for clinical relevance, and each relevant article is further assessed for validity relative to existing *DynaMed Plus* content.
- ③ **Critical Appraisal:** Conclusions in the literature being assessed are labeled with the level of evidence (level 1 (likely reliable) evidence, level 2 (mid-level) evidence or level 3 (lacking direct evidence) by *DynaMed Plus* editors trained in critical appraisal.
- ④ **Objectively Reporting the Evidence:** *DynaMed Plus* editors check the data against original study reports, and clinical editors review all summaries for validity and relevance at the point of care.
- ⑤ **Synthesizing Multiple Evidence Reports:** Evidence-based summarization of articles is necessary but insufficient for a point-of-care reference. Understanding the best current evidence requires synthesizing multiple evidence reports.
- ⑥ **Basing Conclusions on the Evidence:** In *DynaMed Plus*, multiple evidence reports of similar quality are organized such that the overall conclusions quickly provide a synthesis of the best available evidence.
- ⑦ **Updating Daily:** The final step in our evidence-based methodology is changing conclusions when new evidence alters the best available evidence. This step is crucial because new evidence is published every day.

Systematic Literature Surveillance: *DynaMed Plus* Does the Work So You Don't Have To



There are approximately 50 million medical and scientific publications available in public databases, and one new medical or scientific publication is released every 30 seconds. With new information coming out at such a staggering rate, it is virtually impossible for a clinician to keep up with all the newest evidence available daily. *DynaMed Plus* and our rigorous systematic literature surveillance process does the work so you don't have to.

The *DynaMed Plus* systematic literature surveillance process includes cover-to-cover monitoring of over 500 medical journals, journal review services, systematic review collections, more than 120 guideline organizations and collections, drug information sources and other relevant sources.



***DynaMed Plus* Partners with the Best to Surface the Best Evidence**

McMaster University is a trusted and respected partner of *DynaMed Plus*. This partnership allows *DynaMed Plus* to use the McMaster PLUS systematic identification and validation of clinical research articles, and the ratings and comments from their global network of physicians across disciplines to help select the best available evidence that is useful for clinicians. This partnership brings together the two systems that have established world-class systematic evidence monitoring services.

McMaster
PLUS

Meet the Head of our *DynaMed Plus* Systematic Literature Surveillance Team



Trish Kavanagh, MD, FAAP

Deputy Editor of Systematic Literature Surveillance

Trish is a board-certified Pediatrician and Assistant Professor of Pediatrics at Boston University School of Medicine. She has ongoing research interests in Sickle Cell Disease that has been federally funded by the National Institutes of Health and the Health Resources and Services Administration. Trish remains active clinically as an attending in the Pediatric Emergency Department at Boston Medical Center. She has been working on the *DynaMed* editorial team since July 2016, initially as the Section Editor of Pediatric Emergency Medicine, and since July 2017, as Associate Deputy Editor of Pediatrics. She assumed the role of Deputy Editor for SLS in July 2018.

66

Practicing evidence-based medicine requires physicians to continuously find and evaluate new findings from the medical literature and incorporate them into clinical practice. But given the amount of new information that comes out each day, it's virtually impossible for any single physician to do this in a meaningful way to remain current. The *DynaMed Plus* editorial team, with our Systematic Literature Surveillance process, does that for you so you can focus on applying the best evidence to direct care for your patients.

DynaMed Plus Allows Clinicians to Quickly Find and Determine the Quality of Evidence



DynaMed Plus provides easy-to-interpret Level of Evidence labels so users can quickly find and determine the quality of the best available evidence.

Evidence may be labeled in one of three levels:

① Level 1 – Likely Reliable Evidence

Representing research results addressing clinical outcomes and meeting an extensive set of quality criteria which minimizes bias.

There are two types of conclusions which can earn a Level 1 label: levels of evidence for conclusions derived from individual studies and levels of evidence for conclusions regarding a body of evidence.

② Level 2 – Mid-Level Evidence

Representing research results addressing clinical outcomes, and using some method of scientific investigation, but not meeting the quality criteria to achieve Level 1 evidence labeling.

③ Level 3 – Lacking Direct Evidence

Representing reports that are not based on scientific analysis of clinical outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

Like what you saw?



See our evidence-based process at work with a free trial of *DynaMed Plus* today.

Request Free Trial

Visit Website