

2nd International Conference of EBHC Teachers & Developers

PONTIFICIA UNIVERSIDAD
CATOLICA

Santiago - Chile



Teaching EBHC To University Colleagues. A Chilean Experience



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CHILE AND EBHC



- Latin America has some problems following international health developments.
- Chile is particularly remote....

CHILE and EBHC



- Language
- Access to information
- Resources
- Costs

CHILE and EBHC



- Universities
- Ministry of Health

increasingly aware
of the importance of
EBHC

INTRODUCTION

- The Medical School of the Pontificia Universidad Católica, Santiago, Chile is interested in promoting EBHC among Faculty Clinical Teachers.
- EBHC is a core topic for the Faculty Development Program.

INTRODUCTION

- Our faculty has 427 clinical teachers.
- Between 2000 - 2002 clinical teachers were invited to motivational lectures and workshops on basic EBHC skills.

AIM

**To promote EBHC in
our Medical School.**

OBJECTIVES

At the end of the intervention the participants will:

- Have improved their knowledge of EBHC.
- Have practiced their skills in teaching EBHC
- Be motivated to continue learning and teaching EBHC



METHODS

- June 2002
- Dr. G. Guyatt was invited to participate in a 4-day workshop on How to Teach EBHC at our University.

METHODS

**Faculty were invited to participate
in three different ways:**

METHODS

1.- To attend to Dr. Guyatt's motivational lectures:

- Open invitation
- Particularly for those who had had little contact with evidence based ideas.

METHODS

2.- To participate in small-group workshops on How to Teach EBHC for those previously introduced to EBHC:

- Selective invitation
- Those who attended local lectures or workshops.

METHODS

3.- To be tutors of the small-groups:

- Highly selective invitation
 - To those trained abroad in EBHC.
-
- These tutors also had lunchtime sessions with Dr Guyatt to solve issues arising from their groups.

METHODS

- The small-group workshops were organized using Mc Master's style of see one, do one, teach one.
- Tutors ran the first session
- Each participant then presented one session.

METHODS

EVALUATION

Participants of small-group workshops:

- Pre and post knowledge questionnaire
- Satisfaction questionnaire

“Impressions” of impact

METHODS

Evaluation of content knowledge

The instrument:

- Modified and translated from one used in the Master's of EBHC at Oxford University.
- Reviewed by 6 tutors but has not been formally validated.
- Consisted of 12 multiple choice questions about searching and critical appraisal.



RESULTS

Motivational lectures:

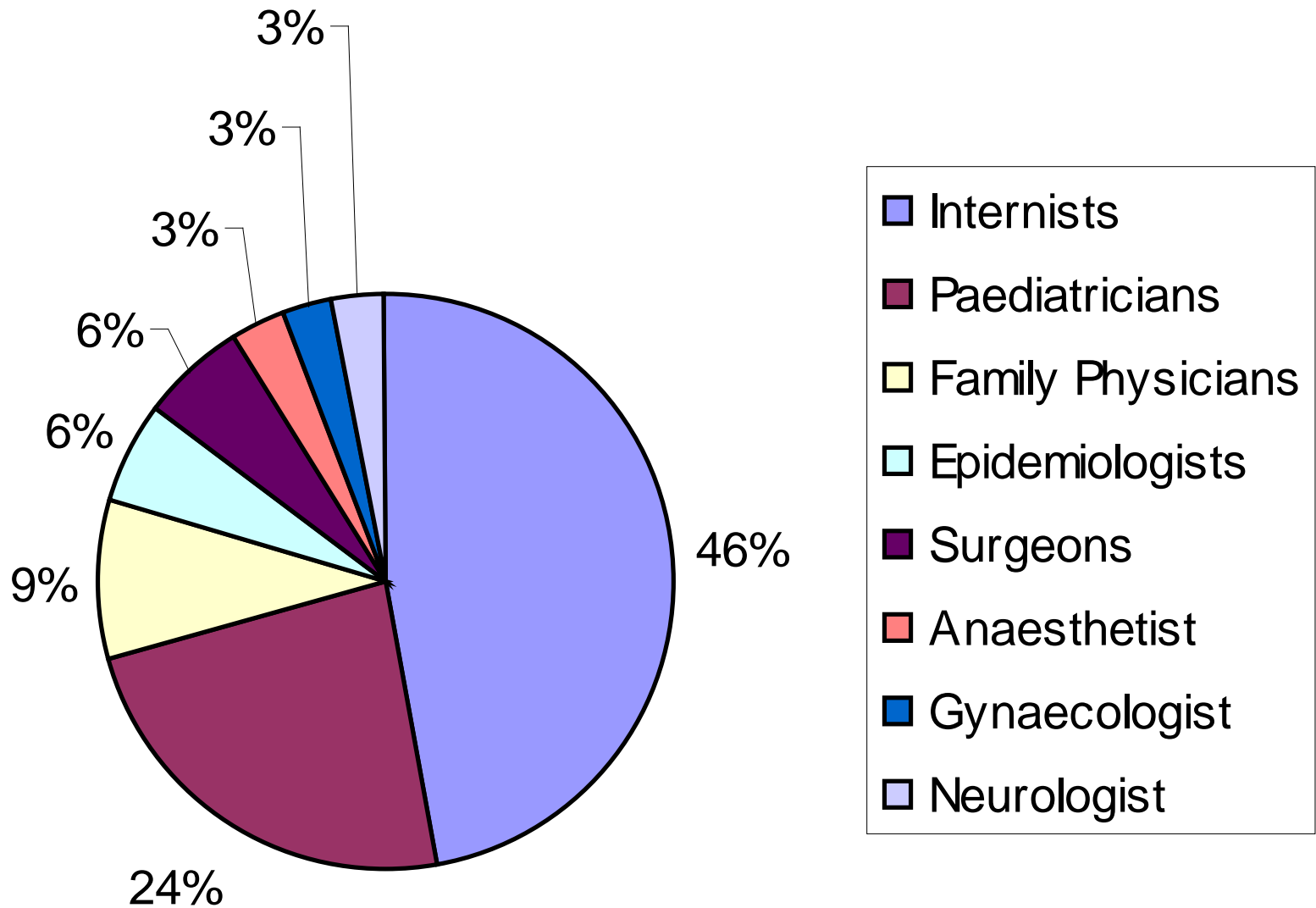
- Between 60 - 100 participants attended each of the 4 one-hour lectures.
- Representatives of all medical specialties were present, including surgeons.

RESULTS

Small-Group Workshops

- Of the 90 clinical teachers invited, 34 (37%) participated in the workshops.
- 4 groups with 2 tutors for each group.
- 30 from our Faculty and 4 from other institutions including 2 internists from Argentina.

Participants in small-group workshops



RESULTS

Tutors for small-groups:

- Dr. G.Guyatt
- 7 local tutors:
 - 4 family physicians
 - 2 internists
 - 1 epidemiologist

RESULTS

Analysis of the pre and post questionnaire

- Thirty (88%) participants completed both pre and post questionnaires :
- Individual scores:
 - 21/ 30 improved (70%)
 - 8/ 30 maintained (26.7 %)
 - 1/ 30 lowered (3.3%)

RESULTS

questionnaire score

	pre-questionnaire	post-questionnaire
Mean	4	5
St deviation	1.43	1.50
Maximum	6	8

RESULTS

- **Satisfaction questionnaire**



RESULTS

“Impressions” of impact:

- e-group active for 10 months, but decreasing activity.
- consolidation of EBHC Unit in our University, including librarian staff.
- EBHC workshops fully booked.



DISCUSSION

Study from Berlin

Fritsche, BMJ 2002

Cochrane Lybrary review

Parkes J 2001

These 2 studies showed improvement in knowledge with a validated instrument (25 and 57%).

DISCUSSION

Our study shows the same trend towards improvement,

BUT

Non-validated instrument.

Measured superficial learning, not application.

DISCUSSION

- Having a resource like Dr. Guyatt prompted us to make the most of his presence.
- Use of different activities for different levels of EBHC expertise.
- Increased difficulty to measure impact.

CONCLUSION

The intervention:

- Improved content knowledge.
- Allowed faculty to learn and practice their teaching skills in EBHC.
- Increased enthusiasm.
- Everybody was happy!!!

CONCLUSION

- Objective evaluation of EBHC training remains difficult.
- The best impact measure?

