Asking Answerable Questions – 20th Anniversary

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Before we begin ...
Session Aims

- Ask & use answerable questions for E-bCP
- Have some fun!

Thank David Sackett for some of his many gifts to us

- Process of EBCP
- Patient dilemma
- Act & Assess
- Principles of evidence-based clinical practice
- Evidence varies in risk of bias and importance
- Evidence alone does not decide – combine with other knowledge and with values
‘Hoot Groups’ Task

• Groups of 2 – 3
• Share a recent clinical question … you did NOT pursue
• Write it down
• Be ready to report to group
• Return in 2 minutes

Why Don’t We … ?

<table>
<thead>
<tr>
<th>This</th>
<th>&amp; That</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Too new</td>
<td>• Believethere will be no evidence</td>
</tr>
<tr>
<td>• ALREADY doing it</td>
<td>• Guidelinesare aging faster than my patients</td>
</tr>
<tr>
<td>• Time!</td>
<td>• Pathways, habits, protocols, and the computer made me do it</td>
</tr>
<tr>
<td>• Time</td>
<td>• Our environment wont accept it – itès new</td>
</tr>
<tr>
<td>• Time</td>
<td>• Difficult to change</td>
</tr>
<tr>
<td>• No demand for evidence</td>
<td>• Uptodate – isit really</td>
</tr>
<tr>
<td>• You told me to do it</td>
<td>• You told me to do it</td>
</tr>
<tr>
<td>• Lack of skill …</td>
<td>• Lack of skill …</td>
</tr>
</tbody>
</table>
How does it feel …

… when we don’t know?

Emotions in Not Knowing

<table>
<thead>
<tr>
<th>Ready to …</th>
<th>Feeling</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flee</td>
<td>Fear</td>
<td>Leave Invisible</td>
</tr>
<tr>
<td>Fight</td>
<td>Anger</td>
<td>Disrupt Undermine</td>
</tr>
<tr>
<td>Cry for help</td>
<td>Distress</td>
<td>Stop trying Body stress</td>
</tr>
<tr>
<td>Withdraw</td>
<td>Sadness</td>
<td>Inattention Detachment</td>
</tr>
</tbody>
</table>
Watch Closely …

• 
• 
• 
• 
• 

Buzz with your neighbor

• Identify 2 Clues
• From Scenario
• Or, from your experience with:
  - yourself
  - colleagues
  - learners
• That suggest we or they don’t know
### Cues You Use

- Gets quiet in voice
- Considering – noncommittal
- Reporting without interpretation
- Little reasoning
- Jumping to action
- Dismissed patient inquiry … hrt
- Avoid gaze
- Wordy
- Halting speech
- No clear question
- Patient asked – serious what did you say
- Side bar chat
- Avoid unknown
- Straight to point

### Cue Categories

- **What We Say** *(Linguistic)*
- **How We Say It** *(Paralinguistic)*
- **What We Do** *(Nonverbal)*

Adapted from Roger Neighbour, 1996
The Inner Apprentice: An Awareness –Centered Approach
10 Common Questions

- Clinical findings
- Harm/etiology
- Differential diagnosis
- Manifestations
- Diagnostic tests
- Prognosis
- Therapy
- Prevention
- Experience, Meaning
- Learning

(Not exhaustive or mutually exclusive)

‘Background’ Questions

- About the disorder, test, treatment, etc.
- 2 components:
  a. Root* + Verb: “What causes ...”
  b. Condition: “… swine flu?”

- ‘RVC’ = Root, Verb, Condition
‘Foreground’ Questions

- About patient care decisions and actions
- 4 (or 3 or 5) components:
  - Patient, problem, or population
  - Intervention, exposure, or maneuver
  - Comparison (if relevant)
  - Outcomes of importance to patients

‘PICO’ = Patient, Intervention, Comparison, Outcomes
Some add ‘T’: time horizon, trade-offs, etc.

Background & Foreground

Figure 1.1 Background and foreground questions

Experience with Condition
Building Questions

• Try building up from ‘raw’ question to more complete anatomy, rather than tearing down
• Consider 2 stages:
  • “Sounds like we’re asking a question about … (therapy, prognosis, etc.)”
  • “What would be the … (missing anatomy) we would want to know?”

The ‘Three R’s’ of Learning

• Resourceful
  – Skilled, Organized
  – Creative Problem-solver

• Reflective
  – Curious
  – Humble
  – Aware

• Resilient
  – Adaptable
  – Persistent
Reflect for a Moment

Take the Card …

1. Write 3 Rs of Learning:
   - Reflective
   - Resourceful
   - Resilient

2. Jot down what specifically you will do this week to build your 3 Rs

Questions: Take ‘Em Home

• Believe Q’s rule
• Acknowledge emotions & cues
• Build & Use Q’s
  – Background
  – Foreground
• Grow 3 Rs of learning
Questions?

What If Our Cupboard Is Bare?

- Affective Responses & Losing Control
- Or ... Ego Stable & Shift into a Cognitive Response
- Embrace that c/w ‘Adaptive Expertise’
  - Allows experts to continuously learn during the process of problem-solving
  - Unanticipated challenges become opportunities for learning

*Academic Medicine 87: 1-5, 2012*