Clinically integrated course for training in evidence-based medicine

Regina Kulier

Geneva Foundation for Medical Education and Research, Switzerland

Birmingham University, UK

Geneva 2008

Evidence based medicine

- Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of the patient
 - Sackett 1996

Evidence based practice

 Integrates the concepts of problem-based learning and life-long learning Medical Education 1986. 20, 356-365

R M Harden (1986a). *Medical Education, Vol. 20, No.4, pp356-365*, Blackwell Science. Reproduced under the terms of the agreement with Blackwell Science. (08/09/99).

Ten questions to ask when planning a course or curriculum

R. M. HARDEN

Centre for Medical Education, University of Dundee

Summary. This brief practical aid to course or curriculum development cannot replace educational qualifications or experience, but it does examine ten basic questions, any of which may be all too easily neglected. These are: (1) What are the needs in relation to the product of the training programme? (2) What are the aims and objectives? (3) What content should be included? (4) How should the content be organized? (5) What educational strategies should be adopted? (6) What reaching methods should be used? (7) How should assessment be carried out? (8) How should details of the curriculum be communicated? (9) What educational enqualification or formal training in educational theory and practice. If asked to plan a course, they will depend on common sense plus three factors based on experience. These are their perception of the subject which they are teaching, the way in which they were educated themselves and current teaching practice elsewhere.

This approach may suffice but it can be improved by considering the ten questions discussed here. Whether the end product is an undergraduate degree course, a short postgraduate course or a 1-hour lecture, a systematic approach encourages timely decisionDownloaded from bmj.com on 1 November 2005

Learning in practice

What is the evidence that postgraduate teaching in evidence based medicine changes anything? A systematic review

Arri Coomarasamy, Khalid S Khan

Abstract

Objective To evaluate the effects of standalone versus clinically integrated teaching in evidence based medicine on various outcomes in postgraduates.

Design Systematic review of randomised and non-randomised controlled trials and before and after comparison studies. Data sources Medline, Embase, ERIC, Cochrane Library, DARE, HTA database, Best Evidence, BEME, and SCI. Study selection 23 studies: four randomised trials, seven non-randomised controlled studies, and 12 before and after comparison studies. 18 studies (including two randomised trials) evaluated a standalone teaching method, and five studies (including two randomised trials) evaluated a clinically integrated teaching method. Best Evidence Medical Education (BEME), and Science Citation Index (SCI) using the following search terms and their word variants: "evidence", "critical", "appraisal" or "journal club" combined with "AND" to "teach\$", "learn\$", "instruct\$", or "education". We also searched reference lists of known systematic reviews.¹⁻⁴ The final electronic search was conducted in April 2004.

We included studies that evaluated the effects of postgraduate EBM or critical appraisal teaching compared with a control group or baseline before teaching, using a measure of participants' learning achievements or patients' health gains as outcomes. Learning achievement was assessed separately for knowledge, critical appraisal skills, attitudes, and behaviour.

Knowledge relates to issues such as remembering materials



Coomarasamy, A. et al. BMJ 2004;329:1017



Clinically integrated EBM course

- Provides postgraduate training in EBM for OBGYN trainees
- Uses clinically integrated teaching and learning methods combined with elearning
- Incorporates the WHO Reproductive
 Health Library



Each module consists of:

Clinically integrated part

Contact with tutor, identification of learning opportunities in a real clinical scenario

E-learning

- self-directed learning
- Online assessments

Assignments

Activities related to the content of each module

E-learning in the course

- 15-20 minutes sessions (online or CD-ROM)
- Provide the theoretical background for participants to apply in a real clinical setting
- Audio and visual components
- Interactive features



Trial

A cluster randomised controlled trial to evaluate the effectiveness of the ebased clinically integrated EBM course

Objectives

- to evaluate if the RHL-EBM course has meaningful advantages in improving knowledge, skills and competencies over standalone dissemination of resource materials.
- a secondary objective will be to assess the impact on the educational environment.

Partners

- Centro Rosarino de Estudios Perinatales, Argentina
- University of Campinas, Brazil
- University Hospital Kinshasa, DRC
- All India Institute of Medical Sciences, India
- University of the Philippines, Philippines
- University of Pretoria, South Africa
- Khon Kaen University, Thailand
- GFMER, Switzerland
- Birmingham University, UK
- WHO/RHR, Switzerland

Methods

- Survey to identify possible participating centres in partner countries
- 50 eligible centres in 7 partner countries

Methods

Intervention	Control
Baseline assessment	Baseline assessment
RHL-EBM Clinically integrated course: duration max. 8 weeks	dissemination of RHL training material
Final assessment	Final assessment

Course outcome assessments

- Knowledge gain
 - Multiple choice questions
- Skills
 - based on OSCE ('objective structured clinical examination')
- Attitude towards EBM
 - Questionnaire
- Educational environment
 - Questionnaire

Tools Help

OMcAfee SiteAdvisor *



🙀 🥥 Internet

-

World Hea Organizat	alth RHL Clinically Integrated EBM Course
Home	Assessment Module 2
Logged in as: <i>regina02</i> My Profile	Indicate the correct answer for each question by clicking on it.
Logout	Q1: You are responsible for the development of protocols used in your department. You have to revise an outdated protocol. As you do not want to be overloaded with information, you decide to use an efficient strategy to look for the most appropriate guidance. In which order would you get
MCQ1	what you need both, easily and reliably? Please click on the correct answer.
	a. 📀 Asking experts, primary studies, Evidence based guidelines, Systematic reviews
MCQ3	b. 📀 Evidence based guidelines, Systematic reviews, Primary studies, Asking experts
MCQ4	c. 🔘 Asking experts, Systematic reviews, Evidence based guidelines, Primary studies
MCQ5	d. 🔘 Primary studies, Asking experts, Systematic reviews, Evidence based guidelines
мсоээ	Q2: By using the Boolean operator "AND", the number of studies retrieved:
	a. 🔘 Is increased
	b. O Remains the same
	c. 🔘 Is decreased
	Q3: In Pubmed one can use search filters to search for specific types of studies. These are named:
	a. 🔘 Related resources
	b. O Clinical Queries
	c. 🔘 Matcher
	Q4: As a doctor at the antenatal clinic, you see a 23 years old women at 34 weeks gestation with a blood pressure of 150 / 105 mmHg and ++ proteinuria. You decide to admit her and while waiting for her paper work to be completed think about any medication for eclampsia prevention. You see your colleague working in labour ward on the way to the ward who tells you that it is advisable to use magnesium sulfate rather than giving nothing. You know that magnesium sulfate is effective for treating convulsions but unsure if it is useful for prevention. Before deciding on what to do you conduct a literature search while the patient is taken to the ward. Indicate for each answer 'true' or 'false' by clicking on it.

Additional

- Translation
- Certification: local OBGYN societies, universities
- Wider dissemination after the trial:
 - Other countries
 - Other specialties

Acknowledgement

The course is based on the pilot project developed by 11 partners within the framework of the Leonardo da Vinci vocational programme of the European Union: the **EU-EBM Unity Project**

> Coppus BMC Medical Education 2007 Kulier BMC Medical Education 2008

References

- Sackett DL. Evidence-based medicine and treatment choices Lancet 1997; 349:570-573
- Coomarasamy,A.; Khan,K.S. What is the evidence that postgraduate teaching in evidence based medicine changes anything? A systematic review BMJ 2004; 329:1017
- Coppus SF, Emparanza JI, Hadley J, Kulier R, Weinbrenner S, Arvanitis TN, Burls A, Cabello JB, Decsi T, Horvath AR, Kaczor M, Zanrei G, Pierer K, Stawiarz K, Kunz R, Mol BW, Khan KS. A clinically integrated curriculum in evidence-based medicine for just-in-time learning through on-the-job training: the EU-EBM project. BMC Med Educ. 2007 Nov 27;7:46.
- Kulier R, Hadley J, Weinbrenner S, Meyerrose B, Decsi T, Horvath AR, Nagy E, Emparanza JI, Coppus SF, Arvanitis TN, Burls A, Cabello JB, Kaczor M, Zanrei G, Pierer K, Stawiarz K, Kunz R, Mol BW, Khan KS. Harmonising evidence-based medicine teaching: a study of the outcomes of e-learning in five European countries. BMC Med Educ. 2008 Apr 29;8:27.

http://www.rhl-ebm.org/

- regina.kulier@gfmer.org
- r.kulier@bham.ac.uk