Reducing the yawn factor.....

Teaching EBP, critical thinking and research methods in GPT1 workshops
The challenge....

To make it relevant, interesting and applicable
THE NEW YORKER

COULD BE ANYTHING.

WAY TOO GENERAL PRACTITIONER.
"I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!"
Why?

2007 RACGP curriculum updated to include critical thinking and research as a core competency
Why?

General practice is ‘in crisis’ [1]
General practice is a poor producer of research – 2000-2007 primary care research output about 2-5% of specialist research [2]
“Primary care research is the missing link in the development of high quality, evidence based healthcare for populations” [3]
A patient who presents with any number of common conditions is likely to receive appropriate management only about 50% of the time [4]

Who?

57 GPRs commencing in GPT1 in 2011.1

Attended in 3 groups of approx 20 GPRs each fortnight for 12 full day workshops at VMA.
How?

Stand alone sessions teaching EBP improve knowledge, whilst clinically integrated sessions also improve skills, attitudes and behaviours [1] “Use residents actual clinical experiences and teach EBM in real time” [2]

GPs who have been exposed to research early in careers are more likely to be involved later on [3]


How?

Clinical application of evidence

◦ More emphasis on identifying EBM guidelines for all sessions and referring to them

Audit

◦ Existing NPS paper audit on management of hypertension- done in practice on 10 patients after session in workshop on topic

Screening, specificity, sensitivity

◦ As relating to a session on prostate cancer screening - using role play to explain to a ‘patient’
Half day session on EBP, critical appraisal and research methods (but we didn’t call it that.....)

- Based on Duke University module
- Start with a role play introducing the clinical query-then using PICO to develop the answerable question
- Identify a primary research paper (RCT) on Pub Med and perform a critical appraisal
- Demonstrate looking for the answer using secondary sources- Cochrane, Dynamed, eTG, NPS, NICE etc
- Explain the evidence to the patient to answer her question
GPRs then answered their own clinical queries that they had emailed in prior

- Transforming them into answerable questions
- Using computers in groups of 2-3 to find the evidence
- Presenting what they had found to the group

Presentation from an academic registrar on their research project

- Developing a research project, ethics, quantitative and qualitative methods
What?

- Pre and post activity questionnaire for the audit
- Questionnaire following the EBM/research methods half day
- Focus group at conclusion of series
And?

Audit

- Increase in knowledge of process of audit
- Increase in confidence (10% vs 70%)
- Reinforcement of management of hypertension (87%)
- Change in terms of BP management and also in data collection
- More enjoyed it than thought they would! (8% vs 28%)
- Little change in whether would perform further audit activities (54% vs 48%)
EBM half day (note no pre test)

- Increase in confidence in accessing EBM (91%)
- Likely to use databases/EBM (93%)
- Think GP research is important (56%)
- Likely to be involved in research (20%)
- One quarter of GPRs said would be more likely to consider an academic post
- Most liked the application of EBM in a clinical context and accessing different resources (53%)
Focus group

General consensus that topic area useful
Liked the practicality
Were using more EBM resources in practice
Felt audit took too much time? Do later in training
More open to research

“I do it now (EBM) when I come across something I am not sure about... (to find out) what is most appropriate”

“If a patient come in with something, I say “let’s look it up, lets do some research”
Where to now?

Supervisor involvement?
More academic posts?

07-08  2 GPRs
08-09  2 GPRs
09-10  1 GPR
10-11  1 GPR
11-12  1 GPR
12-13  7 GPRs

How do we assess performance and outcomes?
What is the meaning of life?

I don't know. The computers are down.