Thirty years of developments in evidence-based practice: Have teaching and assessment methods in the health professions kept up?

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PRACTICE?

TEACH??

ASSESS???
Aims

Why and how should the teaching of EBP change to adapt to developments in clinical practice and education?

Propose 4 avenues to advance the teaching and assessment of EBP
What has happened over the last 30 years that would warrant changes in teaching and assessment of EBM?
- Divergent views on what EBM “is”
- Clinician report lack of agency in CDM
- Top-down / neoliberal systems
- Biopsychosocial nature of healthcare/increasingly complex patients
- Introduction of compassion, social accountability, person-centered care, shared decision-making, indigenous health, culture, justice, power in HPE
- Disconnect between research and practice
- Drive for partnerships between education-practice-policy

Halle et al., 2018; Halle et al., 2021; Thomas et al., 2020; Thomas et al, 2016; Thomas et al., 2017; Rochette et al., 2020
New Focus

understanding of appraised evidence
(e.g., guidelines and evidence summaries)

Tikkinen & Guyatt (2021).
Understanding of research results, evidence summaries and their
applicability—not critical appraisal—are core skills of medical curriculum.
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Results #1
Clarity on what we mean by EBM

- work towards consensus on the core values and purpose of EBM — on what EBM is and what it is not;

- advantages and challenges of adopting a unified definition of EBM;

- benefits of definitions that can be flexibly adapted to a specific context.
Results #2
Clear articulation of EBM competencies
What does it take to practice EBM?
Whether these competencies are useful and operationalizable in medical education will depend upon:

1) a systematic stakeholder driven implementation into existing curricula and
2) longitudinal evaluation of EBM outcomes as clinicians transition to practice and beyond
Results #3
Robust methods for promoting EBM competencies

- +++ SRs on teaching effectiveness
- conceptual and methodological flaws
- few have delved into theoretical and epistemological challenges in EBP
- philosophy, social science, epidemiology, health sciences, clinicians
- relatively little impact on how EBM is presented in clinical environments
Results #4
Using contemporary conceptualizations of assessment

Classification
Rubric for EBM
Assessment Tools
in Education
(CREATE)
Tilson et al., 2011

Rengerink et al. 2013
Norcini et al., 2018
St-Onge et al., 2018
Roberge-Dao et al., 2022
System of Assessment

- coherent
- continuous
- comprehensive
- feasible
- purpose driven
- transparent and free from bias
- acceptable

LONGITUDINAL

Norcini et al., 2018
St-Onge et al., 2018
Limits

Areas for consideration are not meant to be prescriptive or exhaustive

Conclusion

Ways forward, so that as educators in HPE, we can continue to reflect on how we can be ensure that our future health care professionals embody and enact the core principles, vision and ethos of EBP.

Teachers and curriculum designers are invited to consider the need for, and the nature of a renewed agenda for teaching EBP such that if teaching and assessment methods in HPE have not kept up, we may begin to find ways to catch up.
Thank you