TOO EARLY OR TOO LATE ADOPTING THE BEST EVIDENCE MEDICAL EDUCATION: A POSITIVE CHANGE

Kamran Sattar[1], Samreen Memon[2], Durdana Siddiqui[3], Shahzad Ali Mughal[4]

[1] Department of Medical Education, College of Medicine, King Saud University, Riyadh-Saudi Arabia.
[2,4] Medical Research Centre, Liaquat University of Medical & Health Sciences, Jamshoro - Pakistan.
[3] Sulaiman Al-Habib Hospital, Riyadh, Saudi Arabia.
Address for Correspondence:
Dr. Kamran Sattar
Department of Medical Education, College of Medicine, King Saud University, Riyadh-Saudi Arabia.
Email: drkamransattar@gmail.com
Date Received:
September 28, 2016
Date Revised:
May 28, 2017
Date Accepted:
June 07, 2017

ABSTRACT

Medical education plays the most significant role in shaping medical students lives and their behavior towards the society they come in contact to serve. Various teaching and learning methodologies have been utilized in medical education. The currently available research positively highlights the role and importance of Best Evidence Medical Education (BEME). The teachers implement their teaching methodology and teaching styles on the basis of best available evidence and teaching methods. Teachers adopt various types of evidence to aid decisions about the choice of teaching, learning, assessment, curriculum designing and additional issues in medical education. A move to evidence-based teaching will encourage more and better research into medical education. Faculty members have to upgrade their abilities to the par excellence so that the imparted teaching gets validated and improved. Faculty members have to upgrade their abilities to the par excellence so that the imparted teaching gets validated and improved. If adopted, this approach ensures the provision of opportunities for improved outcomes within the medical profession within the context of research evidence for education.

Key Words: Medical education, Best evidence medical education, Teaching methodology

This article may be cited as: **Sattar K, Memon S, Siddiqui D, Mughal SA. Too early or too late adopting the best evidence medical education: a positive change. J Postgrad Med Inst 2017; 31(3): 221-3.**

INTRODUCTION

Medical education plays the most significant role in shaping medical students lives and their behavior towards the society they come in contact to serve. Various teaching and learning methodologies have been utilized in medical education[1]. The currently available research positively highlights the role and importance of Best Evidence Medical Education (BEME). The teachers implement their teaching methodology and teaching styles on the basis of best available evidence and teaching methods. Teachers adopt various types of evidence to aid decisions about the choice of teaching, learning, assessment, curriculum designing and additional issues in medical education[2].

WHY BEME?

We, at this age, are living in a time of research, the medical education and training have been positively affected too, so to have a shift from opinion based on evidence-based teaching is inevitable for integrating flavor of research into the healthcare teaching and learning. A move to evidence-based teaching will encourage more and better research into medical education[3].

Faculty members have to upgrade their abilities to the par excellence so that the imparted teaching gets validated and improved. Revision of medical curriculum and teaching methodology is strongly argued by various statury bodies such as General Medical Council (1993) in the UK, the World Federation for Medical Education[4] and the Association of American Medical Colleges, in the USA[5]. Annual gathering of the Association for Medical Education, Europe in August 1999 concluded that medical tutor must add the principle of BEME[6]. Furthermore, the need for BEME is highlighted in medical teacher editorials[7-8].

1. BEME an opportunity for reflection, a pre-requisite for a good teacher:

With BEME, the doctors as medical teachers and/or course planners have more opportunities to reflect upon their performance, which in turns ensures the provision of the very high-quality teaching & learning for the students. BEME collaboration also suggested that a good teacher reflects on his /her own teaching and has

an insight into their teaching practice and the options available

2. BEME an opportunity for identification of flaws:

BEME ensures for the identification of weaknesses that somehow hinders the quality of teaching and learning. TFaculty members have to upgrade their abilities to the par excellence so that the imparted teaching gets validated and improved.

3. BEME a motivational drive:

If accepted as a criterion for promotion, BEME positively may affect and heighten the level of motivation among staff and in turn, shall bring a very positive impression in terms of improving work performance.

4. BEME drives learning by improving outcomes within the medical profession:

If adopted, this approach ensures the provision of opportunities for improved outcomes within the medical profession within the context of research evidence for education. Furthermore, BEME ensures improvement in teaching and learning of medical students and is directly related to improvement in the delivery of health care. In medicine, BEME has been widely approved and distinct as the reliable, precise and judicious use of current best evidence in making decisions about the care of patients[9].

HOW TO ADOPT BEME?

1. Through improved research activities:

This is required for facilitation to keep BEME route, fast, hurdle free and smooth going. Volunteer participation for research training should be encouraged with the supportive, encouraging & non-threatening environment for those who wish to come and guide other colleagues as well as students. A shift to BEME will promote a better and standard research in medical education[10].

Frequent organization of scientific seminars and hands-on workshops shall be targeted on the topics such as, how to write for a medical journal, how to start research, the role of SPSS in an analysis for research and how to get benefited from contemporary research publications using PubMed etc.

2. Through non-threatening academic atmosphere:

This ensures a healthy and positive learning atmosphere, building students' trust on their teachers as their mentors and guides. Learners learn best in an environment where they have feelings of trust on their teachers to be their supporter, not their opponents[11].

3. Through involvement of all stakeholders:

Active participation of all stakeholders i.e. teachers, faculty, course organizer/planners and last but not the least the students is a must. Their willingness and active participation are needed for implementing this change and also for evaluation of change. Students' focus group sessions greatly help to conclude as what works best for teaching and learning and how to put that into practice.

CHALLENGES

In the revised definition it is emphasized that BEME is the responsibility not only of the individual teacher but also of the institution to which the teacher belongs. There might arise resistance from senior teachers for their ignorance in relation to current trends, this may also lead to collective resistance.

This shall be addressed and resolved by providing updated information to them as on how the current research favors for the ever-expanding importance of BEME. Moreover, rewarding teachers 'efforts with monetary and non-monetary rewards may also soften the hard stone.

BEME ADOPTED; WHAT NEXT?

All subsequent educational interventions shall undergo an evaluation and for this QUESTS might serve as the robust criteria.

Following are the QUEST dimensions;

- The **Q**uality of the research evidence – how reliable it is? If the evidence being utilized have a sound background and tested by any other educational organizations with success?
- The **U**tility of the evidence: If the methods can be adopted and utilized without major modification?
- The **E**xtent of the evidence: If the extent of published research and methodology, relevant to what we are trying to achieve?
- The **S**trength of the evidence- the most challenging task: If evidence being practiced can be more judiciously assessed for the benefit of designing and implementing future effective policy ?
- The **T**arget or outcomes measured – how valid are they? If the majority of our outcomes after adopting BEME are valid, assessing what it meant and needed to be assessed?
- The **S**etting or context – how relevant is it? If the strategies i.e. teaching and assessment are aligned with intended learning outcomes?

CONCLUSION

To conclude if we can have an answer as "YES" to the QUEST dimensions, we are on the right track.

REFERENCES

1. Flores-Mateo G, Argimon JM. Evidence based practice in postgraduate healthcare education: a systematic review. BMC Health Serv Res 2007; 7:119.
2. Harden RM. Trends and the future of postgraduate medical education. Emerg Med J 2006; 23:798–802.
3. Harden RM, Grant J, Buckley G, Hart R. Best Evidence Medical Education. Adv Health Sci Edu Theory Pract 2000; 5:71-90.
4. World Summit on Medical Education. Proceedings Edinburgh. Med Educ 1993; 28:1-171.
5. Anderson MD, Swanson AG. Educating medical students –the ACME-TRI report with supplements. Acad Med 1993; 68:S1-46.
6. Harden RM, Grant J, Buckley G, Hart IR. Best Evidence Medical Education. Med Teach 1999; 21:553–62.
7. Harden RM. Medical Teacher. Med Teach 1998; 20:50-2.
8. Harden RM, Grant J, Buckley G, Hart IR. Editorial: Best evidence medical education. Med Teach 1999; 21:553-62.
9. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence-based medicine: what it is and what it isn't. Br Med J 1996; 312:71-2.
10. Guerandel A, MacSuibhne S, Malone K. Editorial: best evidence medical education and psychiatry in Ireland: a three step framework for change. Ir J Psych Med 2008; 25:120-2.
11. Westberg J, Jason H. Collaborative clinical education: the foundation of effective health care. New York: Springer; 1993.