

Top Strategies to Weave EBM into Your Clinical Teaching

I. To Teach EBM, You **MUST** Use It in Your Own Clinical Practice

This common sense point is often forgotten. Your confidence will grow as you pursue your own learning issues that are tied to the care of your patients. This process – and the answers you find – will mature your insights into where your learners will stumble while helping you build an extensive repertoire of evidence-based answers for recurring issues.

II. Assess the Learner's EBM Readiness

Don't assume that your enthusiasm to teach EBM will be equally matched by your learner's ability to swallow what you present. Quickly assess what their day is like and where they are in their understanding of a concept.

III. Listen Carefully to Diagnose Both the Patient and the Learner

Crucial skill to address both agendas ... otherwise you risk bad patient care and being perceived as irrelevant to real clinical medicine

IV. Find the 'Question Behind the Question'

Often the most important question is the one that hasn't been asked yet ... as it's still in a ruminating stage. Label what kind of patient management issue they seem to be wrestling with (e.g. therapy) and then delve deeper.

V. Build Questions with Your Learners

Articulate questions as their components evolve.

VI. Cultivate Curiosity and Celebrate Not Knowing

Be explicit and your enthusiasm will become contagious.

VII. Wisely Select Which Clinical Questions to Pursue

Don't feel paralyzed by all that's not known. Select those issues that are most relevant to this patient and this learner now, as well as those issues that are most urgent, interesting, feasible to answer, and/or likely to recur.

VIII. Map Questions to Specific Information Resources

Do this out loud as many learners haven't been exposed to which resource may be most efficient & effective to render an answer.

IX. Balance EBM Exercises with Teaching of Background Knowledge

Remember that your residents need both ... and they will regard your efforts as being practically grounded.

X. Bite Off Less than You Can Chew

Accept that time limitations exist. It's OK – and advisable – to teach slices of evidence-based teaching. Modulate teaching plans based on the learner's needs/receptivity as well as based on the clinical load.

XI. Use Evidence-Based Summaries ... and Emphasize Interpreting Them

They can be much more efficient than Medline searching, can be used real-time during patient care, and they usually provide a quantitative bottom line that the resident can chew on.

XII. Put It in 'English'

The trendy terminology can be stumbling blocks for our residents. Always engage them in demystifying the jargon. Explicitly modulate dogmatism.

XIII. Go Fishin' in Lakes You Know are Stocked ... and in New Lakes

You'll gain confidence quickly if you engage residents in issues about which you already know that high-quality evidence exists. And, as in your own clinical practice, don't forget to also role-model the process of identifying knowledge gaps and devising strategies to address them.

XIV. Exploit the Learning Opportunity ... NOT the Learner

As you encourage your residents to show you their knowledge gaps, don't leave them feeling that you are just 'smacking the gopher'. Make sure you share the responsibility for tracking down and reporting back with the best evidence.

XV. Be Fearless!

Don't wait for ultimate expertise to arrive before weaving a more evidence-based approach into your clinical teaching. None of us ever has total mastery of clinical epidemiology and rapidly evolving medical knowledge. "Just Do It!" Just Start Somewhere ... and then build from there.