

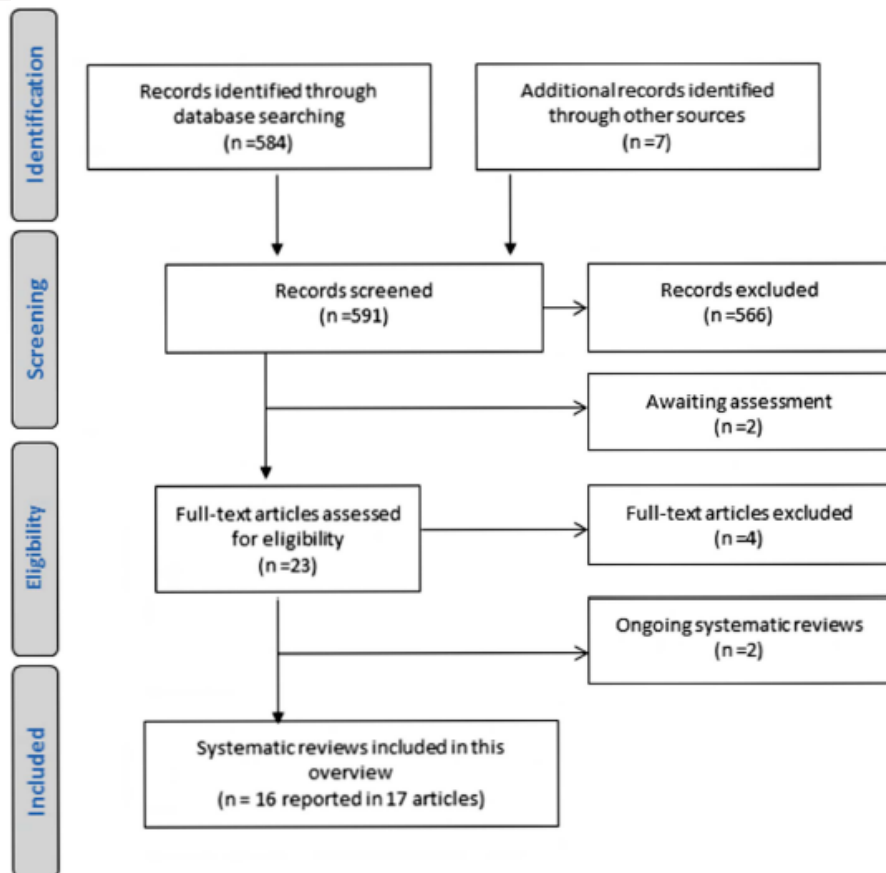
Experiences and lessons learnt from the implementation of clinically integrated teaching and learning of evidence-based health care

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Background

*Practice implications
..... implementing
multifaceted clinically
integrated approaches
with assessment*



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PLOS ONE

What Are the Effects of Teaching Evidence-Based Health Care (EBHC)? Overview of Systematic Reviews

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What are the experiences and opinions on lessons learnt of those involved in clinically integrated EBHC programmes?

- Semi-structured interviews
- EBHC programme coordinators from around the world, selected through purposive sampling.
- Following data transcription, a multidisciplinary group of investigators carried out analysis and data interpretation, using thematic content analysis.



Start in preclinical years -- consolidation, application and assessment in clinical years.

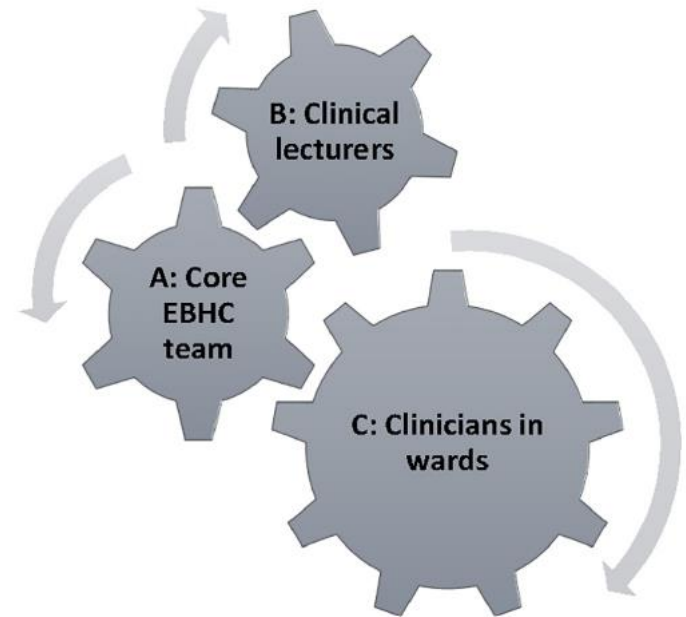
Period of study	EBHC content covered
Preclinical years	<ul style="list-style-type: none">- History of and introduction to EBHC principles and practice- Epidemiology principles- Basic statistics- Introduction to library and searching- Approach to critical appraisal
Clinical years	<p>EBHC linked to specific clinical rotations. Based on a patient seen students phrase a clear question, search for the best evidence, appraise that article using the appropriate appraisal form, interpret findings and consider application to patient.</p> <p>Focus on</p> <ul style="list-style-type: none">- Diagnosis- Therapy (often main focus)- Prognosis- Risk factor <p>Communication and implementing evidence in practice</p>



Description of learning approach

- Cover whole spectrum of EBHC
- Learning is supported through partnerships between various types of staff.

'..underlying aim with integrated curricula was to have EBHC learning longitudinal, instilled, embedded and part of mainstream.'



Concept map with key issues for integrated learning EBHC

Institutional context

Faculty engagement

EBHC culture

Leadership acknowledgement

Faculty development

Curriculum content

Lay foundation in pre clinical years
Apply steps of EBHC in clinical setting

Teaching methods

Start early and build throughout curriculum
Less is more
Speak the same language
Be pragmatic
Make it fun

Teacher

EBHC knowledge and skills
Confidence in facilitating learning of EBHC

Role modelling
Active engagement
Link to real patient scenarios

Learner

Learner experience

Different learning styles
Relevance to learner
Size of classes

Assessment methods

Formative and summative assessment
Feedback and reflection
Linked to patients seen

Working together

Team teaching
Community of practice

Curriculum evaluation and renewal

Knowledge
Skills
Attitude



Evidence informed health practice

Challenges

- Lack of space
- Misconceptions about EBHC
- Resistance of staff
- Negative role modelling
- Student commitment
- Lack of confidence of tutors
- Lack of time

'...treading on someone else's curriculum real estate.'

'They don't do it, they don't know how to do, they don't see any value in it and so the students pick that up very quickly.'

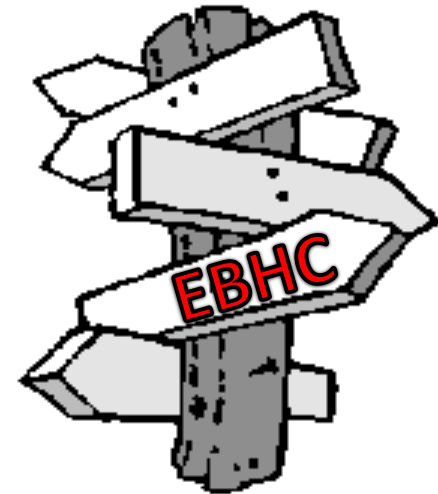


Critical success factors

Pragmatism	<i>'no one size which fits all' 'you have what you have and you have to work within that'</i>
Patience and persistence	<i>'There's no quick fix....it's a never-ending process, so we gradually put those building blocks in place over several years, it was getting better and better.'</i>
Critical mass of the right teachers	<i>'Stop devoting time on teaching the old ones, I'm going to devote my time particularly to scouting highly talented young ones. . .'</i>
Role modelling	<i>'The most important way of teaching students EBHC is by example.... It is not what we say but what they see we're doing...'</i>
Enabling environment	<i>'it's about learning, we are all learners we can learn everything, we don't know everything' 'If you have leadership support . . .everything else follows from that'</i>
Community of practice	<i>'some kind of forum where you could get together and talk about issues particular to EBHC, curriculum development'</i>
Evaluation and renewal	<i>'I continue to modify and try to tweak it.'</i>

In conclusion

Implementing clinically integrated EBHC curricula requires *institutional support*, a critical mass of the *right teachers and role models* in the clinical setting combined with *patience, persistence and pragmatism* on the part of teachers.



Young T, Rohwer A, van Schalkwyk S, Volmink J, Clarke M (2015) Patience, Persistence and Pragmatism: Experiences and Lessons Learnt from the Implementation of Clinically Integrated Teaching and Learning of Evidence-Based Health Care – A Qualitative Study. PLoS ONE 10(6): e0131121. doi:10.1371/journal.pone.0131121





‘What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.’

Nelson Mandela

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