

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

30th 1996-2026 GIMBE EVIDENCE FOR HEALTH

International Society for Evidence-Based Health Care

Integrating AI Literacy into Early Evidence-Based Medicine Education: A Pre-Recorded, Asynchronous Session for First-Year Medical Students

NYU Langone Health

Juliana Magro, MLS, MA
Joey Nicholson, PhD, MLIS, MPH

NYU GROSSMAN SCHOOL OF MEDICINE
NYU LANGONE HEALTH

Background

- EBM course embedded in first-year medical school curriculum (6 classes)
- 1st class: introduced students to EBM & AI (N=105) in 2026
- Pre-recorded, asynchronous class
- Students were asked what questions they had about AI pre-session, and whether the lecture changed their thinking post-session
- N=95 responses (57 Pre, 38 Post)

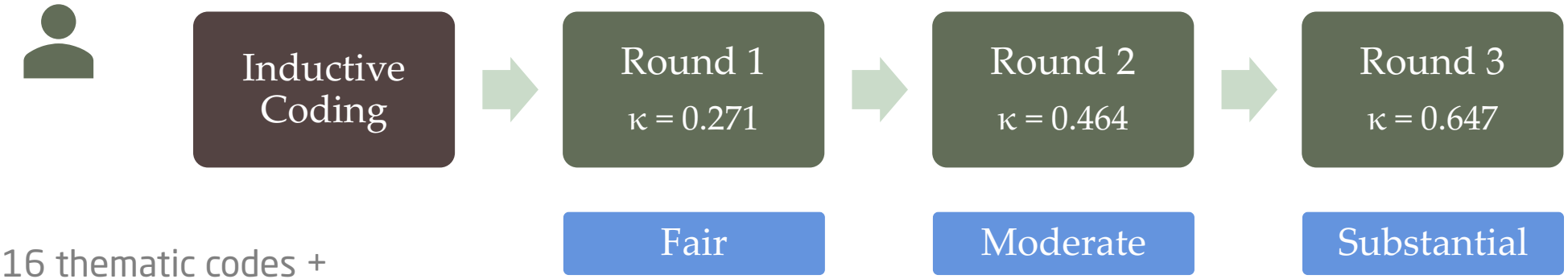
We integrated AI capabilities, limitations, ethics, and prompting strategies into EBM teaching

Aims

Explore whether and how a single pre-recorded class would impact students' attitudes, perceived use cases, and self-reported skills regarding AI in clinical care.

Methods

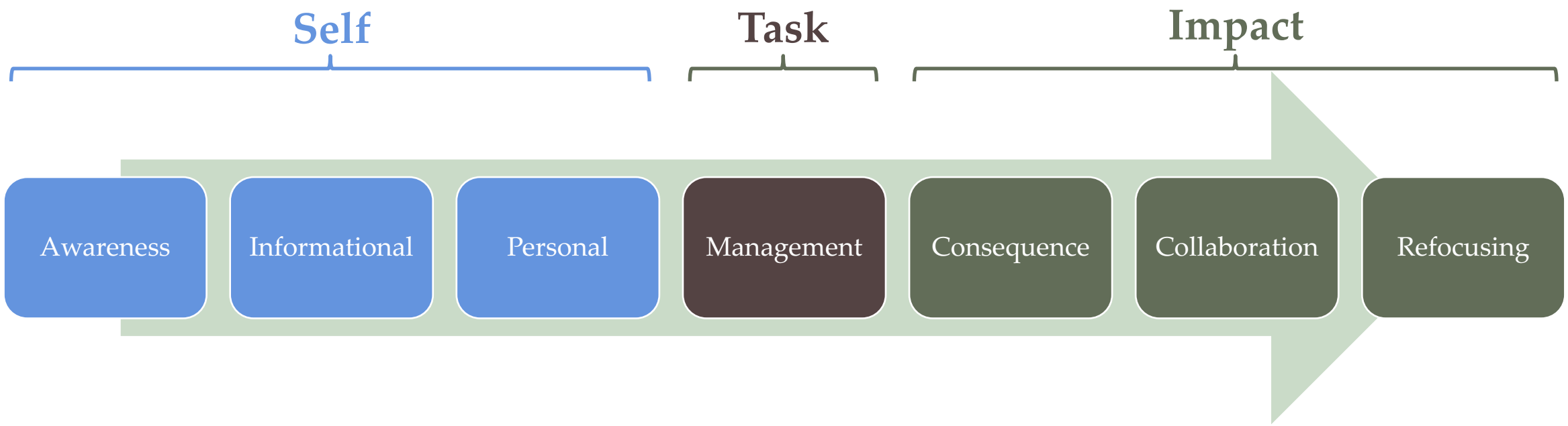
- Included only de-identified data from students who agreed to have their data used QI purposes



  - 16 thematic codes + sentiment classification

Methods

Concerns-Based Adoption Model (CBAM):

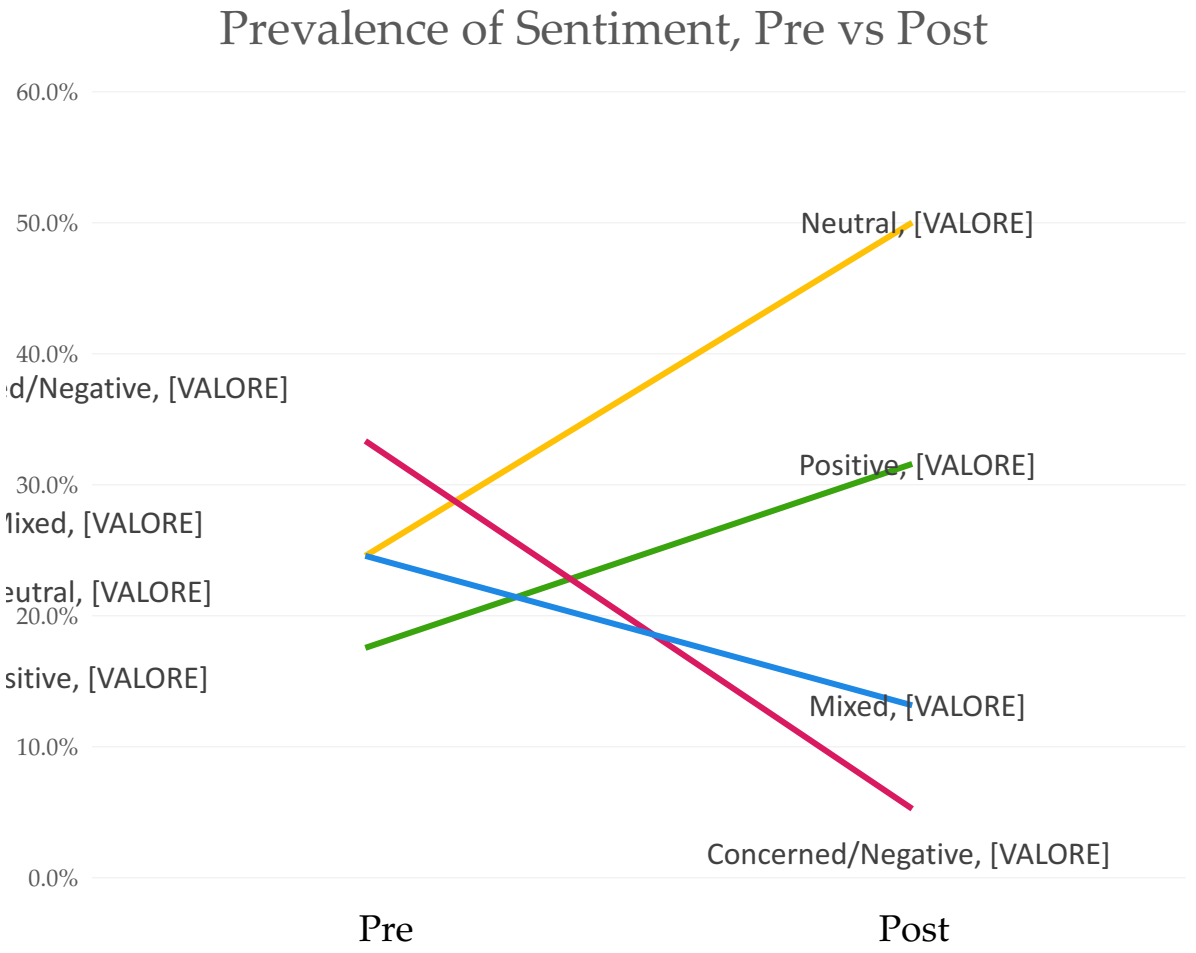


George AA, Hall GE, Stiegelbauer SM, Southwest Educational Development Laboratory. Measuring implementation in schools: the stages of concern questionnaire. Austin, TX: SEDL; 2006. p. 8. Available from: http://www.sedl.org/pubs/catalog/items/cbam17.html

Results

- Concerned/Negative sentiment decreased from 33.3% pre-class to 5.3% post-class
- Positive sentiment increased from 17.5% to 31.6%.
- Neutral had the largest shift and represented half of all post-session responses.

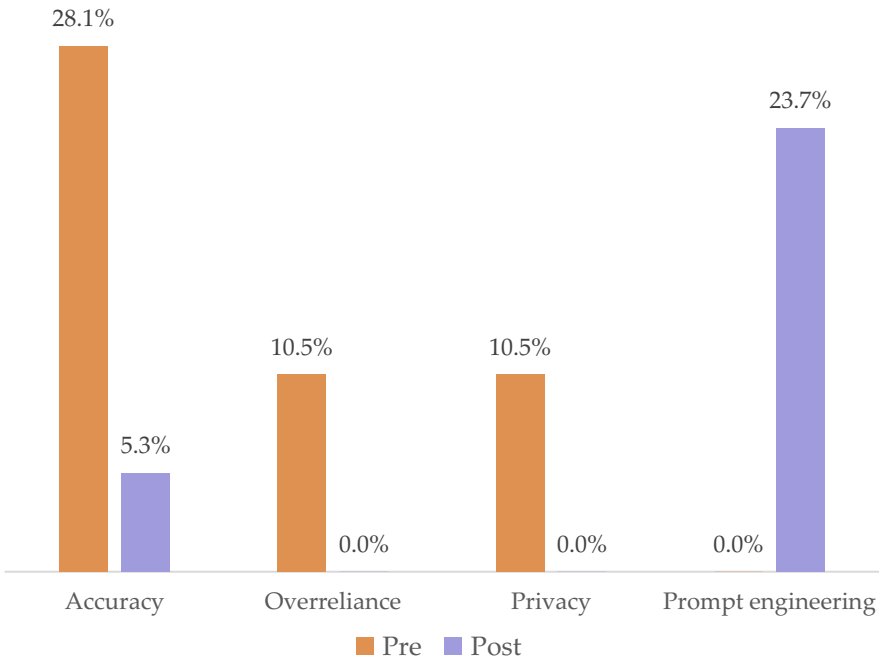
Significant association between survey timepoint (Pre/Post) and reported sentiment, $\chi^2(3) = 15.79$, $p = 0.002$.



Results

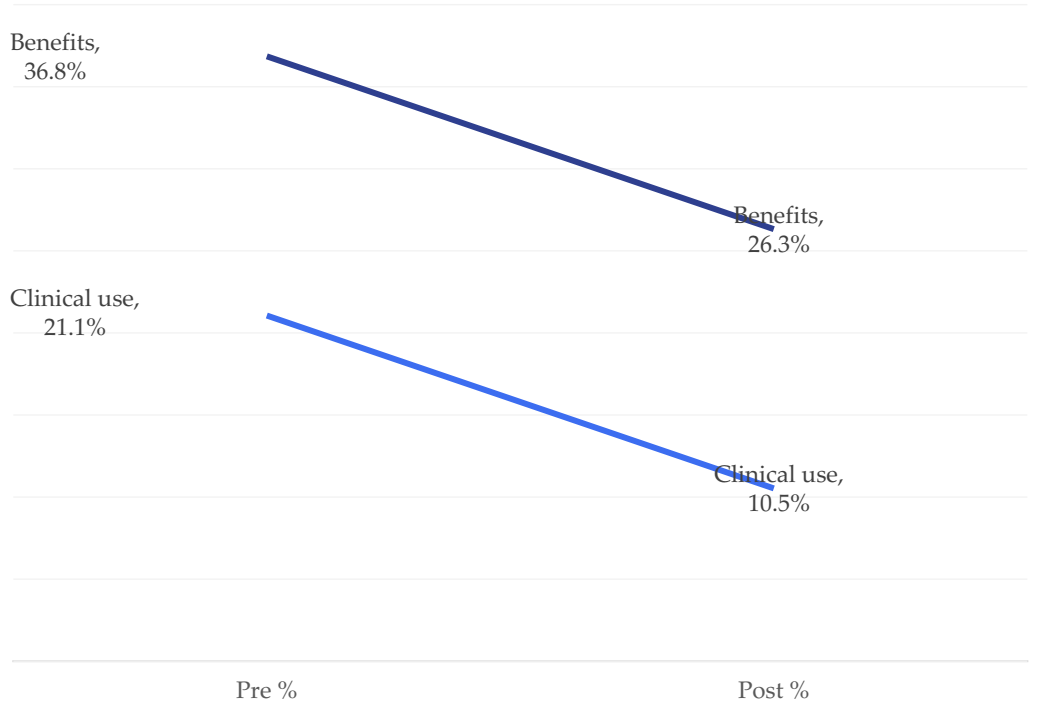
- Mentions of personal concerns declined
- Mentions of more practical, task-oriented language emerged
- Consistent with this, mentions of self-reported learning gains rose (0% → 81.6%)

CBAM Stage of Concern	Example Statement
1/2: Informational & Personal	"Who is validating the accuracy/reliability...? ...Are they replacing physicians?"
3: Management	"...helpful to learn what would make a good prompt and how to assess the quality of the response"



Results

- Not all mentions of “positive” themes increased
- This is predicted by CBAM: mentions shifted from more abstract/informational to more concrete/procedural



Limits

- Single-institution, single-cohort design
- Analysis was not paired: shifts reflect aggregate trends, not within-person changes
- Data related to immediate perception
- IRR varied by code, with lower agreement observed for less frequently occurring themes

Conclusions

NYU Langone Health

- Concerns matured from pre/post session
- Even though students may be very familiar with AI, they are unfamiliar with AI in healthcare
- Sessions may be most effective when they address personal concerns before introducing procedural/task content
- Future:
  - Does this pattern hold longer-term, or is it session-specific?
  - CBAM as a lens for curriculum redesign

Learning gains

0% → 81.6%

scalable model for institutions with limited curricular bandwidth

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

30th 1996-2026 GIMBE EVIDENCE FOR HEALTH

International Society for Evidence-Based Health Care

NYU Langone Health

Acknowledgements
We want to thank our co-author, Caitlin Plovnick, for her work on this study

Questions?

Contact:
juliana.magro@nyulangone.org

Supporting Data: Overall Codes

Code	Pre %	Post %	Diff (pp)
Reported learning gains	**0.0%**	**81.6%**	**+81.6%**
Prompt engineering	**0.0%**	**23.7%**	**+23.7%**
Intention to engage with AI	0.0%	7.9%	+7.9%
Responsible use	29.8%	36.8%	+7.0%
Bias	1.8%	5.3%	+3.5%
Output quality	1.8%	5.3%	+3.5%
Educational and research use	8.8%	10.5%	+1.8%
More practice needed	1.8%	2.6%	+0.9%
Uncertainty about the future	10.5%	5.3%	-5.3%
Other ethical concerns	5.3%	0.0%	-5.3%
Human oversight	14.0%	7.9%	-6.1%
Benefits	**36.8%**	**26.3%**	**-10.5%**
Clinical use	**21.1%**	**10.5%**	**-10.5%**
Overreliance	**10.5%**	**0.0%**	**-10.5%**
Privacy	**10.5%**	**0.0%**	**-10.5%**
Accuracy	28.1%	5.3%	-22.8%