

▶ [Overview of EBM](#)

▶ [Levels of Evidence](#)

▶ [Wiley EBM Products](#)

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Evidence-Based Practice Overview

Evidence-Based Practice Defined:

"Making a conscientious effort to base clinical decisions on research that is most likely to be free from bias, and using interventions most likely to improve how long or well patients live."

Mark H. Ebell, MD, MS
Professor, University of Georgia
Editor-in-Chief, Essential Evidence Plus

[Watch this video](#) of Dr. Mark Ebell discussing Evidence-Based Practice

Healthcare in the 21st Century relies not only on individual medical skills, but also on the best information on the effectiveness of each intervention being accessible to practitioners, patients, and policy makers. This approach is known as "evidence-based healthcare".

As interest in, and commitment to, an evidence-based approach to healthcare grows, Wiley aims to equip clinicians and healthcare professionals with up-to-date, global, unbiased, and independently reviewed medical information to facilitate diagnosis and improve patient care. Clinical workflow information is a carefully-constructed formula of information types including evidence-based data, expert opinion, guidelines, and protocols. None of these information types alone will fully answer any complex clinical question.

Wiley has created exceptional products and services to support healthcare professionals at critical points during the workflow process, taking into account the complex information requirements of today's rapidly changing healthcare environment. Wiley's range of evidence-based clinical decision support tools are designed to aid healthcare professionals in accessing the right information at the right time.





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Levels of Evidence

Select an evidence rating scale to display detailed information.

- [Centre for Evidence-Based Medicine, Oxford \(1a-5\)](#)
- [SORT: Strength-of-Recommendation Taxonomy \(A,B,C\)](#)
- [GRADE: Grading of Recommendations Assessment, Development and Evaluation \(A,B,C,D\)](#)
- [Practice Guidelines rating scales \(various\)](#)



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Strength-of-Recommendation Taxonomy (SORT)

| Code | Definition |
|------|--|
| A | Consistent, good-quality patient-oriented evidence * |
| B | Inconsistent or limited-quality patient-oriented evidence * |
| C | Consensus, disease-oriented evidence *, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening |

* Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life. Disease-oriented evidence measures immediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (e.g. blood pressure, blood chemistry, physiologic function, pathologic findings).

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Grading of Recommendations Assessment, Development and Evaluation (GRADE)

| Code | Quality of Evidence | Definition |
|------|---------------------|---|
| A | High | <p>Further research is very unlikely to change our confidence in the estimate of effect.</p> <ul style="list-style-type: none"> ► Several high-quality studies with consistent results ► In special cases: one large, high-quality multi-centre trial |
| B | Moderate | <p>Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.</p> <ul style="list-style-type: none"> ► One high-quality study ► Several studies with some limitations |
| C | Low | <p>Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.</p> <ul style="list-style-type: none"> ► One or more studies with severe limitations |
| D | Very Low | <p>Any estimate of effect is very uncertain.</p> <ul style="list-style-type: none"> ► Expert opinion ► No direct research evidence ► One or more studies with very severe limitations |

Source: GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group 2007 [1](#) (modified by the EBM Guidelines Editorial Team)



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Key to interpretation of practice guidelines

Agency for Healthcare Research and Quality:

| | |
|----|--|
| A: | There is good research-based evidence to support the recommendation. |
| B: | There is fair research-based evidence to support the recommendation. |
| C: | The recommendation is based on expert opinion and panel consensus. |
| X: | There is evidence of harm from this intervention. |

USPSTF Guide to Clinical Preventive Services:

| | |
|----|---|
| A: | There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination. |
| B: | There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination. |
| C: | There is insufficient evidence to recommend for or against the inclusion of the condition in a periodic health examination, but recommendations may be made on other grounds. |
| D: | There is fair evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination. |
| E: | There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination. |

University of Michigan Practice Guideline:

| | |
|----|--------------------------------------|
| A: | Randomized controlled trials. |
| B: | Controlled trials, no randomization. |
| C: | Observational trials. |
| D: | Opinion of the expert panel. |

Other guidelines:

| | |
|----|--|
| A: | There is good research-based evidence to support the recommendation. |
| B: | There is fair research-based evidence to support the recommendation. |
| C: | The recommendation is based on expert opinion and panel consensus. |
| X: | There is evidence that the intervention is harmful. |