

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
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#EBHC2026

Implementation of an Archived, Searchable, and Milestone-Based Journal Club Model

to Teach EBHC to Emergency Medicine Resident Physicians in the United States

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GIMBE EVIDENCE FOR HEALTH

International Society for Evidence-Based Health Care

Background and aims

BACKGROUND

- Evidence-based practice is essential for lifelong learning in EM.
- Teaching and application of EBM in graduate medical education remain variable.
- ACGME milestones track trainee progression, but a standardized curriculum is lacking.
- Sustainable Journal Club requires faculty development plus an archived repository of appraisals, discussions, and action steps.

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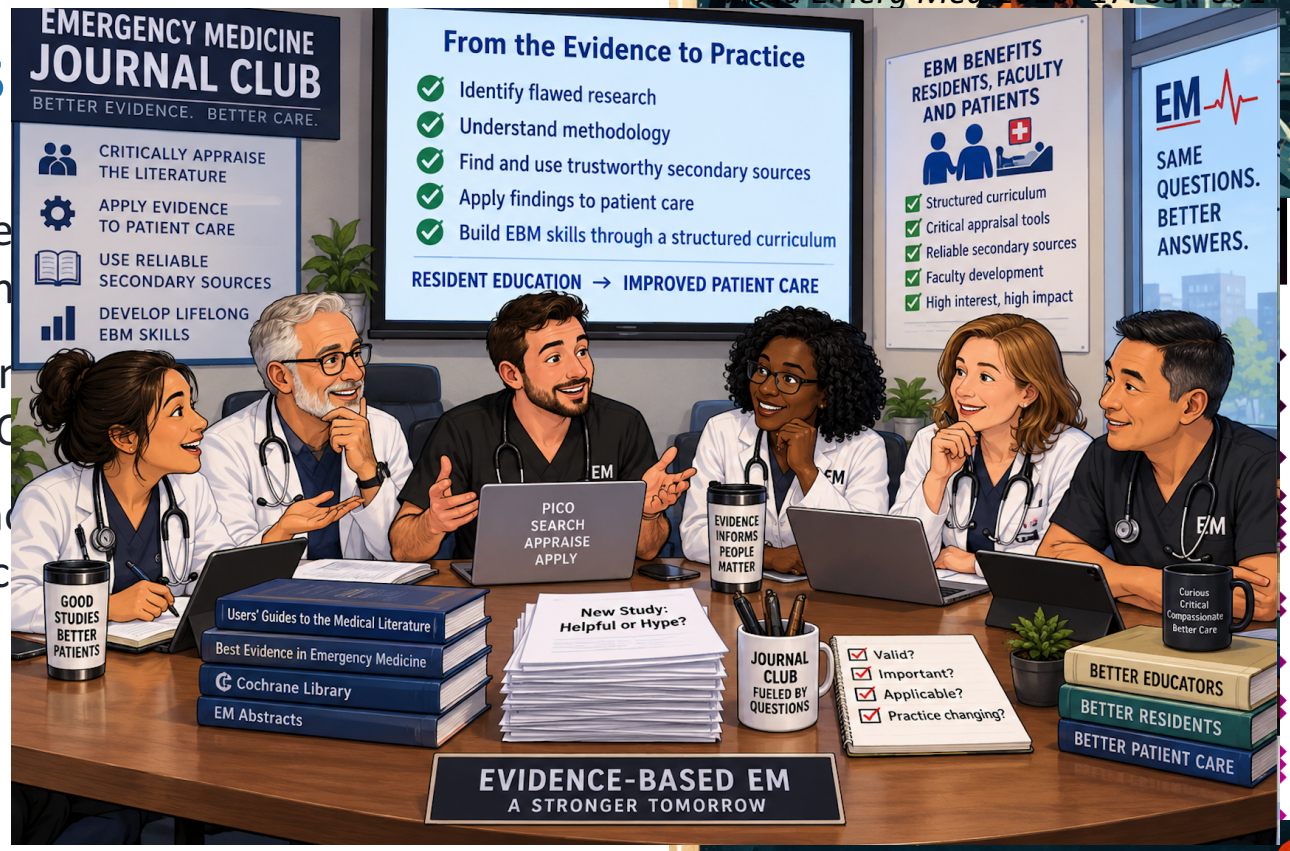
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Incorporating Evidence-based Medicine into Resident Education: A CORD Survey of Faculty and Resident Expectations

Christopher R. Carpenter, MD, MSc, Bryan G. Kane, MD, Merle Carter, MD, Raymond Lucas, ME
Lee G. Wilbur, MD, and Charles S. Graffeo, MD

Acad Emerg Med 2010; 17: S54-S61

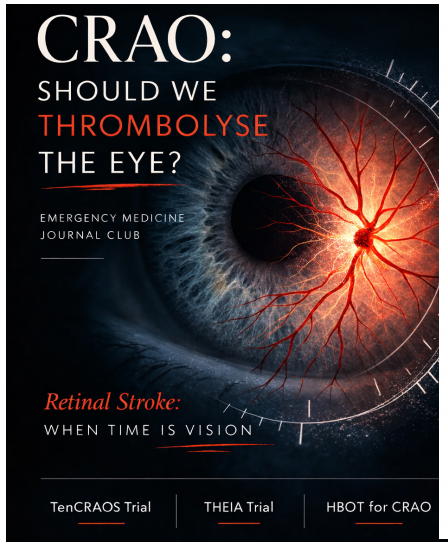


Methods

Structured, gra

Every 2-3 months

2.5-hour Journal C
with a break for fo



☐ **RE: JOURNAL CLUB AND TEACHING EVIDENCE-BASED MEDICINE**

☐ **To the Editor:**

We would like to commend Dr. Kuhn and colleagues for endeavoring to outline current perceptions and obstacles surrounding Evidence-Based Medicine (EBM) training in United States Emergency Medicine (EM) residency programs (1). Although no study has yet demonstrated an improvement in critical appraisal skills with traditional Journal Club (JC) formats or post-graduate teaching in EBM as measured by skills, attitudes, or behavior, we believe such data argue for a better system rather than a different mode of delivery (2,3). Our EM residency program has noted considerable success in the implementation of a structured, monitored JC format since July 2004 when one of our faculty members returned from McMaster University's "Teaching EBM" workshop. We believe that the following principles are the unique attributes of our JC format:

1) JC is monthly and deals with a single topic with anywhere from one to four articles selected, depending upon the amount of available evidence.
2) The JC director develops a related, case-vignette, PICO-style question (patient population, intervention or exposure, control population, outcome) and then an illustrative search strategy through which the selected articles are obtained (4).
8) A scoring system, as yet not validated, is used to monitor resident JC attendance and participation. The highest scoring residents are awarded a trip to the Society for Academic Emergency Medicine (SAEM) Annual Meeting. By rewarding participation, we hope to make JC participation an enjoyable and productive scholarly activity, as well as encourage those who have shown promise toward an academic career by exposing them to other academically minded EM physicians.

This is the scoring system:

- **Attendance** – 1 point
- **Participation**
  - Actively led discussion – 3 points
  - Said something – 2 points
  - Was silent as a mouse – 1 point
  - Not present – 0 points
- **Written Summary**
  - Exceptional – 3 points
  - Average – 2 points
  - Sub-par – 1 point
  - Not turned in – 0 points

J Emerg Med 2006; 31: 306-307

Although we recognize that Journal Club is only the first step in moving EBM from principle to practice, we believe it to be an essential, under-developed, poorly emphasized, and barely studied piece of the

Results



6 Journal Clubs completed

SESSION TOPICS

- Coronary CT angiography in the ED
- Ultrasound-guided nerve blocks for hip fractures
- Preoxygenation for intubation
- Antiviral prescribing for influenza
- Dual Sequential Defibrillation
- Thrombolytics for CRAO

EXTERNAL EXPERTISE RECRUITED

- Orthopedic surgery and anesthesiology
- Cardiology and radiology
- Critical care pharmacy and infectious disease
- Opthalmology

Resulting format: rigorous, mentored, multidisciplinary, and archived discussions.

Limits and conclusions



Coronary Computed Tomography Angiography for Assessment of Suspected Acute Coronary Syndrome in the Emergency Department

Alexander S. Finch, MD,* Samuel M. Keim, MD, MS,† Venkatesh R. Bellamkonda, MD,* Christopher R. Carpenter, MD, MDS,* and Amal Mattu, MD‡

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Does Point-of-Care Ultrasound-Guided Nerve Block for Geriatric Hip Fracture Analgesia in the Emergency Department Improve Outcomes?

Alexander S. Finch, MD,* Samuel M. Keim, MD, MS,† Venkatesh R. Bellamkonda, MD,* Tobias Kummer, MD,* Larissa T. Shiue, MD,‡ Christopher R. Carpenter, MD, MSC,* and Srikar R. Adhikari, MD, MS†

Noninvasive Ventilation for Preoxygenation During Endotracheal Intubation in the Emergency Department

Alexander S. Finch, MD,* Samuel M. Keim, MD, MS,† Benjamin J. Sandefur, MD, MHPE,* Christopher R. Carpenter, MD, MSC,* and Jarrod M. Mosier, MD†,‡

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