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Translation, cross-cultural adaptation and validation of the Evidence-Based Medicine Questionnaire into Brazilian Portuguese

Tradução, adaptação transcultural e validação para o português brasileiro do Evidence-Based Medicine Questionnaire

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ABSTRACT

Objective: To translate, cross-culturally adapt and validate the content of the Evidence-Based Medicine Questionnaire into Brazilian Portuguese. **Methods:** This study followed the stages of translation, synthesi s, back-translation, review, pre-test and validation. The participants were two translators, two back-translators and 53 individuals in the test phase, of whom 21 professionals were included in the retest analyses. To evaluate the psychometric properties of the Evidence-Based Medicine Questionnaire adapted to Brazilian Portuguese, we conducted analyses of readability, discriminant validity, and internal reliability using Cronbach's α coefficient. **Results:** The majority of respondents were female (59.3%; 33), aged between 26 and 54 years old and reported working as a pharmacist (43.8%; 64). However, the participants' health occupations covered eight different health professions. Readability was classified as "difficult" and the Cronbach's α coefficient obtained in the test phase (n=53) was 0.836. In the retest, the general intraclass correlation coefficient (ICC) was 0.917, indicating excellent test-retest reliability. **Conclusion:** The analyses demonstrated that the Evidence-Based Medicine Questionnaire version in Brazilian Portuguese is a valid and reliable instrument for assessing health professionals' knowledge, practice, and barriers related to evidence-based practice.
Keywords: Evidence-Based Practice, Surveys and Questionnaires, Validation Study, Patient Care Team

RESUMO

Objetivo: Traduzir, adaptar transculturalmente e validar o conteúdo do Evidence-Based Medicine Questionnaire para o português brasileiro. **Métodos**: O estudo se desenvolveu em etapas de tradução, síntese, retrotradução, revisão, pré-teste e validação. Os participantes foram dois tradutores, dois retrotradutores e 53 indivíduos na fase teste, e destes, 21 profissionais foram incluídos nas análises de reteste. Para aferição das propriedades psicométricas do instrumento traduzido e adaptado, realizou-se análises de leiturabilidade, de validade discriminante e de confiabilidade interna, através do coeficiente α de Cronbach. **Resultados:** A maioria dos respondentes foi do sexo feminino (59,3%; 33), com idade entre 26 e 54 anos e relatou atuar como farmacêutico (43,8%; 64), no entanto, as ocupações profissionais dos participantes abrangeram oito profissões de saúde diferentes. A leiturabilidade foi classificada como "difícil" e o coeficiente α de Cronbach obtido na fase teste (n=53) foi de 0,836. No reteste realizado, o coeficiente de correlação intraclasse geral foi de 0,917, o que sinalizou uma ótima confiabilidade teste-reteste. **Conclusão:** As análises demonstraram que a versão do Evidence-Based Medicine Questionnaire em português brasileiro é um instrumento válido e confiável para avaliar o conhecimento, a prática e as barreiras dos profissionais de saúde em relação à prática baseada em evidências.
Palavras-chave: Prática Baseada em Evidências; Inquéritos e Questionários; Estudos de Validação; Equipe de Assistência ao Paciente

Introduction

Evidence-based practice (EBP) has revolutionized healthcare by introducing the conscious use of scientific evidence by health professionals, with the aim of maximizing clinical outcomes and minimizing harm, thereby ensuring greater effectiveness and safety in patient care.[1-3] By integrating its three pillars , the critical appraisal of scientific literature through Evidence-Based Health (EBH), the clinical expertise of the professional, and patient preferences , EBP has played a fundamental role in promoting individualized, rigorous, and humanized treatment for healthcare users.[1,2,4-6]

For EBP to be effectively applied and disseminated among health professionals, the integration of its principles depends not only on the availability of technologies but also on the acquisition of knowledge and the development of skills related to EBH.[7,8] To achieve this, professionals must have access to scientific databases, appropriate research methods, and the ability to critically appraise the available literature.[4,9-11] Consequently, deficiencies or limitations in these areas can pose significant barriers to the effective implementation of EBP.[110,12,13]

A study conducted in Brazil, which analyzed EBP among professionals in the Family Health Strategy (FHS) teams in a municipality of Santa Catarina, identified a lack of skills in searching for evidence and in foreign language proficiency, the high care workload, and the lack of managerial support as the main barriers to implementing EBP in health services.[2] In this context, assessing the level of EBH knowledge and identifying barriers and facilitators for its practice provide valuable insights into the quality of care, as well as the standardization and organization of health services.

The assessment of the degree of understanding and application of scientific information and evidence in clinical practice among health professionals can be conducted through questionnaires, interviews, or other instruments, with the aim of identifying knowledge gaps and offering recommendations to improve EBP.[9,14] Several studies have discussed such instruments, developed to assess the competencies of health professionals in applying EBP across different services and levels of healthcare.[14-16]

A study that synthesized the conclusions of 11 systematic reviews on the relationship between knowledge, skills, attitudes, and beliefs in applying EBP to clinical decisions found that professional competencies in EBP often do not lead to its effective implementation.[17] Beyond individual skills, EBP faces numerous additional obstacles, including limited access to necessary technologies, professional resistance, unfavorable organizational policies, and, in many cases, barriers imposed by the patients themselves.[10,12,13,18] Thus, there is a need for an instrument capable not only of measuring these competencies but also of evaluating and identifying the difficulties and facilitators for the practice of EBP.

The Evidence-Based Medicine Questionnaire (EBMQ), published in 2018, was developed and validated to assess the knowledge, practice, and barriers to the implementation of EBP among primary care physicians in Malaysia.[19] In that country, primary care is structured through public and private health clinics, which serve as the main entry point to healthcare services and include specialists in family medicine.[20] The EBMQ underwent a rigorous process of development and validation that included a literature review, a qualitative study with healthcare professionals, and expert consensus. It demonstrated high internal consistency (Cronbach's $\alpha = 0.909$) and good reliability in a sample of 320 primary care physicians.[19] Unlike most available instruments, the EBMQ not only assesses professionals' familiarity with EBH but also evaluates facilitators and obstacles to the full implementation of EBP in healthcare delivery.

However, despite its relevance and demonstrated reliability in the original study, no translated and validated version of the EBMQ, or a similar instrument, currently exists for use in Brazilian Portuguese. Such a version could be instrumental in identifying the current state of scientific evidence use among professionals across sectors, institutions, and healthcare networks in Brazil, providing data to inform strategies supporting the adoption of EBP. Therefore, the objective of this study was to translate, culturally adapt, and validate the content of the EBMQ for Brazilian Portuguese.

Methodology

This was a methodological study involving the translation, cross-cultural adaptation, and validation of the Evidence-Based Medicine Questionnaire (EBMQ) into Brazilian Portuguese. The original questionnaire consists of 84 items divided into six sections, of which only 55 Likert-scale items were validated (33 items in the knowledge domain, 9 in the practice domain, and 13 in the barriers domain). The EBMQ was originally developed based on a qualitative study, literature review, and expert panel, in English, and validated through a test application involving 320 physicians, with or without training in evidence-based medicine, who were fluent in English and worked in primary care in Malaysia.[19]

Our study followed the checklist for translation and cross-cultural adaptation of health questionnaires proposed by Fortes & Araújo (2019). As recommended by the authors, during the initial phase we identified that no validated instrument was available in Brazilian literature to assess the level of knowledge and use of scientific databases, familiarity with information technology and data analysis, or the understanding of health technology assessment by healthcare professionals, factors that influence adherence to evidence-based practice. The author of the original instrument was contacted via email and provided written authorization for the adaptation of the EBMQ to Brazilian Portuguese.

In our cross-cultural adaptation process, the steps included translation, synthesis of translations, back-translation, review, pre-testing, and content validation. Importantly, we proposed to adapt the instrument for all healthcare professionals working in the public health system and undergraduate students in health fields. For this reason, we chose to use the term "Saúde Baseada em Evidências" (Evidence-Based Health) instead of "Evidence-Based Medicine (EBM)", as used in the original questionnaire.

1) Translation, Synthesis, Back-Translation, Application, and Reapplication of the Questionnaire

The translation was carried out by two native Brazilian translators, both healthcare professionals with expertise in Evidence-Based Health, to ensure semantic equivalence and an appropriate language level for the target population. The translations were done independently, documented in writing, and synthesized into a single version following a consensus meeting between the translators to compare versions and discuss discrepancies.

For quality control, the synthesized version was back-translated into English, compared with the original questionnaire, and adjusted as necessary. The first Brazilian Portuguese version of the EBMQ was then converted into an online format to facilitate access for respondents outside their workplace.

Healthcare professionals were invited to participate via email and messaging apps, aiming to reach a minimum sample of 30–40 respondents, as recommended by Fortes & Araújo[21]. The inclusion criteria were health professionals working in the public health network of the state of Bahia, while the exclusion criterion was the presence of any limitation preventing reading or completing the questionnaire.

The first adapted version was completed by 53 professionals to confirm semantic equivalence and identify potential comprehension difficulties. Respondents were encouraged to provide feedback at the end of each section, suggesting improvements to the wording or clarity of questions. All suggestions were evaluated by the research team and incorporated into a second version, which was subsequently retested with the same pilot sample. In this retest phase, 21 participants completed the questionnaire.

2) Validation Analysis

To assess the psychometric properties of the EBMQ adapted to Brazilian Portuguese, a series of analyses were conducted as described below:

2.1) Factor Analysis

The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity were performed to assess the overall consistency and structural organization of the questionnaire items.

KMO values above 0.5 indicate that factor analysis is acceptable; values between 0.6 and 0.7 are

considered reasonable, 0.7 to 0.8 moderate, 0.8 to 0.9 good, and values greater than 0.9 very good.[22]

2.2) Readability Analysis

The instrument's readability was evaluated using the Brazilian Flesch Readability Index, calculated based on sentence length, and the total number of words and syllables. The index ranges from 0 to 100, with the following classifications: Very easy (100–75); Easy (75–50); Difficult (50–25); Very difficult (25–0).[23]

2.3) Discriminant Validity

Following the approach used in the original instrument's development and validation study,[19] we tested the hypothesis that participants with previous training in Evidence-Based Health (EBH) would report greater knowledge, practice, and proficiency, and fewer barriers, compared with professionals without such training.

For this purpose, a discriminant validity analysis was performed by dividing respondents into two groups , with or without prior EBH training. The Pearson's chi-square test was applied to determine whether there were significant differences between the groups, adopting a p-value < 0.05 as statistically significant.

2.4) Internal Consistency:

To evaluate the internal reliability of the questionnaire items, Cronbach's alpha coefficient (α) was calculated for sections B, C, and D. Values above 0.70 were considered indicative of acceptable internal consistency.[24,25] It is important to note that only items measured using the Likert scale were tested to assess construct validity.

2.5) Test-Retest Reliability

To assess the reliability and stability of the questionnaire over time, responses from participants were analyzed at two different points (test and retest) to measure consistency. The intraclass correlation coefficient (ICC) was calculated to evaluate the total score across both applications. ICC values above 0.7 were considered acceptable, while values between 0.75 and 1.00 indicated good reliability.[25]

Ethical Considerations

The study was approved by the Local Research Ethics Committee for Human Studies under protocol CAAE 38430020.2.0000.5556 (Approval No. 4.484.370). All participants provided written informed consent prior to participation.

Results

The final Brazilian Portuguese version of the EBMQ is available in Appendix S1. The instrument consists of 72 items divided into five sections, as described in Table 1.

The difference in the number of items (84 in the original version versus 72 in the adapted version) resulted from the cultural adaptation of demographic variables (such as profession, workplace, and postgraduate education) to the Brazilian context.

Accordingly, items referring to medical subcategories specific to the Malaysian setting were excluded, and the workplace options were condensed. In addition, within Section B, the items "Family medicine specialist" and "Hospital specialist" were removed, as these categories were considered to be encompassed by the broader option "Colleagues/Other healthcare professionals."

Only 42 items (24 in the "knowledge" domain, 8 in the "practice" domain, and 10 in the "barriers and facilitators" domain) were measured using a Likert scale and therefore were included in the validation analysis.

During the test phase, 53 participants completed the questionnaire. Table 2 presents the demographic characteristics of the respondents.

In Section A – Demographic Profile, the question "What is your current profession?" was added, along with additional health-related profession options and the possibility for respondents to select "health sciences student" and specify their field of study and academic term/semester.

Table 1. Characteristics of the final version of the Evidence-Based Medicine Questionnaire (EBMQ) in Brazilian Portuguese

Section	Description	No. of items	Domain	Type of data
A	Demographic profile	7	N/A	Nominal scale
B	Sources of information	20	N/A	Ordinal scale
C	Knowledge and practices for implementing Evidence-Based Health (EBH)	8	Knowledge about information sources	4-point Likert scale
		16	Knowledge about EBH-related terms	5-point Likert scale
		8	Practice	5-point Likert scale
D	Barriers and facilitators to evidence-based clinical practice	10	Barriers and facilitators	5-point Likert scale
F	Items required for evidence-based clinical practice	3	Needs	Nominal scale
Total		72		

Source: Prepared by the authors

Table 2. Demographic characteristics of participants (n = 53)

Variables	n	(%)
Median age (SD)	33 (SD = 6.54)	-
Sex		
Male	44	40,7
Female	64	59.3
Profession		
Nurse	10	18.9
Pharmacist	23	43.4
Physiotherapist	1	1.9
Physician	8	15.1
Nutritionist	7	13.2
Physical Education Professional	1	1.9
Nursing Technician	1	1.9
Pharmacy Technician	2	3.8
Questions on Familiarity with Evidence-Based Health (EBH)		
Holds a postgraduate degree in the health field	45	84.9
Has heard of the term “Evidence-Based Health (EBH)”	51	96.2
Has participated in courses, workshops, or training on EBH	29	54.1
Has received formal training in scientific question formulation	26	49.1
Has received formal training in literature search	41	77.4
Has received formal training in critical appraisal of scientific studies	33	62.3
Has participated in research after completing undergraduate studies in health	39	73.6
Has published a scientific article in an indexed journal	22	41.5

Source: Prepared by the authors

The factor analysis produced KMO values of 0.68, 0.59, and 0.81 for Section B (Sources of Information), Section C (Knowledge about Evidence-Based Health), and Section D (Barriers and Facilitators to EBP Practice), respectively.

Regarding readability, the adapted instrument demonstrated a Brazilian Flesch Readability Index of 48, which classifies the text as "difficult." For discriminant validity, with the exception of the item "Have you ever received formal training in searching for scientific literature?", all questionnaire items were found to be dependent on prior training in Evidence-Based Health ($p < 0.05$).

Under internal consistency analysis, the Cronbach's alpha coefficient obtained from the first version of the EBMQ applied during the test phase ($n = 53$) was 0.836, indicating good internal consistency of the proposed instrument. In the retest phase, 21 of the 53 participants from the test phase completed the questionnaire (adherence rate = 39%). The overall intraclass correlation coefficient (ICC) was 0.917, which classifies the test-retest reliability as excellent.

Discussion

The Evidence-Based Medicine Questionnaire (EBMQ) was successfully translated, adapted, and validated for Brazilian Portuguese, demonstrating clarity of content, adequate comprehension by the target population, and excellent internal consistency indices. As highlighted by several authors, the availability of reliable, locally adapted instruments enables managers to identify knowledge gaps and barriers to Evidence-Based Practice (EBP) and supports the development of strategies for its effective implementation.[15,16]

During the translation, synthesis, and back-translation phases, most of the adjustments made allowed the instrument to be applied to a broader range of healthcare professionals, since the original English version was developed and validated exclusively for physicians. For this reason, the authors of the original instrument used the term "Evidence-Based Medicine (EBM)".

The concept of EBM preceded that of Evidence-Based Health (EBH), and was initially defined as the process of selecting the best available evidence to support clinical decision-making by physicians. As this movement expanded beyond medicine to encompass other health fields , including health management and policy planning , it became known as "Evidence-Based Health (EBH)".[1,26] Consequently, in the present study, we adopted the term EBH in the adapted version, as it is more appropriate for the broader target population of healthcare professionals. Additional adjustments were made to include research tools more relevant to the Brazilian context.

For example, in Section B – Sources of Information, the original version listed WhatsApp, WeChat, and Facebook as examples of social media research platforms. In the adapted questionnaire, we replaced these with WhatsApp, Instagram, Facebook, and Telegram, which are currently the most widely used social media platforms in Brazil.[27]

Regarding the participants in the test phase, most respondents were female (59.3%), aged 26–54 years, and pharmacists (43.8%). However, the overall sample included eight different healthcare professions, among them three mid-level technical professionals (one nursing technician and two pharmacy technicians). Since the proposed instrument targets all healthcare service professionals, including those with secondary or technical education, this occupational diversity was considered a positive outcome of this pilot application.

Almost all participants (96.2%) reported having heard of the term "Evidence-Based Health", and 54.1% had attended courses, workshops, or training sessions on EBH. This result likely reflects the fact that most respondents had higher education in health, which increases the likelihood of prior exposure to the concept. According to a resolution of the Brazilian National Health Council, EBH should be integrated into the national curricular guidelines for health courses, as it promotes quality and safety in healthcare by grounding decision-making in critical thinking and the best available scientific evidence.[28]

With respect to comprehension and readability, the adapted EBMQ achieved a Brazilian Flesch Index of 48, classifying it as "difficult." However, studies suggest that texts with readability indices between 50–25 are understandable to individuals

with a high school education,[23] which is appropriate for the questionnaire's target audience.

As for discriminant validity, with the exception of the item "Have you ever received formal training in searching for scientific literature?", all questionnaire items were dependent on training in EBH ($p < 0.05$). This finding indicates that EBH training significantly influences responses, demonstrating a consistent relationship between training and comprehension of the questionnaire's content , as expected and consistent with the results of the original validation study.[28]

In another instrument assessing EBP, the authors who culturally adapted the Evidence-Based Practice Questionnaire (EBPQ) into Brazilian Portuguese also found higher domain scores among nurses who had postgraduate education or were managers or educators, compared to those without these characteristics.[15] Similarly, in our study, higher education and training levels were associated with better knowledge and use of EBH and EBP, a pattern also observed in other studies.[15,29,30]

During the validation phase, the adapted instrument presented a Cronbach's alpha of 0.836, indicating good internal consistency and showing that the questionnaire items were consistently correlated in measuring the intended constructs.[24] This result, though slightly lower than that of the original validation study ($\alpha = 0.909$), still supports the reliability of the adapted version.[19].

In the retest phase, the adapted questionnaire demonstrated an overall intraclass correlation coefficient (ICC) of 0.917, indicating excellent test-retest reliability. This suggests that participants provided consistent and reproducible responses when completing the questionnaire at different times.[25] In contrast, the original English version showed more variation in correlations, with 30 items exhibiting moderate to good ICC values (0.418–0.620) and 12 items showing lower correlations (ICC < 0.4).

In terms of structure, the proposed Brazilian Portuguese EBMQ contains 72 items divided into five sections, with no substantial changes or exclusions compared to the original version. Despite the similarities in results between this study and the original validation, the expanded target population, which includes individuals with different education levels, and the fact that this represents the first translation of the EBMQ, are limitations that must be acknowledged and may have influenced the findings.

As in other validation studies, the present work also has limitations related to the validity of self-reported measures. Therefore, further research on the EBMQ in the Brazilian context is warranted, incorporating larger and more diverse samples of health professionals and undergraduate students across different healthcare settings and regions.

Conclusion

The EBMQ was successfully translated, culturally adapted, and validated into Brazilian Portuguese, proving to be a valid and reliable instrument for assessing knowledge, practice, and barriers related to Evidence-Based Practice among healthcare professionals. Despite its limitations, the translated and validated instrument provides an important opportunity to conduct further studies on EBP implementation in Brazil, offering valuable insights into the factors influencing its adoption and effectiveness. Based on these findings, healthcare managers can better direct resources and policies to promote EBP and improve the quality of healthcare services offered to the population.

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Conflicts of Interest
The authors declare no conflicts of interest.

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Authors' Contributions
CRS, LSR e SM: Redação do rascunho original, revisão crítica do conteúdo e aprovação final da versão a ser publicada. CRS e LS: Concepção do estudo. CRS e SM: Orientação metodológica. CRS: Curadoria de dados, investigação. LSR: Análise formal, validação. SM: Supervisão.

Ethics Approval Statement
This study was approved by the Research Ethics Committee for Human Beings – IMS/CAT – Federal University of Bahia (UFBA), under Certificate of Presentation for Ethical Consideration (CAAE) No. 38430020.2.0000.5556 and Opinion No. 4.484.370.

Declaration and availability of data
The contents underlying the research text are contained in the manuscript.

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Apêndice S1 – Versão final do Questionário Saúde Baseada em Evidências em português brasileiro

QUESTIONÁRIO SAÚDE BASEADA EM EVIDÊNCIAS (QMBE)

SEÇÃO A: PERFIL DEMOGRÁFICO

Pedimos que você insira seus dados pessoais porque precisaremos que você responda este questionário novamente daqui a 2 semanas. Todas as informações que você fornecer serão mantidas em sigilo.

Nome: ……..

E-mail : ……

Telefone: ……

1. Data de nascimento: _ _/ _ _/ _ _ (dd/ mm/ aa)

2. Sexo Maculino ☐ Feminino ☐

3. Qual a sua profissão atual?

( ) Médico (a)

( ) Enfermeiro (a)

( ) Farmacêutico (a)

( ) Nutricionista

( ) Dentista

( ) Profissional de Educação Física

( ) Psicólogo

( ) Estudante da área de saúde (Qual?_____Qual semestre?_____)

4) Qual foi o ano da sua graduação? _____

1

4. Qual é o seu atual local(is) de trabalho?

☐ Hospital público
☐ Hospital privado
☐ Hospital universitário
☐ Atenção primária à saúde em área urbana (Unidade Básica de Saúde, Equipe de Saúde da Família, Núcleo Ampliado de Saúde da Família)
☐ Atenção primária à saúde em área rural (Unidade Básica de Saúde, Equipe de Saúde da Família, Núcleo Ampliado de Saúde da Família)
☐ Unidade de Pronto Atendimento público (UPA)
☐ 1. Policlínica pública
☐ Clínica/consultório particular
☐ Equipe de *home care* particular
☐ Outros. Por favor, especifique: .....

5. Ano de graduação em saúde: .....

6. Você tem alguma qualificação de pós-graduação em saúde? Manter esse

☐ Sim
- ☐ Pós-Doutorado
- ☐ Doutorado
- ☐ Mestrado
- ☐ Residência em Saúde
- ☐ Especialização em Saúde (360h ou mais)
- ☐ Outras. Por favor, especifique: ……..

☐ Não

SEÇÃO B: FONTES DE INFORMAÇÃO

7. Em média, com que frequência você procura informações clínicas na literatura científica?
(Pode ser de livros, revistas científicas e/ou base de dados online)

☐ Sempre (várias vezes na semana)
☐ Ferquentemente (uma ou duas vezes na semana)
☐ Às vezes (ao menos uma vez por mês)
☐ Raramente (uma vez em alguns meses)
☐ Não busquei ainda neste último ano

8. No último ano, com que frequência você procurou informações científicas nas seguintes fontes? Para cada item, por favor, assinale **UMA** alternativa que melhor represente sua opinião.

Fontes de informação	Sempre *(pelo menos três vezes na semana)*	Frequentemente *(uma a duas vezes na semana)*	Algumas vezes *(ao menos uma vez no mês)*	Raramente *(uma vez a cada três meses)*	Não consultei neste último ano	Não tive acesso a essa fonte informação
1. Livros didáticos	☐	☐	☐	☐	☐	☐
2. Artigos científicos	☐	☐	☐	☐	☐	☐
3. Diretrizes de Práticas Clínicas	☐	☐	☐	☐	☐	☐
4. Base de dados online (ex.: MEDLINE, Cochrane e TRIP, Scielo)	☐	☐	☐	☐	☐	☐
5. Sites médicos (Ex.: E-medicine, UptoDate, Medscape)	☐	☐	☐	☐	☐	☐
6. Base de dados geral (Ex.: Google, Wikipedia)	☐	☐	☐	☐	☐	☐
7. Redes sociais (Ex.: WhatsApp, Instagram, Facebook, Telegram)	☐	☐	☐	☐	☐	☐
8. Aplicativos médicos (Ex.: ePocrates, Medical Calculator, Whitebook Clinical Decision, Clinicalc)	☐	☐	☐	☐	☐	☐
9. Colegas de trabalho/ outros profissionais de saúde	☐	☐	☐	☐	☐	☐
10. Representantes de laboratórios farmacêuticos	☐	☐	☐	☐	☐	☐
11. Conferências, Fóruns, Seminários, Eventos Científicos (congressos, webinar)	☐	☐	☐	☐	☐	☐

9. Você já ouviu falar do termo "Saúde Baseada em Evidências" (SBE)?

☐ Sim ☐ Não

10. Você já participou de cursos, workshops ou treinamento, sobre Saúde Baseada em Evidências?

☐ Sim ☐ Não

11. Você já recebeu algum treinamento formal em alguma desta áreas abaixo?

- Formulação de pergunta de pesquisa científica: Sim ☐ Não ☐
- Pesquisa na literatura ☐ Sim ☐ Não
- Avaliação crítica de estudos científicos ☐ Sim ☐ Não

12. Você participou de alguma pesquisa após sua graduação em saúde?
(Como investigador ou envolvido no processo de coleta ou análise de dados)

☐ Sim ☐ Não

13. Publicou algum artigo científico em revista indexada?

☐ Sim. Por favor, coloque quantos: ……..

☐ Não

SEÇÃO C: CONHECIMENTO E PRÁTICAS PARA IMPLEMENTAÇÃO DA SAÚDE BASEADA EM EVIDÊNCIAS

14. Aqui estão algumas das fontes disponíveis e utilizadas para a prática clínica baseada em evidências. Por favor, indique quais você conhece e já utilizou na tomada de decisão clínica.
Para cada item, por favor, marque UMA resposta que melhor represente sua opinião

	Fonte de informação	Não conheço	Conheço, mas não uso para tomar decisões clínicas	Já li, mas não usei para tomar decisões clínicas	Já li e usei para tomar decisões clínicas
1.	Bandolier (Publicado pela Oxford)	☐	☐	☐	☐
2.	Evidence Based Medicine (do BMJ Group)	☐	☐	☐	☐
3.	Database of abstracts of reviews of effectiveness (DARE)	☐	☐	☐	☐
4.	Centre of Evidence-based medicine (CEBM)	☐	☐	☐	☐
5.	ACP Journal Club	☐	☐	☐	☐
6.	BMJ Clinical Evidence	☐	☐	☐	☐
7.	InfoClinics	☐	☐	☐	☐
8.	Centre of Reviews & Dissertation	☐	☐	☐	☐

15. Por favor, indique quaisquer outras fontes online que você tenha utilizado na tomada de decisões clínicas:

i) ……

ii) ……

iii) ……

5

16. Abaixo estão termos comumente utilizados em Saúde Baseada em Evidências.
Para cada item, por favor, marque UMA resposta que melhor represente sua opinião.

	Termos	Nunca ouvi este termo antes	Já ouvi este termo, mas não sei o que significa	Não compreendo este termo, mas gostaria de compreendê-lo	Tenho alguma compreensão sobre este termo	Compreendo bem este termo e sou capaz de explicar o que significa para outros
1.	Revisão sistemática	☐	☐	☐	☐	☐
2.	Metanálise	☐	☐	☐	☐	☐
3.	Estudo de caso-controle	☐	☐	☐	☐	☐
4.	Ensaio clínico randomizado	☐	☐	☐	☐	☐
5.	Risco relativo	☐	☐	☐	☐	☐
6.	Risco absoluto	☐	☐	☐	☐	☐
7.	*Odds ratio* (razão de chances)	☐	☐	☐	☐	☐
8.	P-valor	☐	☐	☐	☐	☐
9.	Nível de evidência	☐	☐	☐	☐	☐
10.	Número necessário para tratar	☐	☐	☐	☐	☐
11.	Intervalo de confiança	☐	☐	☐	☐	☐
12.	Heterogeneidade	☐	☐	☐	☐	☐
13.	Viés de publicação	☐	☐	☐	☐	☐
14.	Teste de sensibilidade e especificidade	☐	☐	☐	☐	☐
15.	Valor preditivo positivo	☐	☐	☐	☐	☐
16.	Efetividade clínica	☐	☐	☐	☐	☐

17. Qual é a sua opinião a respeito da Saúde Baseada em Evidências?
Para cada item, por favor, marque UMA resposta que melhor represente sua opinião.

	Discordo totalmente	Discordo parcialmente	Não concordo nem discordo	Concordo parcialmente	Concordo totalmente
1. Eu apoio a Saúde Baseada em Evidências	☐	☐	☐	☐	☐
2. Eu confio nos achados de estudos científicos	☐	☐	☐	☐	☐
3. Ler artigos científicos é importante para mim	☐	☐	☐	☐	☐
4. Saúde Baseada em Evidências melhora o cuidado que presto ao paciente	☐	☐	☐	☐	☐
5. Saúde Baseada em Evidências diminui minha carga de trabalho	☐	☐	☐	☐	☐
6. Posso implementar Saúde Baseada em Evidências na minha prática clínica.	☐	☐	☐	☐	☐
7. Saúde Baseada em Evidências guia minha decisão clínica.	☐	☐	☐	☐	☐
8. Eu prefiro manejar os pacientes utilizando a Saúde Baseada em Evidências	☐	☐	☐	☐	☐

SEÇÃO D: BARREIRAS E FACILITADORES PARA PRÁTICA CLÍNICA BASEADA EM EVIDÊNCIAS

18. Aqui estão algumas dificuldades que você pode encontrar na prática clínica baseada em evidências.
Para cada item, por favor, marque UMA resposta que melhor represente sua opinião.

	Discordo totalmente	Discordo parcialmente	Não concordo nem discordo	Concordo parcialmente	Concordo totalmente
1. Eu sou capaz de avaliar a qualidade de uma pesquisa.	☐	☐	☐	☐	☐
2. Eu tenho acesso a internet para exercer a prática de SBE	☐	☐	☐	☐	☐
3. Eu tenho tempo para ler artigos científicos.	☐	☐	☐	☐	☐
4. Eu tenho tempo para realizar a prática clínica baseada em evidências em meu local de trabalho	☐	☐	☐	☐	☐
5. As instalações do meu local de trabalho estão	☐	☐	☐	☐	☐

	adequadas para apoiar a prática clínica baseada em evidências.						
6.	Tenho fácil acesso à artigos científicos	☐	☐	☐	☐	☐	
7.	Meus pacientes prefere que eu utilize a prática clínica baseada em evidências.	☐	☐	☐	☐	☐	
8.	Meus pacientes acredita em informações baseadas em evidências.	☐	☐	☐	☐	☐	
9.	Meus colegas de trabalho apoiam a prática clínica baseada em evidências.	☐	☐	☐	☐	☐	
10.	A instituição onde trabalho apoia a prática clínica baseada em evidências	☐	☐	☐	☐	☐	

19. Por favor, sugira formas de melhorar a prática da Saúde Baseada em Evidências no local em que você atua.

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SEÇÃO D: ITENS NECESSÁRIO PARA A PRÁTICA CLÍNICA BASEADA EM EVIDÊNCIAS

20. Há um serviço que forneça respostas baseadas em evidências para suas dúvidas clínicas, você estaria interessado em usá-lo?

☐ Sim

☐ Não

21. Se nós pudessemos fornecer este serviço, como você preferiria que fosse disponibilizado? Por favor, marque apenas UMA resposta.

☐ Serviços de mensagens online. Ex.: WhatsApp

☐ Redes sociais. Ex.: Facebook

☐ Aplicativos de celular. E.x.: Epocrates

☐ Telefone para tira-dúvidas

☐ Website com arquivos de respostas. Ex.: TRIP database

☐ Email profissional/pessoal

☐ Fórum online

☐ Outros. Por favor, especifique:

……..

22. Se nós ofertássemos este serviço, qual seria o prazo razoável para nós te respondermos?

…….. dias