2021

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FROM THE EDITOR:

Bridging the gap from clinical research done on populations to the care of an individual patient

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One of the most recognized and perplexing problems of evidence-based medicine is how to take knowledge about patient populations from clinical research and apply it to individual patient care.\(^1\)\(^-\)\(^5\) There are many astute clinicians who are extremely well-versed in critical appraisal of research, and undoubtedly have a tremendous fund of knowledge related to evidence-based medicine. However, there has been no systematic study of how these clinicians use that evidence to make clinical decisions. We have only generalized statements such as

“The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice.”\(^4\)

Systematic study of this applied clinical experience is the scholarship of Clinical Decision Science and is reflected in the Aims and Scope of this journal. As with other areas of scholarship, case reports become case series, which lead to further systematic study. We have now published multiple case reports that provide insight into the quandary described above. Each of these Clinical Decision Reports examine how scale measures used in the critically appraised research applied to the case presented.\(^6\)\(^-\)\(^10\)

Many clinical research studies use subjective questionnaires or scale measurements as outcome variables because of their clinical relevance. Although I’ve been familiar with such measures for many years, I have only recently incorporated them into my own clinical practice. I learned to do that by reading the Clinical Decision Reports we’ve published. The systematic practice of using standardized scales from clinical research in direct patient care is a quality improvement measure that is a direct result of our efforts to promote the scholarship of Clinical Decision Science.

The use of a scale enables the patient’s unique experience to be directly mapped onto the evidence, individualizing the clinical data and using clinical research as context.

A recent example I encountered in clinical practice is the Irritable Bowel Severity Scoring System.\(^11\) Not only did my familiarity with this scale help me to critically appraise the literature, but it also gave me a tool to compare the patient I saw in the exam room to the population of patients in clinical research trials.\(^12\) I was able to quantify how much the patient’s symptoms interfered with her life in general and bridge the gap between the research evidence from a population of patients to my own patient with her unique clinical and social context. This is a solution to the problem that has perplexed evidence-based medicine for many years. By comparing scale measurement results from clinical research and patient care, I gained insight into the aphorism, “Evidence means different things to different patients.”

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ISSN: 2379-4550
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This insight is significant enough that we have incorporated it into Author Instructions for Clinical Decision Reports. The next step is to use this insight for designing further steps in the research agenda for Clinical Decision Science. I’m excited that our journal is a vital part of this endeavor.

**References**