International Symposium for the Innovation of EBM Education

A Multi-Disciplinary Grass Roots Activity in EBM Education in Tokyo

-from the experience of EBM-Tokyo and pES club

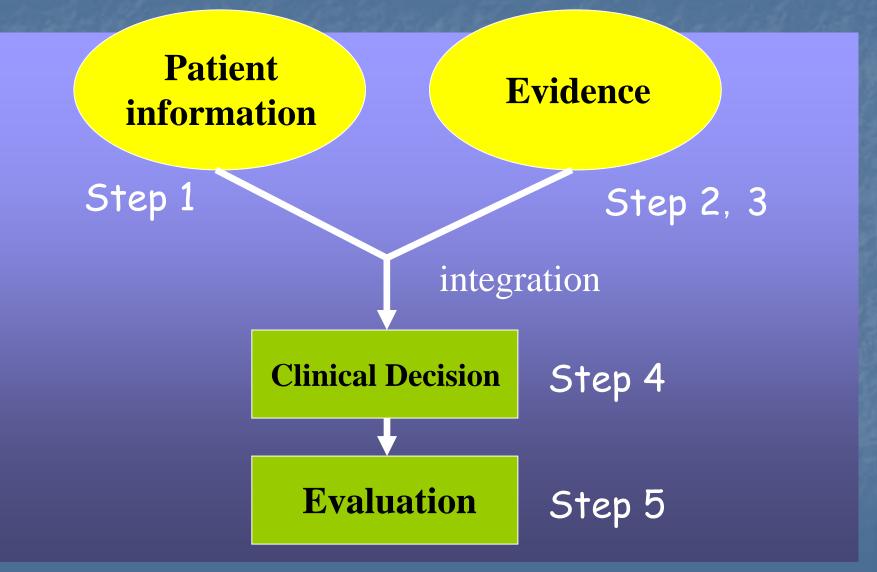
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Self-introduction

- 1973 born in Tokyo
- 1998 graduated from Medical School
- 1999 met EBM
- 2001 started EBM Journal Club
- 2002 attended as primary care physician started EBM education
- specialty: primary care, EBM, medical education

EBM: Evidence-Based Medicine



Merits of EBM practice

True endpoint:

>providing high-quality care to patients

Surrogate endpoints:

- >appraising articles critically
- >searching technique
- >communication skill with patients and co-workers

Maturity process of EBM practice

Conventional experience-based practice



Recognized the concepts of EBM

Recognized and surprised phase





Superstition about evidence phase





Ideal evidence-based practice phase

Misunderstanding of EBM among evidence itself

Suffering from relation between patient, evidence, and circumstance

Positioning of EBM education

Conventional experience-based practice



Recognized and surprised phase

Conventional EBM workshops, seminars



Superstition about evidence phase



Unexplored in education

Ideal evidence-based practice phase

Current condition of EBM education in undergraduate school

- In undergraduate education, EBM is not taught as a tool for clinical decision but is taught only clinical epidemiology in a part of public health or internal medicine.
- Technical terms of EBM, such as OR, RR, NNT, sensitivity and specificity, likelihood ratio, p-value and 95% CI, are not taught with carrying a meaning at clinical situation.

Current condition of EBM education for health care providers

- In the EBM lectures provided from drug companies, researches introduce evidence with a lot of bias and let audience to misunderstand them.
- There are less EBM workshops which introduce the concept of EBM and share methods of lifelong learning.
- There are less colleague who study together continually.

The value of spreading EBM

- Recognize the need of critically appraising medical information
- Recognize the need of multi-disciplinary team practice
- Master how to do lifelong learning with busy work



pES club and EBM-Tokyo

pES club

The SPELL

The Square of Practicing EBM and Lifelong Learning

English version is here.

Contents

- ◆EBMについて一般向け医療従事者向け
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- ♥お問い合わせ先

pES club

pES clubとは?

pES clubはpost EBM Seminar clubの略で, EBMの手法を用いた学生主体のJournal club(勉強会)です。

毎年12月〜翌々年3月の期間,毎月1回のベースで、休日の13時〜20時に、都内の会場にて、EBMの手法を用いた勉強会を実施しています。月1回の例会での議論を補う目的や資料の配付のために、メーリングリストも活用しています。

内容は主に, 臨床医学論文の読み方, 文献検索の方法, 臨床現場でのコミュニケーションの方法, 勉強会のマネージメントの仕方などです.

pES clubの歴史 現在の取り組み 将来への展望

pES club概要2007年版(PDFfile:124KB)

pES club

- "post EBM Seminar club"
- EBM study group for healthcare students since 2002
- Monthly meeting, yearly camp, 15 months
- SGD (Small Group Discussion) style
- Medical, dental, pharmaceutical, nursing students
- Many different kind of lecturers who practice EBM in clinical setting

Program for the year of pES club



 Learning the basic knowledge and skills for practicing the five steps of EBM in a year

First semester (Jan to May)

- Learn critically appraised medical articles and statistical knowledge
- Study design
 - Therapy and Prevention (RCT, SR)
 - Diagnosis (cross sectional study)
 - Prognosis and Etiology (Cohort study)
 - Harm (Case-control study)



Second semester (Jun to Dec)

- Train each step specifically
 - Step1: type of question, PICO
 - Step2: PubMed and other data source
 - Step3: Critically appraise
 - Step4: communication, application
- The camp: Training the Tutors Days (TTD)
- EBM practice session



Third semester (Jan to Mar)

- Overlap with next first semester
- Learn by teaching new members
 - The skills of critically appraise
 - The skills of managing group works
 - The skills of presentation
- Know as much about own growth

From EBM education to human education

- Many Japanese students cannot use right Japanese
- Not mature as a member of society and afraid of becoming to medical provider
- Plan as lecturers learn themselves
 - How to write e-mail and medical certification
 - propriety
 - Logical speaking
 - presentation

The numbers of pES members

	med	dent	pharm	nursing	total
#1 (year of 2002)	10				10
#2 (year of 2003)	9(2)	5			14(2)
#3 (year of 2004)	3(1)	7(4)	5		15(5)
#4 (year of 2005)	3	5(1)		2	10(1)
#5 (year of 2006)	7(1)	5(2)	5	3(1)	20(4)
#6 (year of 2007)	10(4)	4	3	3(3)	20(7)
total	34	19	13	4	70

% () continuator

EBM-Tokyo

EBM-Tokyo

Welcome to EBM-Tokyo homepage

http://ebm.umin.ne.jp

Albourt ws

Woodshop info.

Past works

Admission

Materials

Download

Links NET

このHPに関するお問い合わせは 管理者まで

since 2003.02.19

Last updated: 05/07/2007 07:46:51



私達と一緒にEBMを実践しませんか?

EBM-Tokyo

- To spread the concept of EBM and improve members' skill, it started in March 2002.
- Activities
 - Produce EBM workshop twice a year
 - Join workshops as tutor or lecturer
 - Dispatch tutors to various study groups
- The members are medical providers, healthcare students and others as volunteers

Workshop

- Twice a year
- Beginners' course and Experts' course
 - Beginners': learn about critically appraise
 - Experts': learn specific theme in depth
- Small group style (with 8-10 members)
- Two expert tutors support discussion on each group
- Find new colleague to learn EBM



Beginners' Training Sheet Serise

はじめてトライアルシート 5.3

Beginners' Training Sheet for Clinical Trial

ver.5.3 by last updated on August 26, 2007 南郷 栄秀 Eishu NANGO. M.D. http://spell.umin.jp

このシートは初めて臨床試験の論文を読むためのものです. 臨床試験の定義と論文の構造にも触れながら, 論文を読む上でのポイントを解説しました.

なお,このシートに関する質問,改善点などは、制作者まで直接お願いします。また、制作者は著作権を 保持し、無断転載を禁止します。再配布に制限はしないつもりですが、再配布する際は制作者までご一報く ださい。

治療法・予防法の効果を検証するための研究デザインとは?

0-1) 臨床試験(介入試験)とは?

臨床試験 trial には幾つかの種類の研究デザインがあるが、いずれも、介入(ある治療法や予防法)の 治療効果。予防効果や比較的頻度の高い書を調べるために用いられる。

定義: 患者に対してある種の介入を加えてその効果・害をみるタイプの研究デザイン. コホート研究や症例対照研究などの観察研究に対して、介入研究とも呼ぶ. また、時間経過中に観察点が複数あり、縦断研究でもある. <u>論文には RCT(randomized controlled trial)</u>または prospective clinical trial と書かれていることが多い.

目的: ①治療効果, 予防効果を調べる

②書を調べる

分類: 臨床試験にはいくつかの研究デザインがある.

One arm trial:対象患者に何らかの介入を加えて効果をみるデザイン.対照群はおかない.

Remaining problem on Grass Roots Activity in EBM education

- Colleague
 - Reading articles by several is significant
 - Workshop needs many staffs
- Time
- Motivation
 - compensation
- Sense to catch appropriate topics

Thank you very much

