PERSPECTIVES  

Medical students, trainees, and clinicians must effectively identify and acquire authoritative information, and address knowledge gaps to provide optimal patient care. This and other evidence-based information-seeking competencies are foundational for self-directed learning. Educators can have a key role in supporting the acquisition and critical implementation of information-seeking competencies, including Formulating Professional Activity (EPA) 7. The robustness and functions of EPA 7 create a learner who can identify what they don’t know and seek out new information to fill those gaps throughout their career.

To best utilize experts in the field for EPA 7, the role of ‘educator’ should include medical librarians. Medical librarians frequently teach in undergraduate and graduate medical curricula, but the extent to which they are involved in competency-based medical education, specifically the activities related to the formulation and revision of competencies contributing to advance patient care – EPA 7 – is emerging. This poster reports research pertaining to librarian involvement in areas where EPA 7 is included and discusses the relevance of these activities to self-directed learning. It also explores the possible student outcomes and librarian involvement in teaching information seeking skills across the medical education continuum.

METHODS

The Association of Academic Health Sciences Libraries (AAHSL) Competency-Based Medical Education (CBME) task force conducted a literature review, environmental scan, and interviews with librarians at schools implementing CBME (including pilot schools). The survey was based on previous work by Moore et al. and Chochinov et al. and distributed to the libraries of 164 Association of American Medical Colleges (AAMC)-accredited medical schools in September 2017. The survey, which contained 32 questions, was anonymous, regarding the teaching and assessment of EPA 7 and associated competencies. The task force also engaged the Association of College & Research Libraries (ACRL) Framework for Information Literacy for Higher Education to derive AAHSL EPA 7 and the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements (CPRs).

RESULTS

The survey garnered a 25.7% response rate (n=88). Of those, 90% were teaching and/or assessing functions of EPA 7. Chi-square analyses showed no significant differences in the amount of teaching or assessing EPA 7 between librarians who identified their work as EPA-related and those who did not. Librarians were teaching EPA 7 functions in all phases of undergraduate medical education. Mapping the ACRL Information Literacy Framework to remove EPA 7 identified several information literacy concepts that are either absent or underrepresented in the competencies expected of medical students.

DISCUSSION

The survey revealed that more than 95% (n=79) of librarians are involved in teaching or assessing functions of EPA 7, which correlates with their expertise in research and authoritative information resources. Collaborative celebrations between librarians and medical faculty expand the educational benefits of teaching ‘learning habits’ into a focused environment of self-directed learning wherein students are encouraged to recognize ambiguity and to be independent critical thinkers of the information they consume.

SIGNIFICANCE

EPA 7 Challenges for Residents & Educators: Program Directors have expressed concern that residents can not proficiently form or solve clinical questions using biomedical literature. This may be due to the fact that the functions of EPA 7 have historically been challenging to teach and assess.

The Impact of Medical Librarians on Self-Directed Learning: The inclusion of libraries in teaching and assessing medical EPA 7s will directly support self-directed learning by improving students’ ability to identify and perform learning activities that address their gaps in knowledge, skills, or attitudes. Students will also be able to independently identify, appraise, and synthesize evidence from scientific studies related to patients’ health problems. Educators will see how these habits are currently doing the work and that librarian expertise should be leveraged to fill this identified gap in medical curricula.

Through robust instruction in and assessment of EPA 7 medical students will be able to:

1. Improve their ability to identify and perform learning activities that address their gaps in knowledge, skills, or attitudes identified by the functions of EPA 7 when being examined in a Day One resident and independently identify, appraise, and synthesize evidence from scientific studies related to patients’ health problems leading to evidenced-based practice.

2. Students will appreciate the importance of researching and assessing the biomedical literature and hone these skills in the same way they practice and perfect other clinical skills throughout their careers. This will create a culture of lifelong learning for students and practitioners.

RECOMMENDATIONS

Leveraging expertise of EPA 7s should examine, document, and integrate the curricular efforts of medical librarians who are likely already teaching/speaking functions of EPA 7. Doing so will save faculty time and energy developing new curricular materials.

To realize these goals, the following recommendations should be considered:

1. Collaborative planning between medical curriculum committees and librarians should occur to integrate the teaching of EPA 7-based medical evidence in the formal curriculum and determine where best in the curriculum to introduce these self-directed learning activities.

2. Discussions between professional organizations (AAHSL, AAMC, ACME, et al.) should occur to capitalize on these areas which are ripe for further cooperation, coordination, and collaboration.

REFERENCES


11. Document, and integrate the curricular efforts of medical librarians who are likely already teaching/speaking functions of EPA 7. Doing so will save faculty time and energy developing new curricular materials.

12. Discussions between professional organizations (AAHSL, AAMC, ACME, et al.) should occur to capitalize on these areas which are ripe for further cooperation, coordination, and collaboration.

13. Collaboration between professional organizations (AAHSL, AAMC, ACME, et al.) should occur to capitalize on these areas which are ripe for further cooperation, coordination, and collaboration.


