

Tutorial

Base de dados *JMAEvidence* do Portal de Saúde Baseada em Evidências



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Página Inicial Institucional Guia do Usuário **Acervo** Serviços Notícias Bibliotecas do Sistema Redes de Informação Perguntas Frequentes

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Menu Você está aqui: Página Inicial > Acervo > Bases de dados

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 - [Fechamento da Biblioteca Central](#)

Para acessar a base de dados JAMAevidence selecione o link do Portal de Saúde Baseada em Evidências.

Bases de dados

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Detalhes
Criado: 05 Novembro 2013

Periódicos

saúde
baseada em evidências

Criado pelo Ministério da Saúde em parceria com a Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes/MEC), o Portal Saúde Baseada em Evidências reitera o compromisso do governo brasileiro de aprimorar o exercício dos trabalhadores da saúde democratizando as condições de acesso, nas suas áreas de atuação, a conteúdos cientificamente fundamentados na perspectiva de melhor atender à população.

Entre os diversos serviços do portal, ele oferece o acesso às bases de dados:

- ✓ **Access – Medicine;**
- ✓ **DynaMed;**
- ✓ **BVS – Atenção Primária à Saúde;**
- ✓ **Micromedex 2.0;**
- ✓ **Rebrats - Avaliação de tecnologias em Saúde, entre outras.**

Micromedex 2.0
Rebrats
Avaliação de Tecnologias em Saúde

Detalhes

📅 Criado: 05 Novembro 2013

Periódicos



Criado pelo Ministério da Saúde em parceria com a Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes/MEC), o Portal Saúde Baseada em Evidências reitera o compromisso do governo brasileiro de aprimorar o exercício dos trabalhadores da saúde democratizando as condições de acesso, nas suas áreas de atuação, a conteúdos cientificamente fundamentados na perspectiva de melhor atender à população.

Objetivo

Fornecer acesso rápido ao conhecimento científico por meio de publicações atuais e sistematicamente revisadas. As informações, providas de evidências científicas, são utilizadas para apoiar a prática clínica, como também a tomada de decisão para a gestão em saúde e qualificação do cuidado, auxiliando assim os profissionais da saúde.

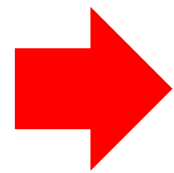
Bases de dados

- Access - Medicine
- BVS - Atenção Primária à Saúde
- DynaMed
- Micromedex 2.0
- Rebrats
Avaliação de Tecnologias em Saúde

Como acessar:



Para acessar a base da dados, selecione o link referente aos periódicos.



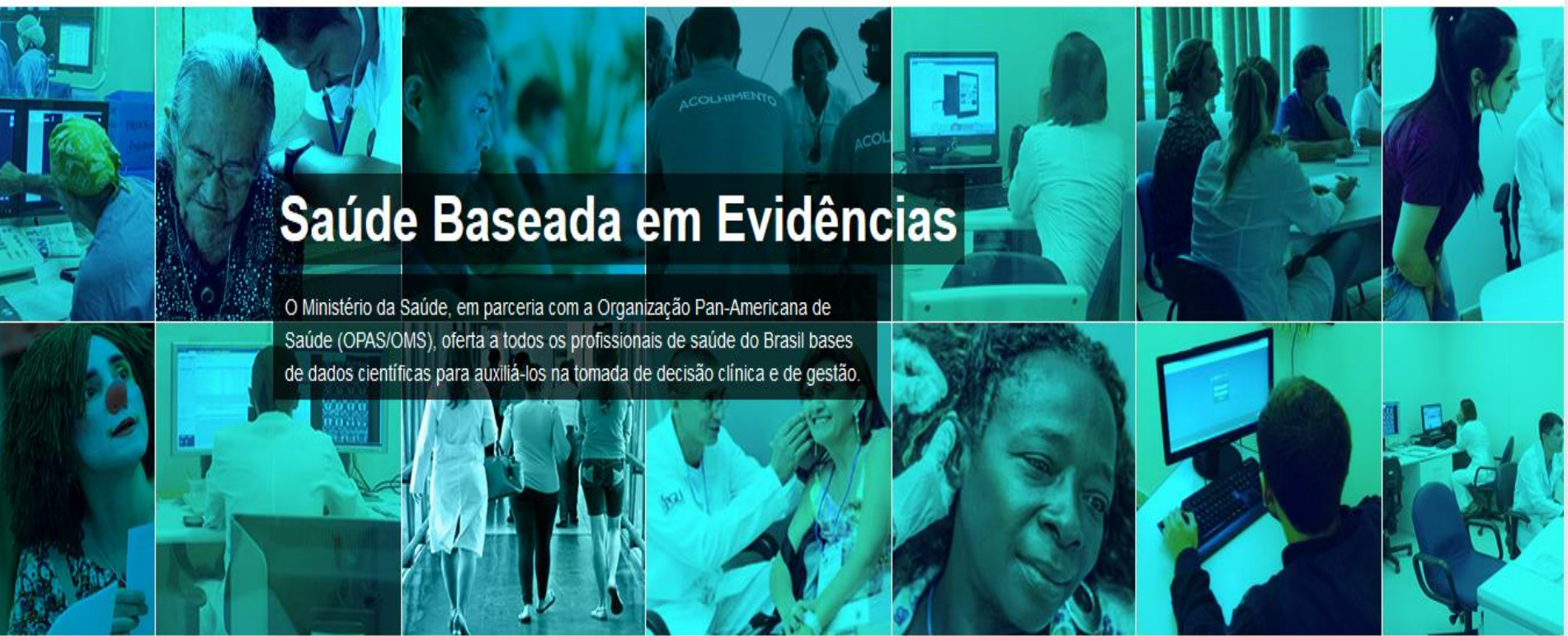
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ACESSAR CADASTRAR-SE



INÍCIO SOBRE O PORTAL BASES DE DADOS CONTATO



Saúde Baseada em Evidências

O Ministério da Saúde, em parceria com a Organização Pan-Americana de Saúde (OPAS/OMS), oferta a todos os profissionais de saúde do Brasil bases de dados científicas para auxiliá-los na tomada de decisão clínica e de gestão.

#susconecta

Um novo portal, uma nova forma de login.

O Portal SBE mudou e a forma de entrar nele também. Para tornar sua vida mais fácil, o Portal SBE vai se integrar ao #susconecta. Com seu CPF e uma única senha, você poderá acessar vários sites sem precisar criar uma conta em cada um deles.

Se você já possuía conta na Comunidade de Práticas, clique em "Fazer login" e continue informando seu CPF e senha cadastrados previamente.

Caso você possua uma conta apenas no Portal Saúde Baseada em Evidências, clique aqui e cadastre uma nova senha.

Saiba mais sobre o #susconecta_login aqui.

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Você está a um passo de acessar nossos serviços:

Caso não tenha: cadastre-se.

Faça o seu login por meio do seu CPF e sua senha.



Bases de dados



ACCESS MEDICINE

Disponibiliza livros online, vídeos, calculadoras médicas e outros conteúdos

Saiba mais Acessar a base



DYNAMED

Ferramenta de referência clínica com respostas rápidas


Saiba mais Acessar a base



MICROMEDEX

Ferramenta de referência clínica, cálculo de medicamento e interação medicamentosa

Saiba mais Acessar a base



NURSING REF. CENTER

Ferramenta de referência clínica para profissionais de Enfermagem

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BVS - APS

Periódicos nacionais e internacionais


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REBRATS

Experiências em Tecnologias em Saúde

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EPISTEMONIKOS

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JAMAEVIDENCE

Ferramenta de referência clínica com respostas rápidas

Saiba mais Acessar a base






Acessar base de dados

JAMAEvidence

Conteúdo

Integra livros texto líderes; Possui conteúdos com atualizações mensais; Áreas de auto avaliação com perguntas e respostas; Guias de educação com apresentações em Power Point para download com base educacional e em Saúde Baseada em Evidencias; Planilhas para download com guias de avaliação crítica e auxiliares na resolução de problemas; Glossário de termos; Calculadoras matemáticas e estatísticas de temas relacionados a Saúde Baseada em Evidencias (SBE); Ferramentas de Avaliação crítica na determinação dos resultados da investigação, considerando validade, importância e aplicabilidade dos resultados; Ciclo de informação, formulários que permitem aos usuários explorar o "5 As" da prática SBE: Assess the information (avaliar as informações), Ask specific questions (fazer perguntas específicas), Acquire evidence (adquirir evidências), Appraise the data for validity (avaliar os dados para a validade), Apply evidence to patient care (aplicar provas para o atendimento ao paciente.); Cenários Clínicos compilados; Arquivos de Áudio de conceitos-chave sobre SBE foram gravadas por especialistas no assunto.

O que oferece:

-  Livros online
-  Resposta sistematizada
-  Guias
-  Audios
-  Calculadoras médicas

Ajuda

Dúvidas sobre como acessar?

Tutoriais

Vídeos

Treinamento web

Fontes e recursos para as buscas.

[Home](#)[Users' Guides to the Medical Literature](#)[The Rational Clinical Examination](#)[Care at the Close of Life](#)[Education Guides](#)[Calculators](#)[Glossary](#)[Learning Tools](#)

New | July 2016

Novidades em diversas mídias.



AUDIO

FREE Gordon Guyatt, MD, introduces the 3rd edition of the *Users' Guides to the Medical Literature*. (9:01)



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AUDIO

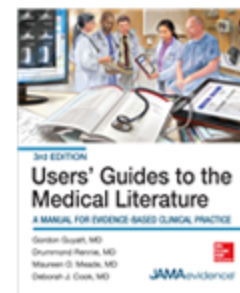
FREE Alexander C. Fanaroff, MD, discusses the clinical examination for acute coronary syndrome. (17:29)



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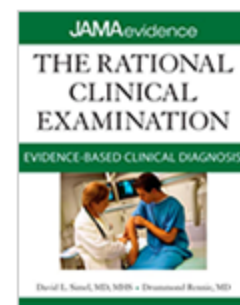
Education Guides



Users' Guides to the Medical Literature

A Manual for

FEATURED
The Process of Meta-analysis



The Rational Clinical Examination
Evidence-Based

FEATURED
Low Back Pain



Care at the Close of Life
Evidence-Based

Now Available: Complete text of the Third Edition of the *Users' Guides to the Medical Literature*

Featured

In Practice

From The Rational Clinical Examination:



Breast Cancer

A 55-year-old woman without a family history of breast or ovarian cancer and without a personal history ... [Continue](#)

See also: [Make the Diagnosis: Breast Cancer](#)

Education Guides



Palliative Care in the Final Days of Life (739 KB PPT)

[View sample slideshow from](#)

Users' Guides to the Medical Literature
The Rational Clinical Examination
Care at the Close of Life

Calculator



FREE Risk Reduction Calculator

Outros recursos.

Glossary

Added July 2016

Acute coronary syndrome (ACS); Agency for Healthcare Policy and Research (AHCPR) rule; Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (HFA/CSANZ) rule; History, ECG, Age, Risk Factors, Troponin (HEART) risk score; Thrombolysis in Myocardial Infarction (TIMI) risk score

Top searched glossary terms

- Enteral Nutrition
- Dementia
- Alzheimer disease
- Depression
- Evidence-Based Medicine (EBM)

[Full Glossary](#) | [Care at the Close of Life Glossary](#)

This Week's JAMA

JAMA July 25, 2016

- [Highlights for July 26, 2016](#)
- [The Potential to Advance Health Care in the US Criminal Justice System](#)
- [Stealth Research—Reflections and Update](#)
- [A Word From Our Sponsors](#)

A página inicial apresenta as novidades da semana.

Evidence-Based Medicine Oral History



Evidence-Based Medicine: An Oral History is available free for all to see and learn about the origins of evidence-based medicine (EBM). A video features EBM leaders' perspectives on the past, present, and future of EBM, along with personal reflections of clinical and patient encounters and shared decision making in the context of EBM.

- JAMA
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 - Pharmacotherapy Principles & Practice

Clique no Site Tour para abrir novos acessos aos recursos: Mc Graw Hill Education



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HELP

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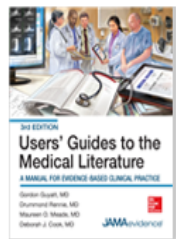
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No final da 1ª página de acesso, se encontra o *Help*; clique para obter ajuda e *guidelines*.

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Para ter acesso a estes recursos, registre-se na base.



Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed

Gordon Guyatt, Drummond Rennie, Maureen O. Meade, Deborah J. Cook

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Show Chapters Hide Chapters

- [+ The Foundations](#)
- [+ Therapy](#)
- [+ Harm \(Observational Studies\)](#)
- [+ Diagnosis](#)
- [+ Prognosis](#)
- [+ Summarizing the Evidence](#)
- [+ Moving From Evidence to Action](#)

FEATURES

Education Guides

Downloadable slide presentations for study and group viewing.

View All

- Appraising Patient Management Recommendations: Practice Guidelines
- Appraising Evidence About Diagnostic Tests
- What Is the Question?

Show Chapters Hide Chapters

- The Foundations

Chapter 1: How to Use the Medical Literature—and This Book—to Improve Your Patient Care

Chapter 2: What Is Evidence-Based Medicine?

Chapter 3: Evidence-Based Medicine and the Theory of Knowledge

Chapter 4: What Is the Question?

Updated! Chapter 5: Finding Current Best Evidence

Chapter 6: Why Study Results Mislead: Bias and Random Error

- Therapy

Chapter 7: Therapy (Randomized Trials)

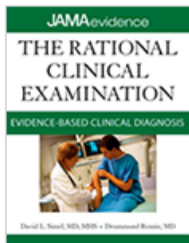
Chapter 8: How to Use a Noninferiority Trial

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- Dedication
- Contributors
- Foreword
- Preface

Clique em uma das opções para abrir os capítulos.

Aviso de update, quando houver!

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The Rational Clinical Examination: Evidence-Based Clinical Diagnosis

David L. Simel, Drummond Rennie

Search Textbook



A Primer on the Precision and Accuracy of the Clinical Examination
TABLE: Levels of Evidence
TABLE: Pretest Probabilities and Likelihood Ratios for Clinical Findings

Abdominal Aortic Aneurysm

Abdominal Bruits

Abnormal Central Venous Pressure

Acute Cholecystitis

New! Acute Coronary Syndrome

Airflow Limitation

Alcohol Abuse

Update!

- Copyright
- Contributors
- Foreword
- Preface
- Acknowledgments

Clique para abrir os capítulos. →

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Education Guides

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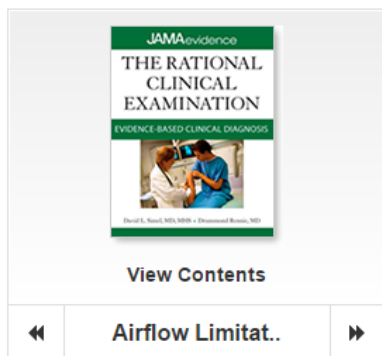
- Osteoporosis
- Falls, Older Adults
- Opiates and Abdominal Pain

Usage guidelines | PowerPoint Viewer

Exemplo de capítulo



The Rational Clinical Examination: Evidence-Based Clinical Diagnosis >



Make the Diagnosis: Airflow Limitation

Prior Probability

Population for Whom Obstructive Airways Disease Should Be Considered

Detecting the Likelihood of Obstructive Airways Disease

Reference Standard Tests

Original Article: Does the Clinical Examination Predict Airflow Limitation?

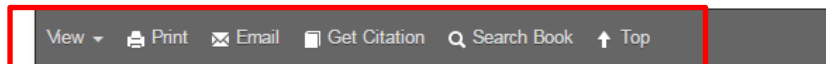
Clinical Scenarios—Do These Patients Have Airflow Limitation?

Why Is It Important to Detect Airflow Limitation by Clinical Examination?

Pathophysiologic Characteristics of Airflow Limitation

How to Flirt Symptoms and Signs

Recursos disponíveis



Airflow Limitation

Make the Diagnosis: Airflow Limitation

Prior Probability

A systematic review identified 32 sources of information from studies done worldwide on the prevalence of obstructive airways disease.¹³ Nine of the 32 studies used a spirometric reference standard, similar to what is advocated for clinical practice; 8 of these had data that allowed us to compare the overall prevalence and sex-specific prevalence. The summary overall prevalence was 7.1% (95% CI, 5.2%-9.3%). Men (11%; 95% CI, 8.5%-14%) had about twice the rate as women (6%; 95% CI, 3%-10%) (see Table 13-7).

Table 13-7
Prior Probability of Obstructive Airways Disease Differs by Sex

[View Large](#) | [Favorite Table](#)

Population for Whom Obstructive Airways Disease Should Be Considered

All adults, especially those who smoke and are aged 45 years or older.

Detecting the Likelihood of Obstructive Airways Disease

See Table 13-8.

Table 13-8
Likelihood Ratios for Best Single Findings and for

Related Content

Chapters

Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed >
[Chapter 18: Diagnostic Tests](#)

Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed >
[Chapter 19.1: Spectrum Bias](#)

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[Chapter 16: The Process of Diagnosis](#)

Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed >
[Chapter 17: Differential Diagnosis](#)

Education Guide

 [Airflow Limitation](#)
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Audio

 [Airflow Limitation: David L. Sime, MD, MHS, discusses the](#)

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Care at the Close of Life: Evidence and Experience

Stephen J. McPhee, Margaret A. Winker, Michael W. Rabow, Steven Z. Pantilat, Amy J. Markowitz

Interactive Self-Assessment

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- A: Communication Issues
- B: Symptom Management
- C: Disease Management
 - 12: Alzheimer Disease: "It's OK, Mama, If You Want to Go, It's OK"
 - 13: Practical Considerations in Dialysis Withdrawal: "To Have That Option Is a Blessing"
 - 14: Overcoming the False Dichotomy of Curative vs Palliative Care for Late-Stage HIV/AIDS: "Let Me Live the Way I Want to Live, Until I Can't"

Apresentações disponíveis para download

FEATURES

Education Guides

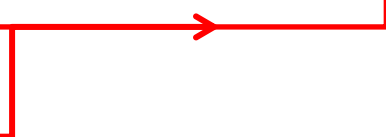
Downloadable slide presentations for study and group viewing.

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- Alzheimer Disease
- Meeting Palliative Care Needs in Post-Acute Care Settings
- Palliative Care for Frail Older Adults

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- Foreword
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- Acknowledgments



Education Guides

Educational slide sets aimed at instruction of evidence-based medicine (EBM) concepts related to specific topics.

Users' Guides to the Medical Literature

The Rational Clinical Examination

Care at the Close of Life

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[PowerPoint viewer](#)

Users' Guides to the Medical Literature

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[An Approach to Evidence-Based Medicine](#)

[Appraising Evidence About Diagnostic Tests](#)

[Appraising Evidence About Harm](#)

[Appraising Evidence About Prognosis](#)

[Appraising Evidence About Therapy](#)

[Appraising Evidence From Systematic Reviews](#)

[Appraising Patient Management Recommendations: Practice Guidelines](#)

[Appraising Qualitative Research](#)

[Finding Current Best Evidence](#)

[How to Use an Article About Quality Improvement](#)

[What Is the Question?](#)

Clique para abrir as opções. Antes, crie um registro na base.



Education Guides

Educational slide sets aimed at instruction of evidence-based medicine (EBM) concepts related to specific topics.

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The Rational Clinical Examination

How to Use The Rational Clinical Examination Education Guides | Contributors | [View sample slideshow](#)

A Primer on the Precision and Accuracy of the Clinical Examination

Abdominal Aortic Aneurysm

Abdominal Bruits

Abnormal Central Venous Pressure

Acute Cholecystitis

Airflow Limitation

Alcohol Abuse

Appendicitis, Adult

Appendicitis, Child

Ascites

Bacteremia

Blunt Intra-abdominal Injury

Breast Cancer

Cancer, Family History

Sample slideshow from *The Rational Clinical Examination*

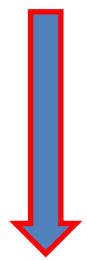
Download the Sample PowerPoint file (944 KB PPT)

Does This Adult Patient Have Acute Meningitis?
Case Scenario 1
LR: Impact on Likelihood of Disease
Test Characteristics: Examination
Likelihood Ratio
Terms of Use

Does This Adult Patient Have Acute Meningitis?

The thumbnail shows a slide with the following content:
JAMAevidence
Using Evidence to Improve Care
The Rational Clinical Examination Education Guides
Does This Adult Patient Have Acute Meningitis?
The slide also features logos for UNIRIO and McGraw Hill at the bottom.

Para download; veja as opções.



JMAAevidence Glossary

Terms are derived from *Users' Guides to the Medical Literature: A Manual for Evidence-Based Practice, 2nd Edition, The Rational Clinical Examination: Evidence-Based Clinical Diagnosis and Care at the Close of Life: Evidence and Experience*. Updated June 2014.

PDF (294 KB)

0-9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

ABCD framework

Dignity-conserving care has been described within an ABCD framework: A for attitude, underscoring the importance of care provider perception and the extent to which this can provide the patient a sense of affirmation and continued worth; B for behavior, denotes the various mannerisms and approaches that convey respect and acknowledgment of the patient's personhood; C for compassion, predicated on an awareness of the patient as a person; and D for dialogue, underscores the importance of conversations that are able to acknowledge issues of personhood. (See also [Chapter 27, Dignity-Conserving Care—A New Model for Palliative Care.](#))

Absolute Difference

The absolute difference in rates of good or harmful outcomes between experimental groups (experimental group risk [EGR]) and control groups (control group risk [CGR]), calculated as the risk in the control group minus the risk in the experimental group (CGR – EGR). For instance, if the rate of adverse events is 20% in the control group and 10% in the treatment group, the absolute difference is 20% – 10% = 10%.

Absolute Risk (or Baseline Risk or Control Event Rate [CER])

The risk of an event (eg, if 10 of 100 patients have an event, the absolute risk is 10% expressed as a percentage and 0.10 expressed as a proportion).

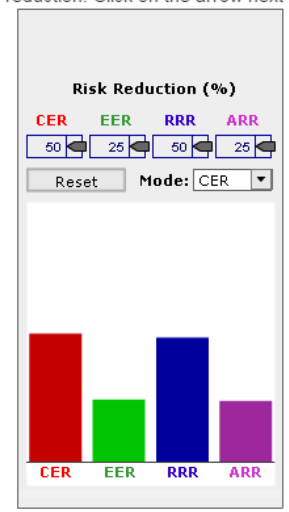
Calculators

12 calculators are listed below.

- Therapy**
 - Therapy 2 by 2 Table Calculator (given cell values)
 - Therapy 2 by 2 Table Calculator (given rates and population)
 - Risk Reduction Calculator FREE**
 - Risk Reduction Nomogram
 - Number Needed to Treat Nomogram
- Harm**
 - Harm 2 by 2 Table Calculator (given cell values)
 - Risk Increase Nomogram
 - Number Needed to Harm Nomogram
- Diagnosis**
 - Diagnosis 2 by 2 Table Calculator

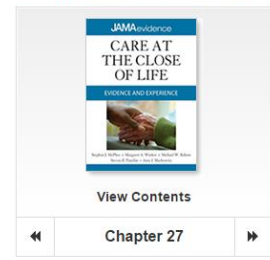
Risk Reduction Calculator

Click and drag 1 or more of the gray arrow (RRR), and absolute risk reduction (ARR) reduction. Click on the arrow next to "Mode" to select a mode.



J. Altarejos, R. Hayward

Care at the Close of Life: Evidence and Experience >



27: Dignity-Conserving Care—A New Model for Palliative Care: Helping the Patient Feel Valued

Harvey Max Chochinov, MD, PhD, FRSC

The Patient's Story



Mr S is a 62-year-old man with primary lung cancer diagnosed 18 months ago, with metastases in the liver, brain, and adrenal glands. He has recently developed severe

- The Patient's Story
- Perspectives
 - Why Is the Notion of Dignity Important?
 - A Model of Dignity in Dying Patients
 - Illness-Related Concerns
 - Dignity-Conserving Repertoire
 - Social Dignity Inventory
 - Differing Notions of Dignity
 - Dignity-Conserving Interventions
 - Managing Illness-Related Concerns
 - Bolstering Independence

Learning Tools

Worksheets

Critical Appraisal Worksheets

Information Cycle Worksheets

Critical Appraisal Worksheets

Specially designed worksheets allow you to synthesize information from your readings.

Clinical Decision Support Systems

Qualitative Research

Health-Related Quality of Life

Summarizing the Evidence

Therapy

Diagnostic Tests

Differential Diagnosis

Economic Analysis

Prognosis

Clinical Practice Guidelines

Learning
Tools

Audio

Custom
Curriculum

JAMA Evidence Audio

A monthly series of discussions of core issues in evidence-based medicine by leading practitioners in the field.

Recorded and produced by JAMA editors for JAMA Evidence, an innovative online resource for using evidence to improve care.

Introduction to JAMA Evidence:

[Introduction](#) 1[Users' Guides to the Medical Literature](#) 20[The Rational Clinical Examination](#) 36[Care at the Close of Life](#) 14[FAQs](#)[\(Back to Top\)](#)

Introduction to JAMA Evidence: the Fundamental Tools for Dealing With the Medical Literature and Making Clinical Diagnoses

By Dr Drummond Rennie

(8:02)

zika virus

Termo de busca

Pesquisa Básica

Outros filtros

Books (64)

The Rational Clinical Examination
(39)

Care at the Close of Life (16)

Users' Guides to the Medical
Literature (9)

Education Guides (3)

Glossaries (1)

The Rational Clinical Examination

39 results in The Rational Clinical Examination

Early HIV Infection > Prior Probability of Unrecognized HIV Disease

The Rational Clinical Examination: Evidence-Based Clinical Diagnosis

... Among persons 13 years of age and older, there are approximately 14 patients per 100 000 in the States living with undiagnosed human immunodeficiency **virus** (HIV) infection. 1 This is a lower rate reported in the initial Rational Clinical Examination series article on early...

Pneumonia, Adult, Community-Acquired > Description of Tests and Diagnostic Standards

The Rational Clinical Examination: Evidence-Based Clinical Diagnosis

... bacteria (streptococci, Haemophilus influenzae, Staphylococcus aureus, Enterobacteriaceae) vs atypical pneumonia (Mycoplasma pneumoniae, Chlamydia pneumoniae, Chlamydia psittaci, Coxiella burnetii, Legionella pneumophila, or **virus**) vs pneumonia of unknown etiology. The microbiologic...

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