

**euebm**

European Union Evidence Based Medicine Unity



Education and Culture

**Leonardo da Vinci**

# ***EUebm Unity Project***

***Transferring evidence into practice  
using a blended learning approach***

**Julie Hadley**

**Birmingham Women's Hospital  
The University of Birmingham**



Birmingham Women's Health Care



NHS Trust

# Launched here 2005!



# EU EBM-Unity Project

euebm

European Union Evidence Based Medicine Unity



Education and Culture

**Leonardo da Vinci**

- Project funded by Leonardo da Vinci UK national agency - ECOTEC
- Duration: 24 months
- Funding: 396,434 euros
- Commenced: November 2005

# Partners

## ■ Nine partners:

- Birmingham Women's Hospital /The University Of Birmingham
- Aquamed – Germany/Austria
- Università Cattolica del Sacro Cuore – Italy
  - Gianni Zanrei
- Centre Reproductive Medicie - Amsterdam
- CASPin – University of Birmingham
  - Amanda Burls
- CASP Poland
- CASP Spain
  - Jose Emperanza
  - Juan Cabello-Lopez
- CASP Hungary
- Switzerland

## ■ Steering Committee

- Chair – Paul Glasziou
- Nino Cartabellotta





# Background

- Acquisition of knowledge and skills for EBM is becoming a core competence to be acquired by all doctors.
- However, EBM is not uniformly taught as part of postgraduate medical education in the UK or Europe.



# Overall aim of the project

- The project aims to improve transparency across the European healthcare sector through the design, development, promotion and piloting of a European qualification in EBM for individuals with a medical or related degree.



# Projects undertaken

- Project website: **[www.ebm-unity.org](http://www.ebm-unity.org)**
- Survey teaching of EBM in each partner country (see poster)
- Development of an e-EBM curriculum (systematic reviews)
- Pilot and evaluate the e-EBM course in each country
- Translate and adapt the course in each country





# Methods

- Development of an e-EBM curriculum

Where do you start?



# Methods

- The project will develop an EBM curriculum that is integrated into clinical practice.
- Blended learning approach combining e-learning with conventional lectures.
- Web-based interactive teaching materials and assessment tools developed.
- Educationally sound methods
  - Mapping of learning needs
  - Explicit learning objectives
  - Appropriate teaching and learning method
  - Assessment matched with objectives

# 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.

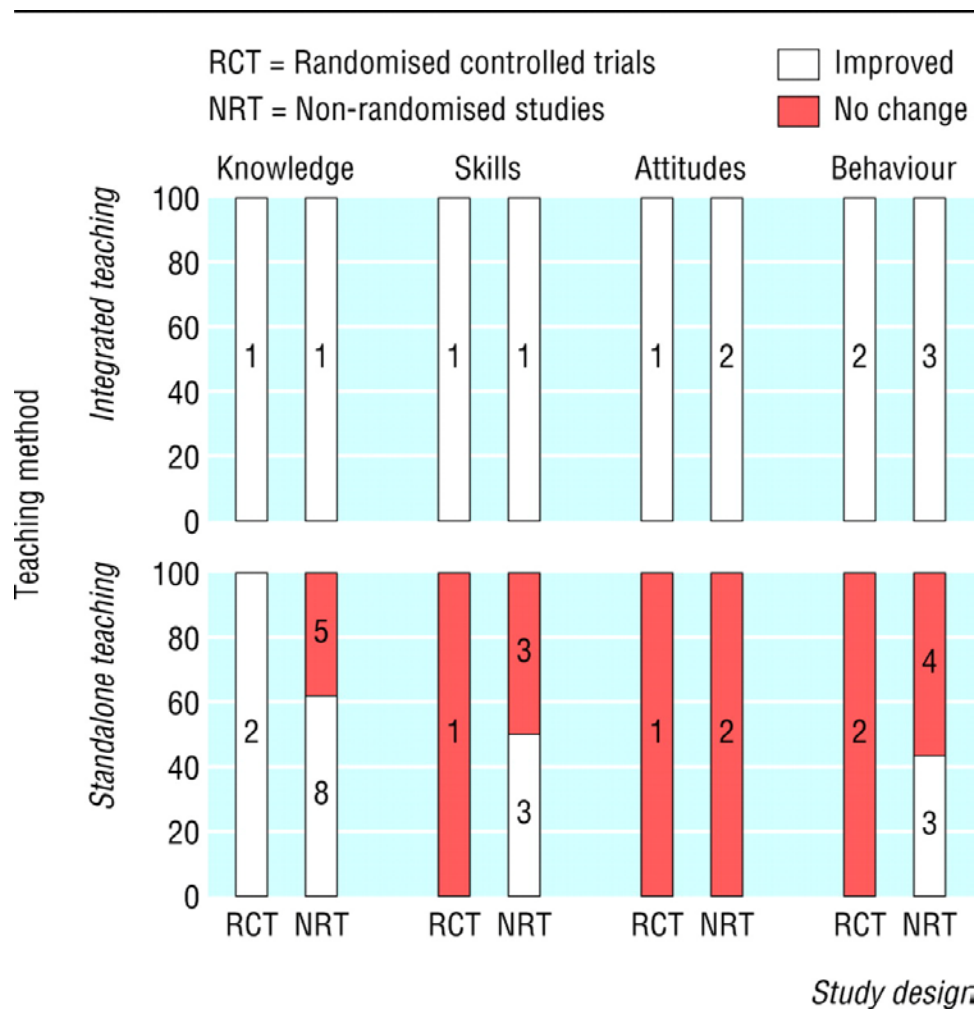
**Data sources** Medline, Embase, ERIC, Cochrane Library, DARE, HTA database, Best Evidence, BEME, and SCI.

**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.<sup>1-4</sup> 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 as well as grasping the meaning, for example defining and



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

## 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 teaching methods should be used? (7) How should assessment be carried out? (8) How should details of the curriculum be communicated? (9) What educational environment or climate should be fostered? (10) How should the process be managed? Each aspect is illustrated through the analogy of car manufacturing.

The ten questions are relevant in all situations where a course or curriculum is being planned, including an undergraduate degree course, a short postgraduate course or a 1-hour lecture.

**Key words:** \*Curriculum; \*Education, medical; Scotland; Teaching/methods; Educational measurement; Education, medical, undergraduate

### Introduction

Though some professionals have attended short in-service courses in education, most have no

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qualification 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 decision-making. Bandaranayake (1985) has suggested that a prerequisite to quality and relevance is a sound curriculum plan which follows a sequence of logical steps based on accepted educational principles. It is certainly easier to modify a course while it is being planned than it is to combat problems raised by an inadequately considered one already in full swing.

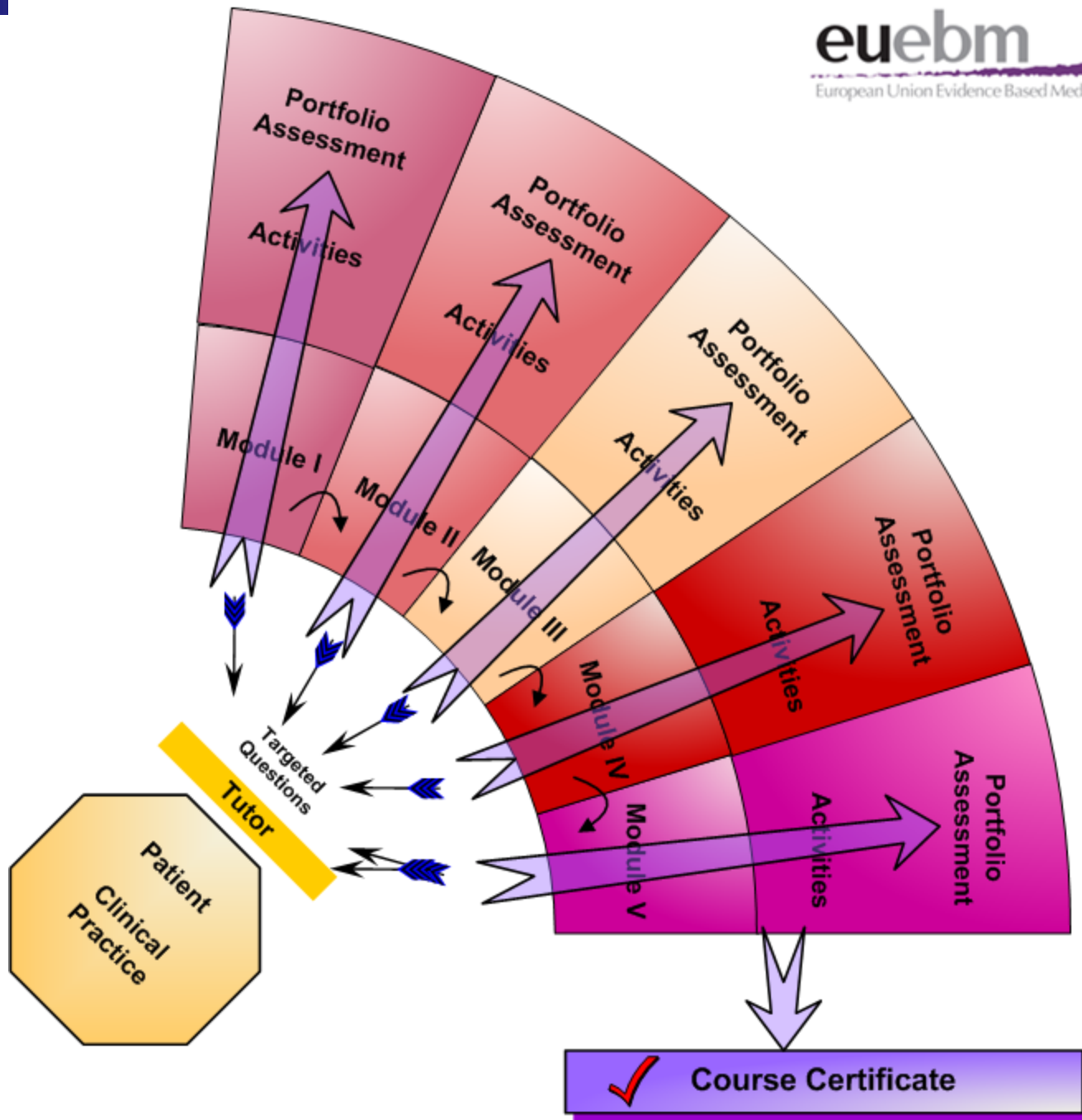
The professional's responsibility for course development may vary in extent. This article is intended to be a practical aid for:

- heads of academic departments responsible for the teaching of their own subject;
- members of teaching staff who may teach only one course;
- members of curriculum committees with overall responsibility for overseeing and planning the work of students in an institution;
- experienced workers with trainee attachments;
- members of a national committee or board

# Curriculum

The curriculum is subdivided into five modules each of which addresses core competencies in evidence-based practice. These modules are:

- 1. Asking and framing clinical questions
- 2. Searching for the evidence
- 3. Critical appraisal of systematic reviews of intervention studies
- 3a. Critical appraisal of primary randomised controlled trials
- 3b. Measures of effectiveness
- 4. Applicability of the evidence to the patient
- 5. Implementation of the evidence into practice





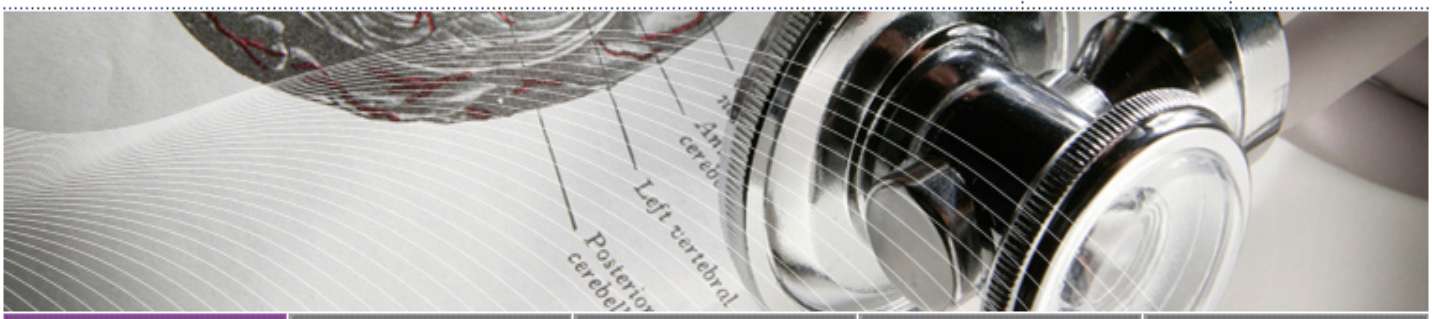
# Contents of the curriculum

- Tutor and student handbook
- E-learning packages
  - English
  - Translations: German, Polish, Hungarian, French, Italian
- Assessments
  - Summative, formative, portfolio

Last update: August 28, 2006



Site map Search



Home	Project description	Partners	Public results	Courses
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NEWS:

EU EBM Unity official website

The EU EBM Unity official website is now online. Enjoy your visit!

03 April 2006

EU-EBM Unity Project

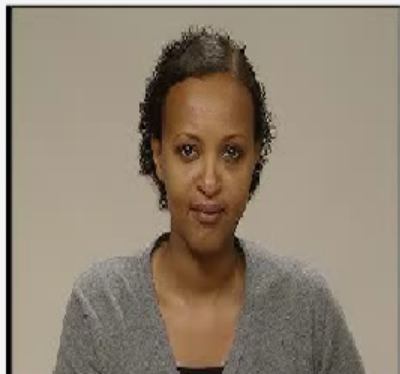
"Evidence-based medicine is defined as the 'conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients'" David Sackett, 1996

The project aims to develop an integrated European qualification in Evidence-Based Medicine (EBM) for individuals with a medical or related degree.

The project has been funded by Leonardo da Vinci national agency.

There are ten partners involved in the project:

- ▶ [The University Of Birmingham/ Birmingham Women's Hospital - England](#)
- ▶ [J & AB Associates - England](#)
- ▶ [Agency for Quality in Medicine - Germany](#)



MODULE 1

Outline Thumbnails Notes Search

- 1. Evidence Based MedicineModule 1
- 2. Learning Objectives
- 3. Recognizing knowledge gaps
- 4. Prioritising questions in two dimensions
- 5. Type of questions
- 6. Specific questions = PICO structure
- 7. Question and study design
- 8. Example question
- 9. An example question
- 10. Module 1: Summary



# Evidence Based Medicine

## Module 1

### Defining clinical questions



SLIDE 1 OF 10

PAUSED

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MODULE 1 - Attempt 2

1 Which are the elements you need to know to form a good clinical question?

- Answer:
- a. Comparison
  - b. Outcome
  - c. Search terms for literature search
  - d. Intervention
  - e. Population/patient

Submit

2 You have a patient with osteoporosis and you want to prevent hip fractures:

- Answer:
- a. This is a prognostic problem
  - b. This is a harm problem
  - c. This is a therapeutic problem
  - d. This is a diagnostic problem

Submit

3 You are a paediatrician and see a five year old girl with a painful ear. Your diagnosis is that she is suffering from an otitis media and you think about prescribing an antibiotic drug. You conduct a literature search and identify several studies that deal with this issue. Which study, based on its design, would you choose as the most appropriate for solving this problem (assume that all studies were done very well)?

# Handbooks for tutor and learner





# Future steps

- Dissemination project
- Further funding
- Possible sponsorship
- Further development and updating of course materials
- Free for individuals
- Institutional rate
- **Worldwide EBM Unity Foundation**



Education and Culture  
Lifelong learning programme  
LEONARDO DA VINCI

# Evidence Based Medicine – Training the Trainers Across the Healthcare Sector

New Leonardo Da Vinci project  
Approved September 2007

# EBM: training the trainers project



Education and Culture

Lifelong learning programme

LEONARDO DA VINCI

- Project funded by Leonardo da Vinci UK national agency - ECOTEC
- Duration: 24 months
- Funding: 299,984€
- Commences: 1<sup>st</sup> November 2007





# Partners

- Eight partners:

- The University Of Birmingham
- Centre Reproductive Medicie - Amsterdam
- Universita Cattolica del Sacro Cuore - Italy
- Aquamed – Germany
- CASP Poland
- CASP Hungary
- Switzerland
- J&AB Associates - UK

- Steering Committee



# Project aim

- To design, develop, promote and pilot a European training programme specifically for the training of healthcare trainers in evidence-based medicine.



# Objectives

- Mapping and assessment of the current teaching the teachers programmes in EBM using questionnaire surveys
- Designing, developing and piloting accompanying traditional and ICT based teaching materials and e-learning tools to develop a training programme



# Work Packages

- WP1 = Induction  
Contracts will be signed,  
research undertaken re  
current gaps
- WP2 = Development of  
Curriculum  
Interim Report submitted,  
Curriculum designed and  
developed.
- WP3 = RCT to evaluate  
the Curriculum  
Curriculum will be piloted  
in UK, NL, PL, HU and  
DE.
- WP4 = Valorisation of  
results  
Results disseminated and  
validated. Final Report  
submitted.



# Outcomes

- The project will develop an EBM training the trainers course.
- The course will be piloted on 50 trainers from across Europe (UK, NL, PL, HU, DE).
- The project will be evaluated by independent experts (external steering committee) and partner organisations.
- The course will be accessible via the internet.



# Final Outcome

- The final outcome will be a European qualification in teaching EBM, for people who have a training role in healthcare, hospitals, training organisations and health policy makers.



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Lifelong learning programme  
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# ■ Thank you

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