

# EBM on CAP: Do we need evidence-based medicine rounds built in the day? A needs assessment.



Kiran Khalid MD<sup>1,2</sup>, Maria Stack Hankey PhD<sup>2</sup>, Abhishek Reddy MD<sup>1,2</sup>

<sup>1</sup> Virginia Tech Carilion School of Medicine, <sup>2</sup> Carilion Clinic



Virginia Tech Carilion School of Medicine

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## INTRODUCTION

Practice-Based Learning and Improvement (PBLI) is part of the Physician Competencies Reference Set; a core competency that trainees are graded on. (1, 2). With advances in psychiatric research, learners need to be well-versed in PBLI and application of evidence to practice. This requires interventions in clinical setting, where a large part of medical education happens (3). With some evidence that residents rated utilizing active learning process to teach PBLI on a busy inpatient service as highly effective and engaging (4), a needs assessment was conducted on a child and adolescent psychiatry unit as part of medical education quality improvement. The primary objective was to assess utility and need for evidence-based medicine (EBM) rounds .

## MATERIALS & METHODS

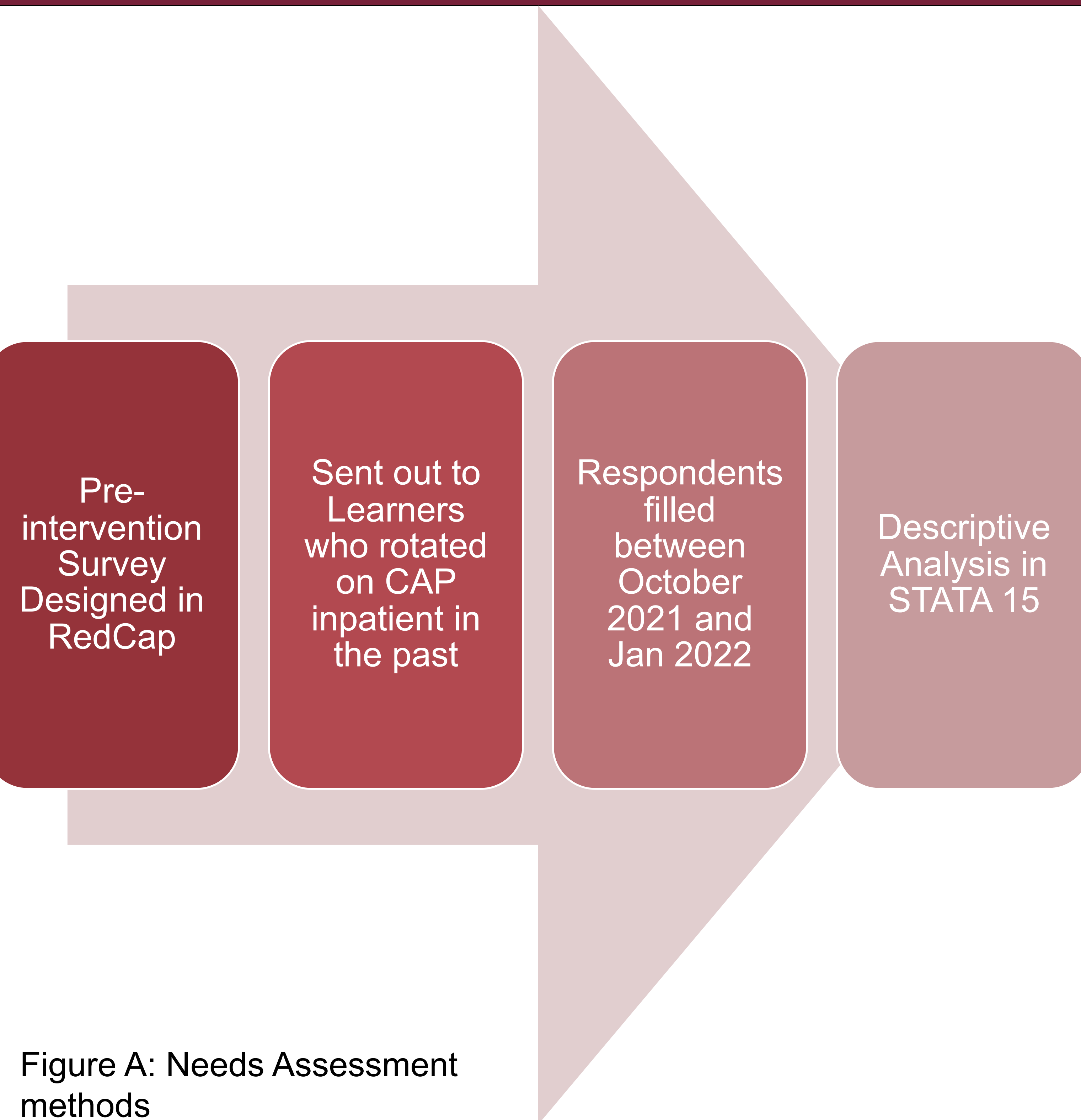


Figure A: Needs Assessment methods

The QI project was determined by Carilion Clinic IRB to be non-human subject research.

## RESULTS

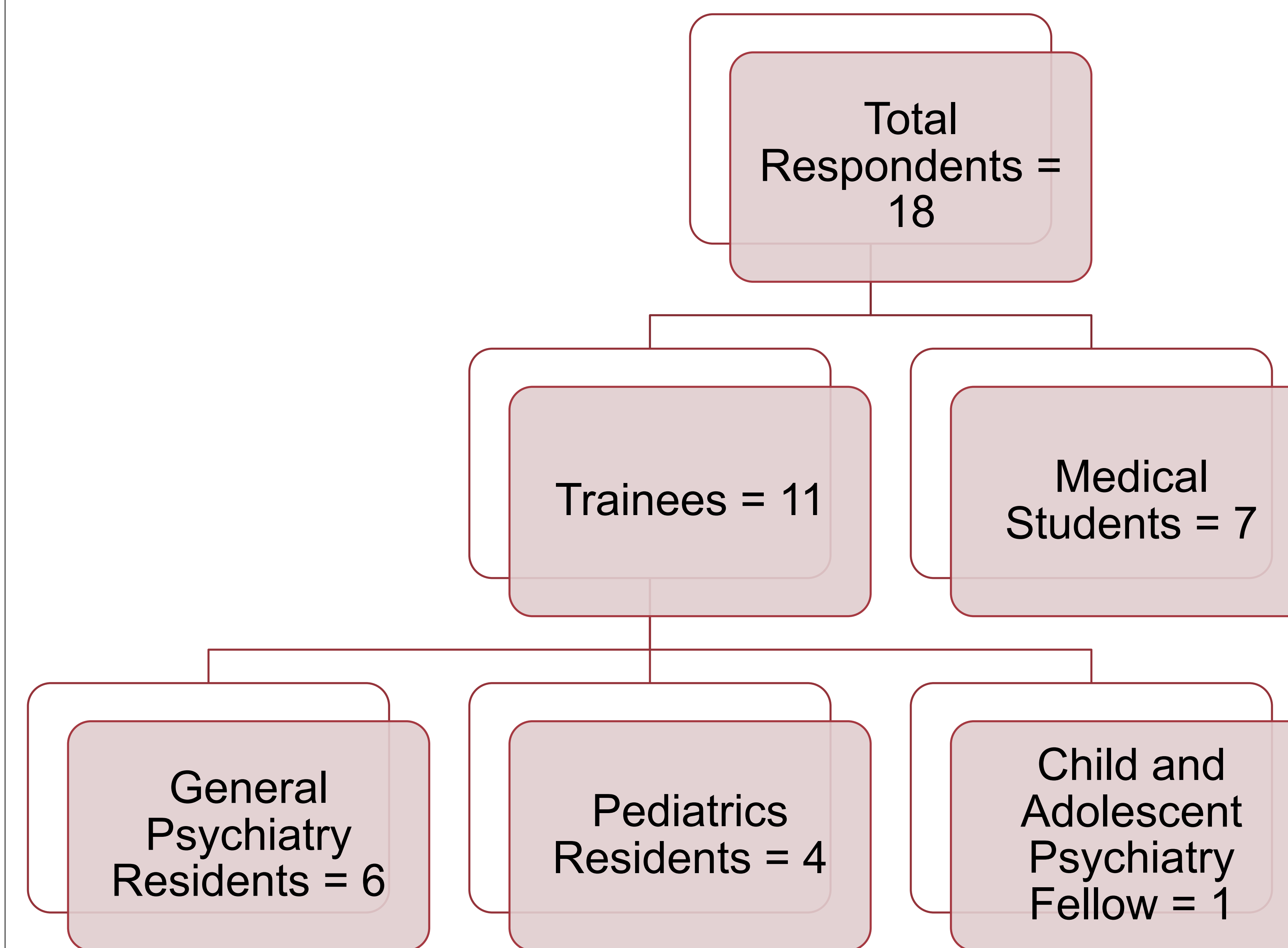


Figure B: Respondent Learners

In the past year, 94% of respondents had rotated on an inpatient service.

On service, learners had read between 1-5 (66.7%), 6-10 (22.2%) and more than 10 (5.6%) pertinent articles.

Number of times evidence was reviewed and discussed with attending physician on 4-week rotation	Respondents (%)
0 times	5.6
1-5 times	88.9
>10 times	5.6

While 50% respondents felt somewhat comfortable and 44.4% respondents felt very comfortable searching the literature, only 16.7% felt very comfortable applying it to clinical practice.

## RESULTS (CONT.)

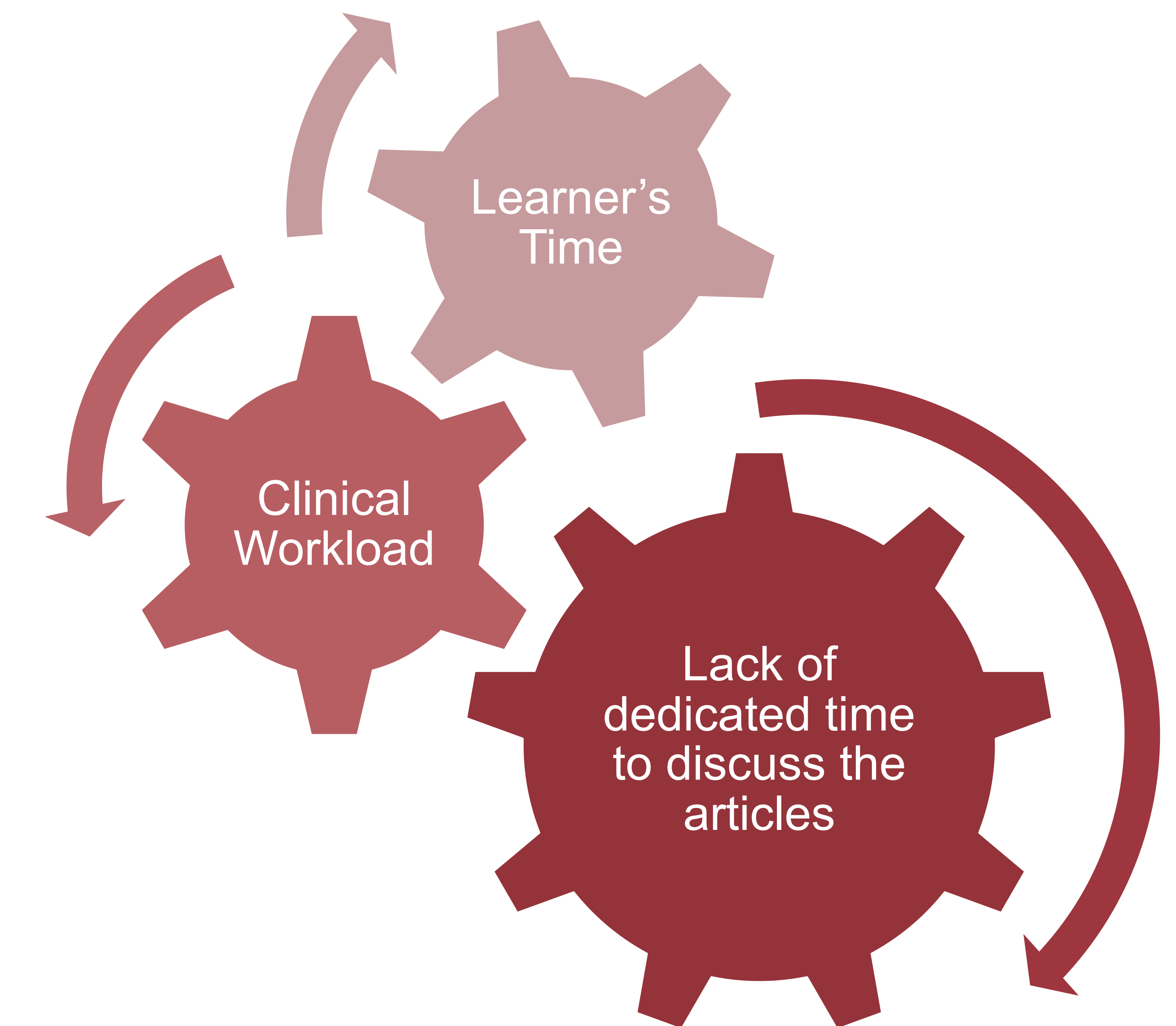


Figure C: Major barriers Identified by learners

Ten out of 18 learners were very interested in attending facilitated, clinically relevant evidence-based medicine rounds and identified this would help with:

- increasing knowledge,
- comfort with decision making,
- independent practice and
- board preparation.

## CONCLUSION

With the evidence of major barriers identified, built-in time in the clinical week was started to allow time for evidence-based medicine rounds with learners.

## REFERENCES & ACKNOWLEDGEMENTS

1. Eckstrand, K. L., Potter, J., Bayer, C. R., & Englander, R. (2016). Giving Context to the Physician Competency Reference Set: Adapting to the Needs of Diverse Populations. *Academic medicine: journal of the Association of American Medical Colleges*, 91(7), 930–935. <https://doi.org/10.1097/ACM.0000000000001088>
2. The psychiatry milestone project. (2014). *Journal of graduate medical education*, 6(1 Suppl 1), 284–304. <https://doi.org/10.4300/JGME-06-01s1-11>
3. Berkhout, J. J., Helmich, E., Teunissen, P. W., van der Vleuten, C., & Jaarsma, A. (2018). Context matters when striving to promote active and lifelong learning in medical education. *Medical education*, 52(1), 34–44. <https://doi.org/10.1111/medu.13463>
4. Kalinowski, A., Raj, K. S., & Bandstra, B. S. (2020). Teaching Practice-Based Learning on Inpatient Psychiatric Services. *Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 44(1), 86–89. <https://doi.org/10.1007/s40596-019-01113-y>