

## **RIME / AAHSL Request for Input on Future Collaboration**

The Research in Medical Education (RIME) Section of AAMC and the Association of Academic Health Sciences Libraries (AAHSL) are exploring options for future collaboration in medical education research. RIME and AAHSL have drafted the following sets of questions and welcome your input on which topics are the most important for joint refinement and future research. We are particularly interested in your thoughts about the questions in the second category below. Please send email comments to BOTH RIME Section Chair Patricia O'Sullivan ([patricia.osullivan@ucsf.edu](mailto:patricia.osullivan@ucsf.edu)) and AAHSL liaison Rick Forsman ([rick.forsman@ucdenver.edu](mailto:rick.forsman@ucdenver.edu)).

### Potential Questions for Studying the Importance of Evidence-Based Medical (EBM) Practice

#### FOUNDATION:

1. How and where in the curriculum is EBM taught in medical education? National survey to establish baseline data.
2. How can EBM be evaluated in a portfolio system?
3. What are the core competencies for EBM knowledge, skills and attitudes?
4. What are the best benchmarks for measuring attainment of competencies?
5. Are there common gaps that occur in learning EBM? Can learners self-identify these and remediate?
6. What is the best practice/most effective methodology for teaching EBM? What is not effective?
7. Is there a difference in teaching and evaluating EBM competency attainment in undergraduates vs. practitioners?
8. Does inclusion of the EBM in the curriculum create a feedback loop that leads to further modifications/enhancements to the curriculum?

#### APPLICATION:

- a. How can we use technology (electronic patient record, other) to support use of evidence-based decision making in patient care and evaluate outcomes when this does and does not take place?
- b. What is the effect of point-of-care resources on clinical practice and learning?
- c. How do residents and attendings go about continuing to master new competencies in EBM?
- d. Is there skill degradation after residency, why does it occur, how can it be measured and remediated?
- e. How can we best measure the impact of evidence-based practice on clinical outcomes? What evidence of success or failure already exists?
- f. What barriers discourage or prevent the use of EBM in the clinical setting?
- g. Can we devise a strategy for multi-site longitudinal studies to compare effectiveness of EBM training in the undergrad or residency training at numerous institutions?
- h. For practitioners who already make significant use of EBM, what factors motivate them to make use of these techniques and what drives their decision not to take the time to use EBM in some cases?