**Do you remember?**

The past several modules have focused primarily on obtaining high -uality research evidence to support decision-making in EBP. However, there are two other important components of EBP that must be considered: **clinical expertise** and **patient preference**.

**Clinical Expertise1**

Your clinical expertise will help you answer questions like1:

* Does the evidence apply to this patient?
* Is the treatment appropriate for this patient?
* Can I implement it in this healthcare setting?
* What are the potential benefits and costs?
* What guidelines and protocols must I follow?

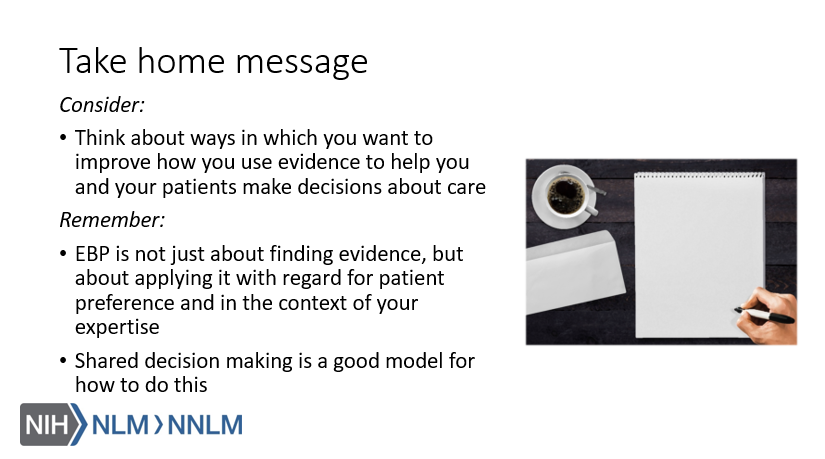
**Patient Preference1**

Patient preference can encompass questions like1:

* How can I help the patient understand the options?
* What preferences has the patient expressed?
* Does the patient have other considerations?

**Shared Decision Making**

**Shared Decision Making** is a paradigm through which healthcare providers seek to empower their patients in the **decision-making process**2.



References:

1. Guyatt, G.H., Haynes, R.B., Jaeschke, R.Z., Cook, D.J., Green, L., Naylor, C.D., Wilson, M.C., & Richardson, W.S. (2000). Users’ guides to the medical literature: XXV. Evidence-based medicine: Principles for applying the users’ guides to patient care. *JAMA, 284*(10), 1290-1296.
2. Elwyn, G., Laitner, S., Coulter, A., Walker, E., Watson, P., & Thomson, R. (2010). Implementing shared decision making in the NHS. *BMJ 341:*c5146. DOI: [10.1136/bmj.c5146](https://doi.org/10.1136/bmj.c5146)
3. McCormack, J. & Elwyn, G. (2018). Shared decision is the only outcome that matters when it comes to evaluating evidence-based practice. *BMJ Evidence-Based Medicine, 23*(4), 137-139. DOI: [10.1136/bmjebm-2018-110922](http://dx.doi.org/10.1136/bmjebm-2018-110922)