



EBES

SUMANDEEP VIDYAPEETH
AN INNOVATIVE SYSTEM—BY SUMANDEEP VIDYAPEETH
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Dear all,

I feel privileged to release Dec 2017 issue of this newsletter which gives a glimpse of all the activities carried out under the umbrella of EBES in our university. They include the 1st International training programme on 'Comprehensive Systematic review' which was organized in SV campus in collaboration with Joanna Briggs Institute (JBI) Adelaide Australia & Health System for All, New Delhi; Evidence Based Refresher Program held in Narsinhbhai Dental College and Hospital, Visnagar and two days workshop on "Approach to Evidence Based Health Care" held in Gujarat Adani Institute of Medical sciences, Bhuj, Gujarat. Similarly, various programmes were held in medical, physiotherapy and nursing colleges for undergraduate and postgraduate students as well as faculty.

Dedicated to the cause of learning and teaching, we are now planning to start advanced workshops to include training in systematic review and meta-analysis in near future. You can see the notification for the same and other informative articles on evidence based decision making in the future issues.

Any suggestions to improve upon the activities being carried out presently are sincerely invited.

- **DR. PRASAD MULEY**
DIRECTOR EBES, SV.

Comprehensive Systematic Review & Training Program



1st International training program on Comprehensive Systematic review was organized in SV campus in collaboration with Joanna Briggs Institute (JBI) Adelaide Australia & Health System for All, New Delhi on 3rd to 7th Jan 2017. Total 10 participants from University were benefited by the program. Facilitator of course was Prof Ritin Fernanadiz from University of Wollongong Sydney who was representing JBI. In CSRTP Systematic review and its types with Introduction to JBI software which has to be utilized for Systematic review and meta-analysis covered in details with proper hands on workshop.

Prof Ritin explained each topic and encouraged participants to participate actively. By the end of workshop almost all participant were ready with proposed study protocol. As per JBI rule all the registered participants were allowed use JBI SUMMARI for one year for completion of SR & Meta-analysis.

Valedictory function was blessed by the presence of Dr V.P. Singh Vice Chancellor SV. He stated that “ Our university will support all activities in the endeavor of promoting evidence based healthcare, Evidence based education system being an initiative for the same purpose.”

Evidence Based Refresher Programme

The Core Committee of Evidence Based Education System (EBES), Sumandeep Vidyapeeth is actively engaged in the dissemination of knowledge, application and research within and outside the University. Evidence Based Refresher Program in Narsinhbhai Dental College and Hospital, Visnagar on 13 Feb 2017 was



conducted by Dr. Monali Shah, Professor, Department of Periodontics, and Dr. Ramya R Iyer, Reader, Department of Public Health Dentistry, K.M. Shah Dental College and Hospital, Sumandeep Vidyapeeth. The total of 107 participants including PG students and Faculty attended the workshop and been appreciated for the programme.

Workshop on Approach to evidence Based Health care

EBES core committee members conducted the two day workshop on 29th and 30th August 2016 titled "Approach to Evidence Based Health Care" in Gujarat Adani Institute of Medical sciences, Bhuj, Gujarat. The workshop was conducted by the 4 members EBES core committee [Dr. Prasad Muley, Dr. Niraj Pandit Dr. Arti Muley and Dr. Monali Shah] of Sumandeep Vidhyapeeth. Total 37 participants were actively participated in Workshop.

WORKSHOP ON RESEARCH METHODOLOGY FOR PHYSIOTHERAPISTS



College of Physiotherapy, Sumandeep Vidyapeeth organized “Workshop on Research Methodology for Physiotherapists” on 29th December 2016 at College of Physiotherapy Auditorium, Pipariya, Waghodia, Vadodara. The participants attended the workshop were from School of Physiotherapy, SSG Hospital, JG college of Physiotherapy & Ahmedabad Institute of Medical Science (AIMS).

The resource persons were Dr. Niraj Pandit, Professor, Department of Community Medicine, SV and Dr. Vikas Joshi, M.Sc., Assistant Professor (Statistics), Preventive & Social Medicine Department, Govt. Medical College, Vadodara, Gujarat. The understanding and engaging with research with theoretical basis of Research Methodology, different statistical tests for various types of data and critically analyzing a scientific article with its strengths and limitations were the topics which had been covered for this workshop.

Evidence Generating Community Health Interventional Project (EviGenCHIP) Workshop



Two days workshop on Evidence Generating Community Health Project (EviGenCHIP) for **3rd M.B.B.S. Part-I students [76]** was conducted by the Department of Community Medicine dept., SBKS MI & RC, Piparia on 5th - 6th January 2017. This is the Practical exercise of EBM teaching for 3rd year students

as EviGenCHIP is the component of EBM, Mentors has been allotted to the students to complete the projects. The Co-ordinator for this workshop was Dr. Grishma Chauhan, Asso. Prof, Dept. of Community Medicine S.B.K.S. M.I. & R.C.

Under the guidance of 16 mentors, 76 students completed and presented their projects successfully on 11th May'17. Certificates to all the participants and prizes to first 3 groups were distributed after presentation

UG ORIENTATION FOR EBES In SBKS Medical college

Medical Education Unit has been organized "Welcome and Orientation Program" for new batch of MBBS (2016-17 batch) in the month of October. The 3rd day of orientation program was under the theme "Programs within College & Communication Skill". One hour session on "EBES program" was included to sensitize the new comers for this innovative teaching method and importance of evidence in the era of updating medicine. Session was taken by Dr Geetanjali Purohit, EBES coordinator, SBKS MIRC.

EBES FACULTY ORIENTATION PROGRAM—2017



EBES Committee had conducted EBES training workshop for PG students of KMSDCH (I year) and SBKS MIRC (II year) of SVDU in the month of November and it was conducted for a total of 2 days (8th and 9th November 2017; Venue- Biochemistry Demo Room, SBKS MIRC. Before conducting the workshop the committee met 2 times to design the workshop and delegate the responsibilities. It was decided that Dr. Geetanjali Purohit, EBES coordinator, SBKS MIRC and Dr. Seema Bargale, EBES coordinator, KMSDCH both will act as the coordinator for the program. Dates for the workshop were finalized and it would be of one day training workshop in two groups.

Workshop was conducted smoothly as per schedule and all the faculty members cooperated very well for the smooth conduction of workshop. At the beginning of workshop Dr Geetanjali Purohit welcomed all the facilitators and students and informed the students about EBES and how significant is EBES for SV and the effort it makes to impart the knowledge on EBES to its students. Followed by that lectures were taken by facilitators as scheduled. High tea was made available to all participants during the break time. Other than presentations, a hands on approach was used for critical appraisal of a journal article. An article that is relevant to the concerned faculty was photocopied and given to students who were grouped and asked to appraise the article and discuss the appraisal as per the checklist. All the facilitators were present during this particular event where they guided and helped the students in appraising the article.



EBES PG ORIENTATION PROGRAMME—2017



EBES Committee had conducted the annual training workshop in EBES for the Para PG students of Pharmacy, Nursing and Physiotherapy. Total 56 students participated in the Workshop held at 10th November 2017 at Lecture Hall, College of Physiotherapy, Sumandeep Vidyapeeth.

Dr. Vikas R. Chandrakar has assigned the work to arrange the workshop. Workshop was conducted smoothly as per schedule and all the faculty cooperated very well for the smooth conduction of workshop. At the beginning of workshop Core committee members welcomed all the PG Students and informed them about EBES and how significant it is for SV and the effort it makes to impart the knowledge on EBES to its students.

First Half was comprised of four talk, Dr. Prasad Muley on "Introduction to EBES & EBES in Sumandeep Vidyapeeth", Mr. V. Suresh on "Research Designs", Dr. G. Palanikumar on "PICO & Search Engines, Strategies" and Dr. Medha Wadh on "Statistics". Second half contained two talk Dr. Vikas R. Chandrakar on "Evidence Based Journal club" and Dr. Kalpesh Satani on "Departmental Protocols". High tea and lunch were made available to all participants. Other than presentations, a hands on approach was used for critical appraisal of a journal article. An article that is relevant to the concerned faculty was photocopied and given to students who were grouped and asked to appraise the article and discuss the appraisal as per the checklist. All the facilitators were present during this particular event where they guided and helped the students in appraising the article.

Workshop was conducted at College of Physiotherapy and Prof. (Dr.) Lata Parmar, Principal; College of Physiotherapy was invited for valedictory ceremony and distributed the certificates to the

EBES PG ORIENTATION PROGRAMME—MBA



EBES Committee conducted the PG orientation program for the 1st semester MBA (Healthcare) students from 21st to 25th November. The orientation program of Evidence based Management Practices is duly approved and consists of 30 contact hours.

The first day started with the inaugural ceremony where Dr. Prasad Muley, EBES Director briefed the students about the Evidence based Education system and how it is practiced at our university. This was followed by the introduction to evidence based management practice, significance of evidence based management practices. The after lunch sessions on the first day included developing research questions using PICOC/CIMO, searching of evidences and Forms of evidence in Management science.

The second day started with the sessions on levels of evidence, appraisal of evidences which was followed by a lunch break and continued with the sessions on critically appraised topics and systematic reviews and meta analysis.

The third day started with the sessions on descriptive and inferential statistics which was followed by the lunch and continued with the sessions on challenges to evidence based management practices.

The students were allotted the topics on the fourth day for the hands on practice of evidence based management practice. The topics included were: reduction of waiting time in OPD, Inventory Management in Hospital Pharmacy and Patient satisfaction in OPD services.

The presentation and submission of the report was done on fifth day, that is, 25th November 2017. This was followed by the valedictory ceremony where the certificates were distributed to the par-

Evidence Based Practice (EBP)

Pratik Kariya, Bhavna Dave, Seema Bargale
Dept. Paedodontics and Preventive Dentistry

Evidence based practice is an interdisciplinary approach to clinical practice with the goal of integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve.

Evidence based practice is,

- A review of the evidence in relation to a clinical practice question
 - EBP is only a part of the decision making process
 - EBP considers client's preferences, beliefs and views
- Aims to improve the quality of care and life for the client

Importance of Evidence based practice:

- Clinical decisions can be clearly explained and justified to clients and their families.
- Demonstrate interventions are clinically and cost effective to colleagues, managers and administration.
- Maintaining and improving therapists knowledge base and the evidence base of OT for the future

How to use evidence based practice:

Key rule for incorporating evidence based practice lies in 5A.

A

Ask
Acquire
Appraise
Apply,
Analyze and community practice

Identify and formulate a clear review question

(ASK: translating a practical issue or problem into an answerable question)

Questions can be in relation to:

- The cause of a condition
- Diagnosis and assessments
- Prevention of conditions
- Prognosis of conditions
- Treatment outcomes
- Client concerns
- Economic evaluation

How to formulate a review question:

Use **PICOT** format:

P= The population or problem you are interested in (client group, problem)
I= The intervention that you are interested in
C= The comparison or alternative intervention (if relevant)
O= The outcome or reason for using the intervention
T= The treatment option.

Search the literature for relevant clinical articles and evidence

(ACQUIRE: systematically searching for and retrieving the evidence)

Most widely used search engines are, Cochrane, Medline, PubMed, Ebscohost, Uptodate, Clinical key.

Critically appraise the evidence

(APPRAISE: weighing and pulling together the evidence)

Assess the value and trustworthiness of the evidence

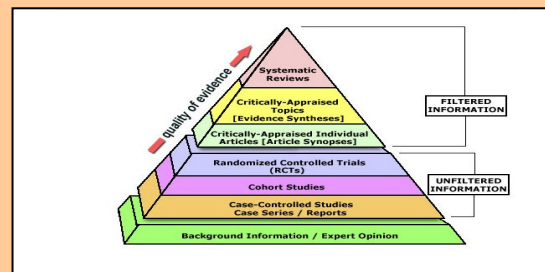
No research is without its flaws, need to ask:

"Do the flaws make me question the conclusion?"

3 broad areas to analyse:

- The rigor of the research
- Significance of the results
- Impact upon your OT practice

Level of Evidence:



Implement the evidence within practice

(APPLY: incorporating the evidence in the decision-making process)

Examples of strategies to implement evidence into practice include:

- Apply the results to one or a group of clients
- Reconsider treatment plans/goals
- Develop handouts on topics (with other professionals)

Considerations when implementing evidence

- Who is the right therapist to be implementing the evidence?
- What does the evidence say the "right" thing to do is?
- What is the right way to implement the intervention?
- What is the right place for the implementation?
- What is the right time to implement?

Evaluate the impact of the evidence

(ANALYZE & COMMUNITY PRACTICE: evaluating the outcome of the decision taken to increase the likelihood of the favorable outcome and its applicability for the community)

When evaluating the impact, consider:

- The client's outcomes
- Cost effectiveness
- Client satisfaction
- Therapist satisfaction

Barriers in EBP:

Some barriers to EBP that have been discussed in literature include:

- Access and availability to information
- Limited time
- Lack of EBP skills
- Confidence in the value of the evidence
- Support from management
- Conflict with client centered philosophy of OT

Rejuvenation of older drug for repurpose - Based on certain Evidence

Vikas R. Chandrakar, Hemraj Singh Rajput, R. Balaraman

Repurposing generally refers to studying drugs that are already approved to treat one disease or condition to see if they are safe and effective for treating other diseases. The best example of repurposing is Minoxidil, first it was approved for the use of hypertension in the early 1970 and it has the side effect of Hypertrichosis and hirsutism. On the basis of certain evidences it became a drug for re growth of hair in male balding and this led to the development of a topical formulation of minoxidil for androgenetic alopecia.¹ Drug discovery and development takes an enormous amount of time, money and effort. The cost of a new drug development is 800 Million USD and It takes more than 12-14 years to get approve for marketing.

Repurposing is crucial to advance strategies to reduce this time frame, decrease costs and improve success rates. Many agents approved for other uses already have been tested in humans, so detailed information is available on their pharmacology, formulation and potential toxicity. Because repurposing builds upon previous research and development efforts, new candidate therapies could be ready for clinical trials quickly, speeding their review by the Food and Drug Administration and, if approved, their integration into health care. Some examples of repurposing of drugs:

Drug	First Use	Repurposing
Zidovudine (AZT)	Antiviral approved for HIV/AIDS in 1987	Farnesyl transferase inhibitor (FTI) used to successfully treat children with the rapid-aging disease Progeria in a 2012 clinical trial.
Raloxifene	Osteoporosis	FDA approved Raloxifene to reduce the risk of invasive breast cancer in postmenopausal women in 2007
Thalidomide	This drug started out as a sedative in the late fifties, and soon doctors were infamously prescribing it to prevent nausea in pregnant women. It later caused thousands of severe birth defects, most notably phocomelia, which results in malformed arms and legs. In 1998, thalidomide found a new use as a treatment for leprosy	2006 it was approved for multiple myeloma, a bone marrow cancer.
Tamoxifen	This hormone therapy treats metastatic breast cancers, or those that have spread to other parts of the body, in both women and men, and it was originally approved in 1977	Researchers found that it also helps people with bipolar disorder by blocking the enzyme PKC, which goes into overdrive during the manic phase of the disorder.
Lomitapide	Intended to lower cholesterol and triglycerides	FDA approved this drug to treat a rare genetic disorder that causes severe cholesterol problems called homozygous familial hypercholesterolemia last December.
Pentostatin	This drug was created as a chemotherapy for specific types of leukemia. It was tested first in T-cell-related leukemias, which didn't respond to the drug.	NIH's National Cancer Institute discovered that the drug was successful in treating a rare leukemia that is B-cell related, called Hairy Cell Leukemia.
Sodium nitrite	This salt was first developed as an antidote to cyanide poisoning	The National Heart, Lung, and Blood Institute is currently recruiting participants for a sodium nitrite clinical trial, in which the drug will be tested as a treatment for the chronic leg ulcers associated with sickle cell and other blood disorders

Conclusion:

Many people, across the world are currently suffer and even die from serious ailments, the treatments of which either do not exist or when exist, the therapy costs may be out of reach of a vast majority of patients. The repurposing is the perfect way to reduce the treatment cost or using in new indication. Government and WHO should take initiatives to promote the repurposing research, so community can be benefited. Pharmacologists and clinicians should think on doing research on older drug for new therapeutic purpose for fulfilling the motto "bench to bedside".