

# Skills in searching for and using scientific information among physicians in the context of evidence-based practice: A descriptive study

Miguel Valles-Coral <sup>1,\*</sup>, Lloy Pinedo<sup>1</sup>, Jorge Raúl Navarro-Cabrera<sup>1</sup>, Jorge Valverde-Iparraguirre<sup>1</sup>, Richard Injante<sup>1</sup>, Sarita Saavedra<sup>1</sup>, Luz Karen Quintanilla-Morales<sup>1</sup>, Alexander Almeida-Espinosa<sup>2</sup>

- <sup>1</sup> Universidad Nacional de San Martín, Tarapoto, Peru.
- <sup>2</sup> Universidad del Valle, Cali, Colombia.
- \* Corresponding author.

Email: mavalles@unsm.edu.pe. ORCID: https://orcid.org/0000-0002-8806-2892.

#### **ABSTRACT**

**Objective.** To identify the skills in searching for and using scientific information among medical professionals in the context of evidence-based practice, analyzing their ability to apply reliable clinical information in their daily practice.

**Design/Methodology/Approach.** A descriptive cross-sectional study was conducted with 150 San Martín, Peru, health network physicians. A survey was used, including indicators on using information resources, search skills, and verification of reliable sources.

**Results/Discussion.** A predominant use of non-specialized tools such as Google (69%) and general websites (59%) was reported for clinical information searches. In comparison, specialized resources like Scopus or Clinical Key were used less frequently (25%). Additionally, 86% of physicians did not use advanced search filters, and 89% did not verify the reliability of the sources consulted. These findings reveal deficiencies in the informational competencies necessary for effective evidence-based practice.

**Conclusions.** Continuous training strategies to enhance physicians' informational skills, including advanced search techniques and critical evaluation of sources, are essential. These interventions will optimize the quality of medical care based on reliable evidence.

**Originality/Value.** This study provides a regional perspective on informational skills within a public health context, highlighting the gaps that must be addressed to strengthen evidence-based clinical practice

**Keywords:** scientific information; clinical information; information literacy; evidence-based practice; scientific literacy; information behavior.

Received: 02-11-2024. Accepted: 16-01-2025. Published: 31-01-2025.

**How to cite:** Valles-Coral, M., Pinedo, L., Navarro-Cabrera, J. R., Valverde-Iparraguirre, J., Injante, R., Saavedra, S., Quintanilla-Morales, L. K., & Almeida-Espinosa, A. (2025). Skills in searching for and using scientific information among physicians in the context of evidence-based practice: A descriptive study: A descriptive study. *Iberoamerican Journal of Science Measurement and Communication;* 5(1), 1-9. DOI: 10.47909/ijsmc.181

**Copyright:** © 2025 The author(s). This is an open access article distributed under the terms of the CC BY-NC 4.0 license which permits copying and redistributing the material in any medium or format, adapting, transforming, and building upon the material as long as the license terms are followed.

Miguel Valles-Coral et al. ORIGINAL ARTICLE

#### INTRODUCTION

 $\mathbf{I}$  N THE HEALTH sector, information is vital for supporting clinical decision-making and helping specialists substantiate their diagnoses and treatments (Mileman & van den Hout, 2009). According to Bate et al. (2012), physicians often consult information they cannot immediately recall, seeking the most evidence possible to improve their clinical decision-making. With the advancement of the digital era, the abundance of medical information available across various online sources, formats, and languages presents a significant challenge for medical specialists in identifying and selecting reliable sources. The expansion of information on the web has led to a proliferation of clinical evidence that, while enriching the medical knowledge base, also complicates the task of distinguishing between accurate and unverified information (Fernández-Guzman et al., 2021; Tafur-Puerta, 2022).

The diversification of digital platforms and the constant evolution of medical information require specialists to make considerable efforts to stay updated (Orellana Centeno et al., 2019). The multiplicity of sources, including specialized databases, social media, and medical outreach websites, creates a complex landscape where the quality and accuracy of information vary significantly (Urrea et al., 2020). This dynamic environment demands that healthcare professionals continuously update their knowledge and develop skills to evaluate evidence. differentiate between robust research and less rigorous studies, and filter relevant information for daily clinical practice (Aspinall et al., 2021). An example of this can be found in the application of artificial intelligence-based systems. According to research by Jussupow et al. (2021), diagnostic errors often stem from deficiencies in the application of metacognitive processes related to the decision-maker's reasoning (self-regulation) and the monitoring of AI-based systems (system monitoring). These shortcomings sometimes lead physicians to make decisions based on beliefs rather than actual data or to engage in superficial information searches.

Similarly, Aspinall *et al.* (2021) explored the need for and access to evidence-based clinical information among 877 physicians in Minnesota, USA. Their findings revealed high information

needs (85.8%) but limited access to resources such as citation databases, systematic reviews, books, and full-text articles. They also highlighted the use of unreliable sources for decision-making and identified workplace affiliation as a key factor exacerbating disparities in access to information. This scenario was also observed by Huaillani Chavez (2020) at the Instituto Nacional de Salud del Niño San Borja in Peru. A survey of 200 resident physicians revealed that 76% exhibited a negative attitude toward research, although 98% and 94% showed favorable cognitive and behavioral attitudes, respectively. Regarding evidence-based practice, 36.5% of respondents implemented it, 31% did so moderately, and 32.5% did not apply it. This highlights the need to strengthen the competencies of healthcare personnel to make clinical decisions based on reliable information (Saavedra Grandez, 2021).

In the Peruvian region of San Martín, the practices of healthcare specialists regarding the need to use information for application in clinical diagnoses and treatments are unknown. However, based on the problem's context, it is inferred that they may lack the skills to search for, analyze, and utilize information based on scientific evidence. Therefore, this research aims to identify physicians' skills in searching for and using scientific information within the context of evidence-based practice.

#### **METHODOLOGY**

We conducted a basic study with a descriptive, cross-sectional design. The population consisted of 244 physicians employed in health centers (hospitals, clinics, and others) within the San Martín health network in Peru. To determine the sample size, we used simple random probabilistic sampling with a 95% confidence level and a 5% error margin, resulting in 150 physicians.

For data collection, we designed a survey based on the study by Aspinall *et al.* (2021), administered as a closed questionnaire in digital format via Microsoft Forms between July and October 2024. The instrument included 10 indicators related to informational competencies: use of information resources, application of basic search filters, application of advanced search filters, verification of source reliability, types of documents consulted, frequency of access to full texts, critical reading of scientific

articles, ability to analyze scientific articles, ability to integrate critical evaluation of studies and barriers to accessing information —the response scale combined dichotomous, nominal, and ordinal options (See appendix 1). The average time to complete the survey was 10 minutes. The research team was available to address the physicians' questions during the response process. Before starting the survey, a consent form was also provided to ensure participants understood the study's purpose. Only those who voluntarily agreed to participate were included.

The collected data were exported to Microsoft Excel 2019 and coded to facilitate analysis. Descriptive statistical techniques, such as frequency and percentage calculations, were used to interpret and summarize the data. The results are presented in figures.

#### **RESULTS**

Figure 1 illustrates that physicians in the San Martín region prefer widely used information resources. Google was the most utilized resource, with 69%, followed by Google Scholar and PubMed, at 53% and 50%, respectively, highlighting the importance of these tools in clinical information searches. Wikipedia was the most commonly used general resource, with 38%. In contrast, specialized platforms such as MedLine, Scopus, and Clinical Key were moderately used, with adoption rates ranging from 21% to 25%. More specialized resources like Cochrane Library (14%) and EMBASE (13%) showed limited utilization. Lastly, MedPix was not used, indicating its low relevance to the physicians surveyed.

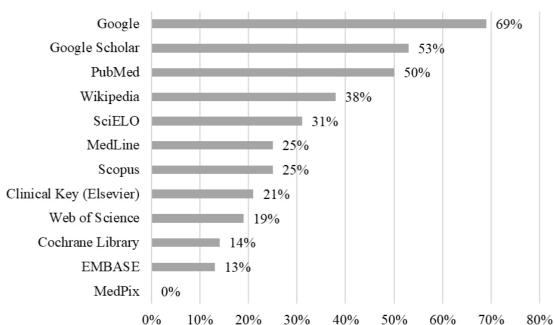


Figure 1. Use of information resources.

Regarding the ability to apply manual filters in specialized databases to refine clinical information searches based on criteria such as date ranges, document types, and others, 86% of surveyed physicians reported not using them. Similarly, 91% indicated they do not use advanced search techniques, such as Boolean operators, truncations, and other tools to achieve more precise results. Finally, concerning the verification of source reliability —ensuring that the information is not from predatory sources

or retracted documents— 89% of respondents stated they do not perform this procedure.

Figure 3 shows that websites are the most frequently used source among surveyed physicians (59%), followed by review articles (51%) and internet images (50%), reflecting a clear preference for accessible and easy-to-consult resources. In contrast, more specialized sources, such as research articles (44%) and health organization reports (37%), are less frequently utilized, indicating a tendency toward

Miguel Valles-Coral et al. ORIGINAL ARTICLE

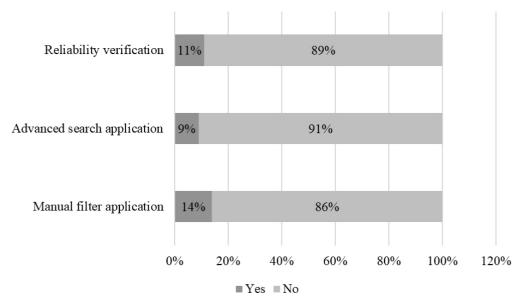
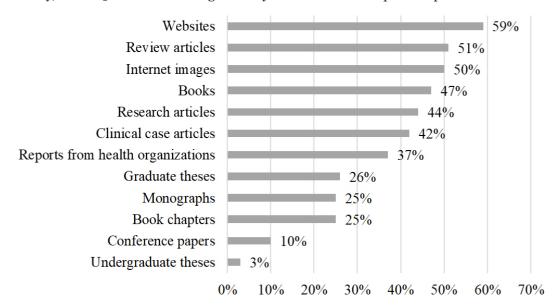


Figure 2. Use of search and information verification tools.

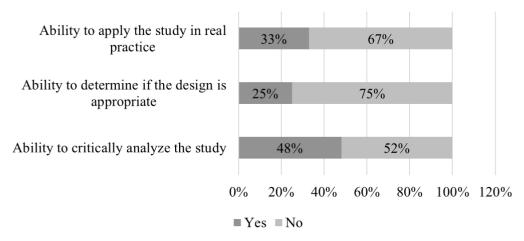
practicality in accessing clinical information quickly. Additionally, 38% of physicians reported accessing the full text of documents only occasionally, while 25% indicated doing so rarely. These limitations in information access are attributed to current access models for scientific documents, which are often restricted by paywalls or subscription requirements.



**Figure 3.** Types of documents consulted.

Among the physicians who consult scientific articles in their clinical practice for information and decision-making (51%), 52% reported finding it difficult to read, interpret, and critically analyze the full text of a scientific study. Furthermore, 75% stated they are not confident in evaluating whether the methodological design

employed in a study is appropriate to address its questions or objectives. Additionally, 67% indicated they cannot integrate the study's critical assessment with the patient's characteristics and their own clinical experience to decide whether to apply the study's results in practice (Figure 4).



**Figure 4.** Perception of skills for analyzing, evaluating, and applying scientific studies in clinical practice.

Finally, when investigating the barriers that limit access to online information resources for addressing clinical questions, the main difficulty identified was the inability to recognize scientific information or evidence online, reported by 46% of respondents. This highlights a gap in search and critical evaluation skills. Additionally, 39% indicated that the lack of

internet access in their workplace was a barrier, followed by the absence of computer equipment (31%). Moreover, 25% of physicians believe that searching for information online could undermine their perceived expertise in patients' eyes. In comparison, 13% expressed distrust in the reliability of information available on the Internet (Figure 5).

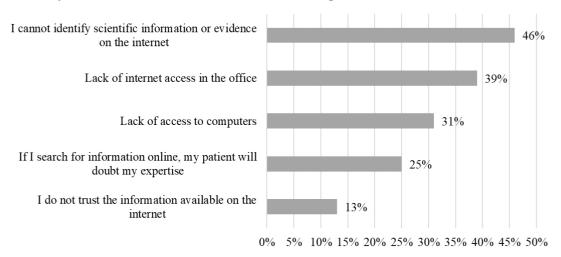


Figure 5. Barriers to accessing online information resources in clinical practice.

#### **DISCUSSION**

Information is a critical asset for decision-making across various sectors, and its significance is even greater in the healthcare field, as it enables the application of scientific research findings to real-life cases (Navarro-Cabrera, 2023; Navarro-Vega *et al.*, 2022). This approach, framed within evidence-based

practice, involves integrating the best available evidence with the medical professional's knowledge, clinical experience, and the patient's values and unique circumstances (Chloros *et al.*, 2023; Peng *et al.*, 2023). The process involves transforming an information need (related to prevention, diagnosis, prognosis, therapy, among others) into a clear and specific clinical question; searching for the best

ORIGINAL ARTICLE

available evidence through a bibliographic review; critically evaluating the validity, impact, and applicability of that evidence; and, finally, integrating it into clinical practice while considering both the professional's expertise and the unique characteristics of each patient (Dusin *et al.*, 2023; Ratnani *et al.*, 2023; Subbiah, 2023).

Thus, the information-seeking process is an informational competency that medical professionals must develop and strengthen. This entails identifying reliable sources and reading, critically analyzing, and assigning practical value to the information obtained (Parlakkılıç, 2024; Wu et al., 2023). However, as noted in the introduction, the digital era's advances and the abundance of medical information available across multiple online sources, formats, and languages pose a significant challenge for specialists. The proliferation of web-based content has generated a surge in clinical evidence that, while enriching medical knowledge, also complicates differentiating between accurate and unverified information (Fernández-Guzman et al., 2021).

Overall, this study's findings reveal deficiencies in physicians' informational competencies. The predominant use of tools like Google (69%) and general websites (59%) suggests that healthcare professionals primarily rely on non-specialized and scientific sources to obtain information. This scenario reflects a concerning trend: Physicians seeking to complement their immediate knowledge tend to rely on potentially unreliable information, which, as noted by Bate et al. (2012), could compromise the quality of clinical care. The findings align with the study by Aspinall et al. (2021), which identified that although physicians report a high level of information needs (85.8%), their access to specialized resources such as databases, systematic reviews, and scientific full-text articles is limited. This restricted access and unreliable sources like non-specialized tools increase the risk of medical errors. The authors also highlighted that workplace affiliation influences disparities in access, which may be relevant to explore in similar contexts. This is evident in this research, as the surveyed physicians came from urban and rural areas.

The findings of Urrea et al. (2020) underscore how the exponential growth of medical information in recent decades has complicated the search and selection of reliable sources —a challenge observed in this study. The preference for easily accessible but less reliable sources reflects a lack of skills to manage this influx of information effectively, limiting physicians' ability to practice evidence-based medicine effectively. Moreover, Jussupow et al. (2021) noted that medical decision-making relies not only on information access but also on the effective use of metacognitive processes, such as monitoring and reasoning control. The critical skill gaps observed in this study, such as the low capacity to critically analyze a study (52%) or assess the validity of its methodological design (75%), highlight the need to strengthen these metacognitive abilities, especially in contexts where the available information may be inaccurate or incomplete.

Lastly, Charles Uy et al. (2014) emphasized the importance of confidence in clinical decision-making and its relationship with accuracy. While online information access can improve decision-making precision, as demonstrated in their study, excessive or insufficient confidence can lead to errors in interpreting and applying information. This is particularly relevant in light of our findings, where 67% of physicians reported being unable to critically integrate scientific evidence, patient characteristics, and clinical experience into their decision-making. This deficit underscores the need for training interventions that combine the development of informational, metacognitive, and clinical confidence skills to optimize information use and decision-making accuracy in the healthcare sector.

#### **CONCLUSIONS**

There are significant deficiencies in the informational skills of physicians in the San Martín region of Peru, evidenced by their reliance on non-specialized sources for clinical information searches. This underscores the need to develop skills in information searching, critical analysis, and the use of reliable sources among healthcare professionals. Despite advancements in the digital era and the availability of specialized tools and scientific databases, their

adoption remains limited, revealing a gap in training informational competencies and access to specialized resources.

From a practical perspective, it is essential to implement educational strategies and continuous training programs to improve physicians' informational skills. These should include competencies such as analyzing scientific studies, evaluating methodological validity, and applying results to clinical practice. Theoretically, this study highlights the need to expand the framework of evidence-based practice by integrating informational and scientific literacy components that enable physicians to address the challenges of the current digital environment. Furthermore, it emphasizes the importance of addressing disparities in information access through institutional policies that facilitate access to specialized resources and foster a culture of evidence-based decision-making.

#### **Funding**

This study article is derived from the research project "Information Management in the Process of Diagnosis and Treatment of Diseases in Health Centers, San Martín region," which was funded by the Universidad Nacional de San Martín through Resolution  $N^{\circ}541-2024-UNSM/CU-R$ .

#### **Conflict of interests**

The author has no competing interests to declare relevant to this article's content.

#### **Contribution statement**

Conceptualization: Pinedo, L.; Valles-Coral, M.; Valverde-Iparraguirre, J.

Methodology: Navarro-Cabrera, J.R.; Injante, R.; Almeida-Espinosa, A.

Formal Analysis: Injante, R.; Saavedra, S.; Quintanilla-Morales, L.K.

Investigation: All authors.

Resources: Saavedra, S.; Quintanilla-Morales, L.K.

Visualization: Injante, R.; Pinedo, L.; Valles-Coral, M.; Valverde-Iparraguirre, J.

Writing – Original Draft Preparation: All authors.

Writing – Review & Editing: All authors. ●

#### **REFERENCES**

ASPINALL, E. E., HUNT, S. L., THEIS-MAHON, N. R., CHEW, K. V., & OLAWSKY, E. (2021). Addressing Disparities in Physician Access to Information in Support of Evidence-based Practice. *Health Communication*, *36*(7), 900-908. https://doi.org/10.1080/10410236. 2020.1723049

BATE, L., HUTCHINSON, A., UNDERHILL, J., & MASKREY, N. (2012). How clinical decisions are made. *British Journal of Clinical Pharmacology*, 74(4), 614-620. https://doi.org/10.1111/j.1365-2125.2012.04366.x

CHARLES UY, R., SARMIENTO, R. F., GAVINO, A., & FONTELO, P. (2014). Confidence and Information Access in Clinical Decision-Making: An Examination of the Cognitive Processes that affect the Information-seeking Behavior of Physicians. *AMIA Annual Symposium Proceedings Archive*, 1134-1140. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4419936/

Chloros, G. D., Prodromidis, A. D., & GI-ANNOUDIS, P. V. (2023). Has anything changed in Evidence-Based Medicine? *Injury*, 54, S20-S25. https://doi.org/10.1016/j.injury.2022.04.012

Dusin, J., Melanson, A., & Mische-Lawson, L. (2023). Evidence-based practice models and frameworks in the health-care setting: a scoping review. *BMJ Open*, *13*(5), e071188. https://doi.org/10.1136/bmjopen-2022-071188

Fernández-Guzman, D., Campero-Espinoza, A. B., Ccorahua-Rios, M. S., Medina-Quispe, C. I., Chávez-Cruzado, E., & Galvez-Olortegui, J. (2021). De la evidencia a la decisión: La necesidad de competencias en Medicina Basada en Evidencias en escuelas de medicina peruanas, para la toma de decisiones clínicas. Revista del Cuerpo Médico Hospital Nacional Almanzor Aguinaga Asenjo, 14(4), 496-500. https://doi. org/10.35434/rcmhnaaa.2021.144.1456

HUAILLANI CHAVEZ, S. D. R. (2020). Práctica basada en la evidencia y actitud hacia la investigación en los médicos residentes del Instituto Nacional de Salud del Niño San Borja. Lima-Perú. 2019 [Universidad Nacional Mayor de San Marcos]. https://cybertesis.unmsm.edu.pe/handle/20.500.12672/15788

Miguel Valles-Coral et al. ORIGINAL ARTICLE

- Jussupow, E., Spohrer, K., Heinzl, A., & Gawlitza, J. (2021). Augmenting Medical Diagnosis Decisions? An Investigation into Physicians' Decision-Making Process with Artificial Intelligence. *Information Systems Research*, 32(3), 713-735. https://doi.org/10.1287/isre.2020.0980
- MILEMAN, P., & VAN DEN HOUT, W. (2009). Evidence-based diagnosis and clinical decision making. Dentomaxillofacial *Radiology*, *38*(1), 1-10. https://doi.org/10.1259/dmfr/18200441
- NAVARRO-CABRERA, J. R. (2023). Innovación tecnológica en la gestión de la información y su impacto en diversos sectores. *Revista Científica de Sistemas e Informática*, 3(2), e668. https://doi.org/10.51252/rcsi. v3i2.668
- Navarro-Vega, J. C., Ulloa-Gallardo, N. J., Paz-Bustamante, D. R., Zegarra-Conde, D. G., & Nina-Choquehuayta, W. (2022). Análisis de datos y pronóstico de casos de la Covid-19 en el departamento de Madre de Dios de Perú utilizando técnicas LSTM. *Revista Amazonía Digital*, 1(2), e195. https://doi.org/10.55873/rad.v1i2.195
- Orellana Centeno, J. E., Morales Castillo, V., & González Osorio, M. (2019). Medicina basada en evidencia. *Revista Nacional de Odontología*, 16(1), 1-9. https://doi.org/10.16925/2357-4607.2020.01.06
- Parlakkiliç, A. (2024). Evaluation of Nurses' Informatics Competencies in the Pandemic. *Sürekli Tip Eğitimi Dergisi*, *33*(2), 84-91. https://doi.org/10.17942/sted.1358099
- Peng, Y., Rousseau, J. F., Shortliffe, E. H., & Weng, C. (2023). AI-generated text may

## have a role in evidence-based medicine. Nature Medicine, 29(7), 1593-1594. https://doi.org/10.1038/s41591-023-02366-9

- RATNANI, I., FATIMA, S., ABID, M. M., SURANI, Z., & SURANI, S. (2023). Evidence-Based Medicine: History, Review, *Criticisms, and Pitfalls. Cureus*, *15*(2), e35266. https://doi.org/10.7759/cureus.35266
- SAAVEDRA GRANDEZ, S. G. (2021). Intervención de las TICs en redefinición de atención externa en Hospital II-2 Tarapoto en épocas de pandemia Covid 19. *Revista Científica de Sistemas e Informática*, 1(1), 58-68. https://doi.org/10.51252/rcsi.v1i1.120
- Subbiah, V. (2023). The next generation of evidence-based medicine. *Nature Medicine*, 29(1), 49-58. https://doi.org/10.1038/s41591-022-02160-z
- Tafur-Puerta, J. (2022). El derecho del acceso a la información, transparencia de la gestión pública y datos abiertos en los gobiernos locales del Perú. *Revista Científica de Sistemas e Informática*, 2(1), e274. https://doi.org/10.51252/rcsi.v2i1.274
- URREA, G., CARVAJAL-JULIÁ, N., & ARCOS, C. (2020). Physicians' perspectives about medical sources of information: protocol for an overview of systematic reviews. *Medwave*, 20(05), e7921. https://doi.org/10.5867/medwave.2020.05.7921
- Wu, C., Zhang, Y., Wu, J., Zhang, L., Du, J., Li, L., Chen, N., Zhu, L., Zhao, S., & Lang, H. (2023). Construction and application on the training course of information literacy for clinical nurses. *BMC Medical Education*, 23(1), 614. https://doi.org/10.1186/s12909-023-04505-9

#### **APPENDIX 1**

### Survey on skills in searching for and using scientific information by physicians.

- 1. Indicate which of the following online information resources you use to obtain clinical information: Select all that apply.
  - () Google
  - () Google Scholar
  - () Wikipedia
  - () Scopus
  - () Web of Science
  - () PubMed

( ) Cochrane Libra	ry
--------------------	----

- () Clinical Key (Elsevier)
- () MedPix
- () MedLine
- () EMBASE
- () SciELO
- 2. When accessing online information resources to answer your clinical questions, do you apply manual filters to refine search results by year range, document type, source type, or others?
  - () Yes () No

clinical questions:

() Never

() Rarely

How often can you access the full text?

3. When accessing online information resourc-() Occasionally es to answer your clinical questions, do you () Frequently use advanced or strategic searches employing Boolean operators (AND, OR, etc.), trun-7. Answer items 7, 8, and 9 if you access scications, or other methods to better delimit entific articles to answer your clinical questhe results? tions. Otherwise, proceed to question 10. () Yes When accessing scientific articles to answer () No your clinical questions, do you find it easy to 4. When accessing online information resourcread, interpret, and critically analyze the full es to answer your clinical questions, do you text? verify if the source is reliable? For instance, () Yes () No ensuring it is not from predatory journals or publishers, cloned journals, retracted docu-8. When accessing scientific articles to answer ments, or similar? your clinical questions, are you able to determine if the methodological design used in () Yes () No the study is appropriate to address its questions or objectives? 5. Indicate which of the following types of documents you access to answer your clinical () Yes () No questions: Select all that apply. () Websites 9. When accessing scientific articles to answer () Internet images your clinical questions, are you able to inte-() Books grate the critical assessment of the study, patient characteristics, and your own experience () Book chapters () Research articles to decide whether to apply the study's results? () Review articles (systematic reviews, me-() Yes () No ta-analyses, etc.) () Clinical case articles or case reports 10.Indicate which barriers limit your access to () Conference papers online information resources to answer your () Undergraduate theses clinical questions: Select all that apply. () Graduate theses ( ) Lack of internet access in the office () Lack of computer equipment (laptop, () Monographs () Reports from health organizations desktop, or tablet) () I do not trust the information available on the internet 6. When you find a document to answer your



( ) I cannot identify scientific information or

() If I search for information online, my

patient will doubt my expertise

evidence on the internet