



Introducing Evidence Based Medicine into a Longitudinal Integrated Clerkship Curriculum

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Disclosure

- Nothing to disclose, except:
- I am an EBM rookie.
- Fortunately, I have help, so:
 - Many thanks to Dr. Cam Ross, Lead Faculty Evidence Based Medicine, UBC Department of Family Medicine Residency Program

The Chilliwack ICC

- A full one year clinical clerkship (3rd year)
- Mini block format for major disciplines
- Weekly family practice attachment
- Weekly flex time to allow for continuity
- Weekly academic half day

Background

- UBC Medicine students receive an EBM “primer” in years 1 and 2
- Consists of several one hour cases centered around statistical analysis and critical appraisal
 - NNT, NNH, sensitivity, specificity, ARR, LR, etc.

Around the ICC Sites

- 6 UBC ICC sites, 20 total students
- Likely expanding
- In a (very) brief survey:
 - 1/6 sites teaches EBM in a formal fashion (provided with the family medicine residents on site)
 - 3/6 (including me) hope it is taught by preceptors
 - 1/6 did not respond
 - 1/6: “What’s EBM?”

HOW ARGUMENTS WORK IN YOUR HEAD.



HOW ARGUMENTS WORK IN REALITY.



What We Need

- Fast!
 - Time is always a constraint
 - Not practical to review multiple primary journal articles when searching for a clinical answer
- Flexible
 - Skills taught must be transferable across disciplines and clinical scenarios
- Focused
 - Must meet student needs
 - Must be patient centered!

The 5A Format

- Simple, adaptable and clinically based
- Benefit to students and preceptors
- (I believe) this lines up nicely with RIME

Assess

- Assess the patient
- Lines up nicely with the RIME framework
 - Students are already focused on history and physical examination skills

Ask

- The problem
 - An 84 year old man with diabetes presents with 2 weeks dyspnea on exertion, pedal edema and fatigue.
 - Your student wants to know if the patient should be started on a beta blocker.

The Question

The clinician question: What is the mortality benefit in introducing beta blockers to an elderly man with congestive heart failure and comorbid diabetes?

The student question: How do beta blockers work in heart failure?

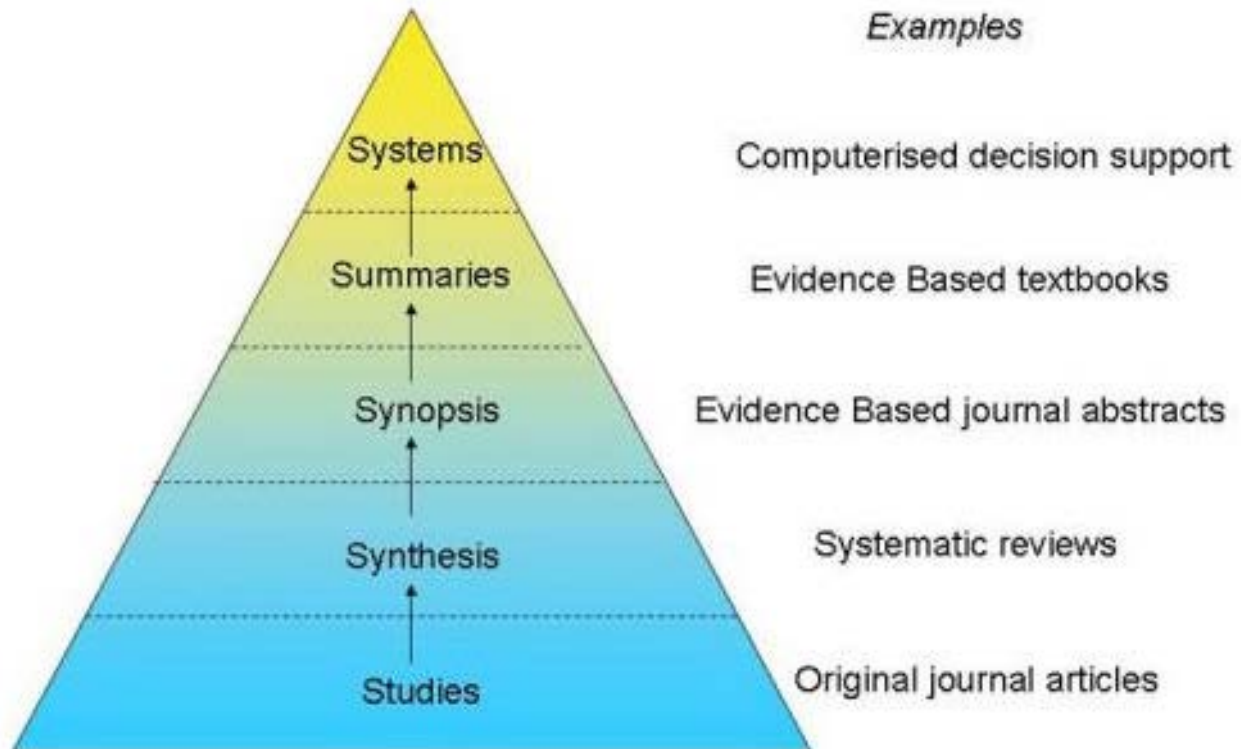
The PICO Method

- Patient or Population
 - Elderly, male, diabetic
- Intervention
 - Beta blockers
- Comparison
 - None, standard of care, placebo
- Outcome
 - Mortality benefit

Richardson WS et al. ACP J Club. 1995; 123(3):A12-A13

Acquire

- Clinical librarian
- Haynes model
- Promote self learning

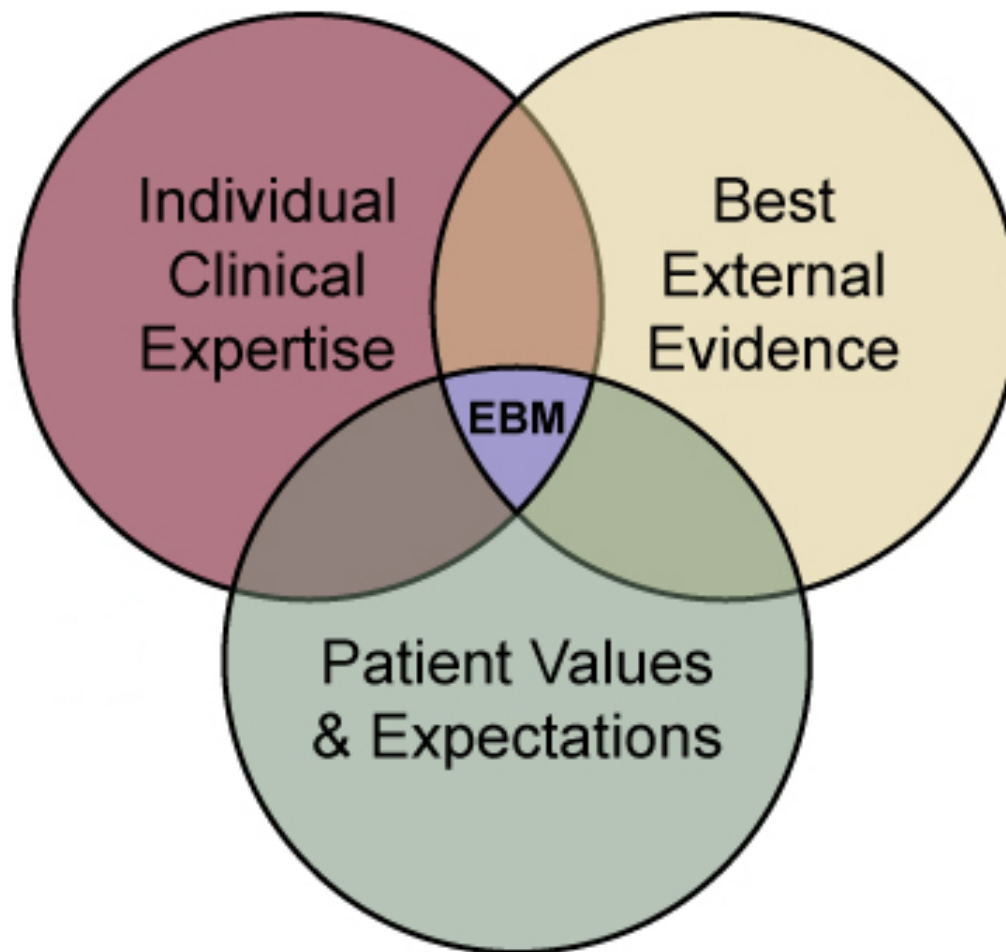


Appraise

- Formal appraisal not really a focus for our students
- May consist of one solid critical appraisal
 - Teach appropriate background and technique
- Multiple online resources
 - Video
 - Podcast

Apply

- Faculty development promoting EBM
 - Can share with existing residency program faculty development
- Fosters a shared sense of learning
- Evidence that shared EBM learning benefits patient outcomes
- Introduces the concept of shared decision making with patients



Byproducts:

- An understanding that continuity is a part of evidence based medicine
- The realization that their own integrated education is the product of evidence based medicine

The Nitty Gritty

- Faculty development
- Flashcards to serve as reminders
- Focus groups
- Fresno...

OK, your turn.

- Is this feasible?
- Is it necessary?
- Is it enough?
- Does it address student needs?
- What am I missing?

Thanks!

- Your help is appreciated.
- Look for part 2, next year!