ebhc CONFERENCE 2026

THE ECOSYSTEM OF EVIDENCE

Navigating the future of the ecosystem of evidence

Artificial intelligence and digital transformation in research and healthcare

11th EBHC International Conference
Taormina, 21st – 24th October 2026

#EBHC2026

Embedding Evidence-Based Healthcare in ~~Ireland~~: Insights from an Interdisciplinary Postgraduate Cohort

Ollscoil na Gaillimhe
University of Galway

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30th GIMBE 1996-2026 EVIDENCE FOR HEALTH




THE BUNCH OF GRAPES




Legend
Capital
Major cities
Belfast
Dublin City
Galway City
Limerick City
Waterford City
Cork City



Background - need



Sláintecare.

Right Care. Right Place. Right Time.

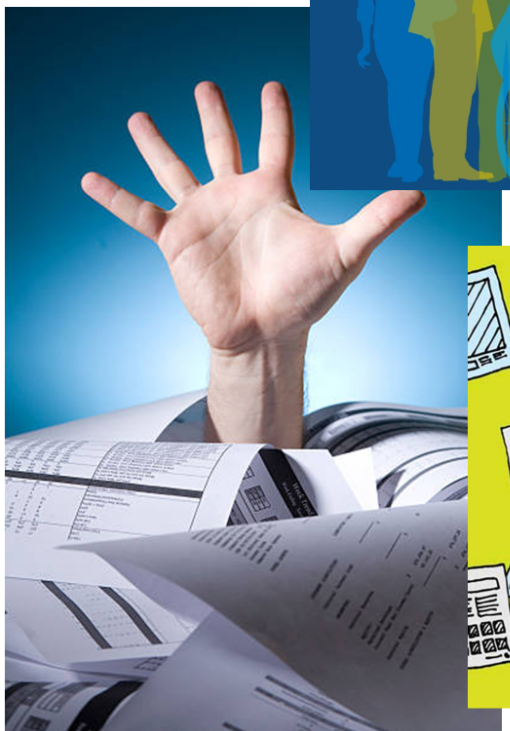


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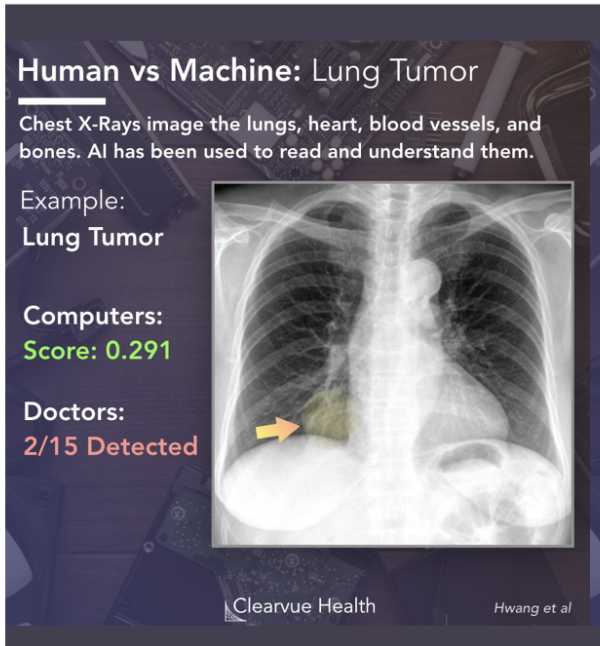
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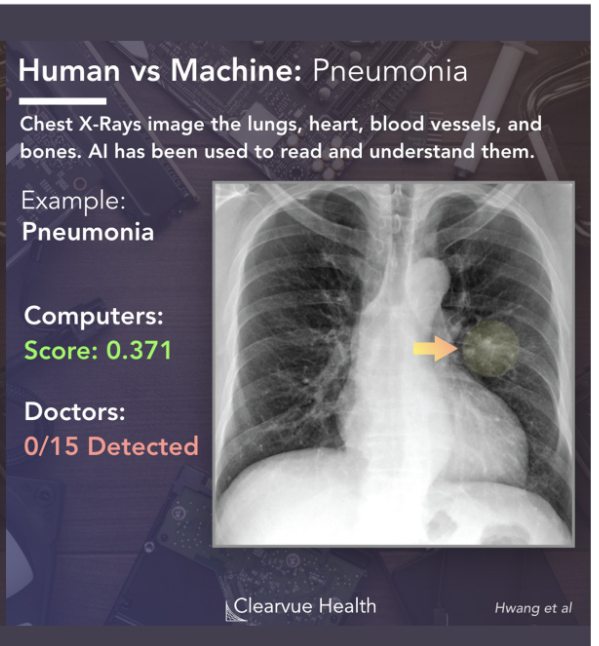
Regulating Health Social Care Professionals











Background

- MSc in Evidence-Based Future Healthcare (EBFHC) launched on World Evidence-Based Healthcare Day 2024 by Irish Minister of Education
- Fully online, one year full-time or two-year part-time, 90ECTS
- Developed in association with Cochrane Ireland and Evidence Synthesis Ireland

EVIDENCE SYNTHESIS IRELAND

Cochrane Ireland

https://tinyurl.com/EBFHCare

Background – MSc aims and forma

Flexible, interdisciplinary learning focused on real-world application

Pedagogical approach – Community

	ECTS
Introduction to Evidence-Based Healthcare: Principles and Practice	10
Foundations of Research in Healthcare: Methods and Design	10
Art and Science of Evidence Based Healthcare: Searching, Synthesising and Appraising Evidence	10
Interpreting Statistical Tests in Healthcare: A Practical Approach	
Person-Centred Care and Shared Decision Making	
Innovations in Healthcare: Exploring the Role of Digital Health and Technology	10
Advancing Health Equity through Evidence Based Practice	10
Applied Project: Interdisciplinary Healthcare Innovation: A Capstone Project	20

Exploring evidence underpinning AI and health tech

Applying a health equity lens

Applied Capstone Project

Aims

- To explore the views and experiences of healthcare professionals currently undertaking the MSc EBFHC and its impact on their practice of evidence-based healthcare (EBH)

- To explore factors influencing practice of EBH in their workplace

Methods

- Qualitative online interviews with 10 current students
  - 3x nurses, 1x midwife, 2x occupational therapists, 2x speech and language therapists, 1x radiation therapist, and 1x social care professional

- Data were analysed using inductive content analysis

Results

Four key themes were identified:

(1) Increased confidence and fluency in “evidence talk” and application

(2) Interdisciplinary learning fostered a collective responsibility for EBH

(3) Assignments as catalysts for small-scale improvement

(4) System-level constraints, such as workload and managerial priorities, limited implementation

Increased confidence and fluency in "evidence talk" and application

*"It has definitely **improved my thinking, my skills, my confidence** to talk about evidence based healthcare at a more senior management level... it's **re-organised how I think when I'm planning** to improve services."*

(Speech & Language Therapist)

"Recently, I was given a load of papers to read on a new machine that they wanted to implement in the department. So one consultant wanted it, the others were a little bit wishy washy. So I was like well, you know, send me the research on it and let's have a look at it...

*So when we looked at the research, so they were all reading the research and 'Oh yeah, this sounds really, really good'. And I'm like, well, hold on. **Who wrote the research? When was the research written, you know? And is there a bias in it? And then when we actually we looked at it even further, we actually noticed the statistics were wrong and the bias was that all the research was done by the company**...And I'm just like, well, you know what, this is a no brainer. There is no research and they were like, 'OK, so we're not getting it' and I'm like no, because it's the research is all by the company. There's no external research to give us a non biased approach. It's really, really biased"*

(Midwife)

Interdisciplinary learning fostered a collective responsibility for EBH

*"The funny thing was like one of the physiotherapists on the group. **I actually worked in the radiation therapy department for like 3 years and I had never engaged with her until that masters**. You work in radiation therapy and she's like, yeah, I am. So it was. It's just it just really shows you, like how, you know, siloed off. We are sometimes even within our own department, like, as in the professionals within the one department, never mind beyond that. And so I think it was lovely from that point of view"*

(Radiation Therapist)

"It [interdisciplinary learning] ***made me look at some of the things in a different way*** *and would have brought up ideas that I didn't necessarily consider…And it is interesting"*

(Speech and Language Therapist)

Assignments as catalysts for small-scale improvement

"I've actually used [an assignment] *at work... encouraging one of my therapists to* ***use that as a basis for a smaller quality improvement project*** *in the department."*

(Occupational Therapist)

"I did one piece of work [a gap analysis] *and I* ***shared my piece with the network manager*** *and also at the team meeting."*

(Speech and Language Therapist)

System-level constraints limit practice of EBH

*"I think a lot of the leaders in healthcare roles at the moment are really educated, **really aware of evidence and really aware of the need for change**. And and I think it is just disappointing when, you know, they do their business cases or they **pitch their ideas to kind of senior hospital management and they're rejected** and like, it's really deflating from that point of view"*

*"It's in terms of **our resources and the lack of staff** and there were quite a number of vacant posts so and we have long waiting lists…that really eats into any time we have any protected time, I suppose in terms of evidence based practise…I also feel as well it depends on on where you work, but it can **depend on different management structures** whether they see the value or the importance of evidence base."*

(Occupational Therapist)

*"We've taken lots of best practice, lots of evidence based practice, but it's been implemented superficially. It's **not embedded down into the whole core of the system**….. **it's all about resources.** It's about people and it's about money in, getting the correct process in place and the correct, uh, you know each individual area"*

(Nurse)

*"You know what is what are the biggest barriers? I think sometimes **having someone that's going to champion evidence based healthcare from kind of top down** is maybe a missing link"*

(Occupational Therapist)

Limits

- Small sample of healthcare professionals' experience of a particular degree programme – findings may be limited in generalisability

- Interviews conducted half-way through MSc (after Y1)

Conclusions

First MSc in EBH in Ireland – growing focus/appetite on EBH in policy and practice, competing with resources – playing a role in this shift

Findings have improved course focus – interdisciplinarity, assignment applicability

Future work

- Follow up (post Y2, long-term) – evaluate impact of applied capstones, digital health/AI assignments, cultural workplace change

Thank you!!

Ollscoil na Gaillimhe
University of Galway

MSc in Evidence-Based Future Healthcare



https://tinyurl.com/EBFHCare

- Fully Online 90ECTS MSc
- FutureEvidenceMSc@universityofgalway.ie

In association with:

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Cochrane Ireland