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Lessons learned in the pandemic era and future challenges

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#EBHC2023

Teaching Evidence-Based Medicine to Large Classes of Undergraduate Medical Students: Team-Based Learning versus Small Group A Randomized Controlled Trial

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Background

- AUB-FM \rightarrow New medical curriculum (Impact) ullet
- EBM instruction: from 1st to 4th year ullet
- Challenge: \bullet

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- Preclinical classes: 100-120 students/class •
- Only 7 instructors •







Background

- Variable instructor availability
- Instruction format:
 - Small group discussions (SGD): 11-15 students/group; ≥3 instructors
 - Team-based learning (TBL): 1-2 instructors
 - Evidence of teaching effectiveness ??

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Educational QI-PIC

- P: Preclinical medical students (1st yr)
- I: Teaching CA in TBL format •
- C: Teaching CA in SGD format
- O: Score on Berlin Questionnaire-Set B
- S: RCT (Current Controlled Trials ISRCT N1543 0424)



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Methods

- April 2018-May 2019
- All 1st-year medical students (N=108)
- 7 EBM instructors (Anesthesiology, IM, Pediatrics, Pharmacology, Surgery)
- Random allocation (computer-generated permuted block randomization)
 - 2 Groups: TBL or SGD
- Allocation concealed until 1st day of the course







Methods

- Groups assigned same reading material \bullet
- TBL: Standard TBL instruction format lacksquare
 - IRAT, GRAT, Application exercise •
- SGD:

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- Active discussion with the instructor •
- Random allocation of instructors to groups •





Methods

- 1ry outcome: Student's score on the Berlin Questionnaire (end of 2nd yr)
- Sample size:
 - All 1^{st-yr} students (N=108)
 - 80% power, 5% alpha level
 - Diff. in mean Berlin questionnaire scores = 0.55 SD







Data

Age, gender

- Grade on the Epi/Biostat course
- Medical College Admission Test Pooled grade average of 1st yr lacksquare(MCAT) score (excluding Epi/Biostat)
- Rank at admission to medical

Self-reported preferred teaching

school (in tertiles)

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method (TBL vs. GD)









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CONSORT flow diagram

Student Characteristics	TBL n=52	GD n=55
Categorical variables		
Female gender n (%)	24 (42.1)	33 (57.9)
Rank on admission n (%) 1st tertile 2nd tertile 3rd tertile	17 (32.7) 19 (36.5) 16 (30.8)	22 (40.0) 19 (34.5) 14 (25.5)
Preferred instruction method <i>n</i> (%) GD TBL Lecturing	30 (57.7) 17 (32.7) 5 (9.6)	34 (61.8) 17 (30.9) 4 (7.3)
Continuous variables		
Score on MCAT M (SD)	509.4 (4.8)	509.5 (5.3)
Score on FMR M (SD)	87.4 (6.9)	88.0 (5.7)
Score on courses excluding FMR M (SD)	84.3 (5.1)	83.8 (5.1)
Score on Berlin Questionnaire M (SD)	80.4 (11.6)	80.1 (12.1)

Table 3 Predictors of Performance on the Berlin Questionnaire in Multivariate Linear Regression Analysis (N=107)

Predictor	ß	95% Cl	р
Group allocation	0.27	-3.79 to 4.33	0.900
Score on all courses excluding FMR	1.08	0.68 to 1.48	< 0.001

Strengths

- 1st TBL vs. SGD comparison (RCT)
- No attrition (curricular requirement)
- Random allocation of instructors \rightarrow generalizability
- Testing of long-term knowledge retention









Limitations

- Open-label
- Need to know basic Epi/Biostat a priori
- Generalizability to other settings







Conclusions

- Teaching CA to large preclinical classes:
 - TBL and SGD are equally effective instructional formats
 - Prior competence in Epi/Biostat enhances students' performance





