Best evidence medical education and psychiatry in Ireland: a three step framework for change

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Education and training in psychiatry in Ireland is at a crucial and challenging time. It is a time of change in national and international approaches to medical education. New models in the delivery of care for people with mental illness are evolving, and are being influenced by societal and cultural changes. The general public no longer accept medical authority unquestioningly, and the medical profession is increasingly aware that clinical decision-making should be grounded in best available evidence. Undergraduate teaching in psychiatry is embracing the concept of evidence-based medicine in the delivery of psychiatric care. Has the parallel concept of best evidence medical education (BEME) been embraced at the postgraduate level?

The Irish universities, following the trend of what is happening internationally, are revisiting their teaching and learning approaches and modifying the undergraduate psychiatry programs accordingly.[1] The Irish Psychiatric Training Committee (IPTC) is in the process of reforming the educational strategies for psychiatrists in training, while the College of Psychiatry in Ireland is establishing itself. Here lies an opportunity to embrace and apply the concept of BEME in Irish psychiatry.

BEME is the conscientious, explicit and judicious use of current best evidence in making decisions about individual educational programs. Harden and Lilly[2] define it as the implementation, by teachers in their practice, of methods and approaches to education-based on the best evidence available.

The practice of BEME means integrating individual educational expertise with the best available external (ie. literature) and/or internal (ie. programme evaluation) medical education evidence from systematic research. The importance of the concept has been recognised internationally.

There is a clear conceptual parallel to evidence-based medical (EBM) practice, and just as EBM has the Cochrane Collaboration, the Campbell Collaboration[3] collates and systematically reviews best practice in medical education. There are many perceptual biases that impede the inclusion of BEME. Some may regard teaching as an art and not a science and therefore searching for evidence is not appropriate. Perhaps 'proper' scientifically conducted studies are not available, and the process of medical education may be too complex with too many confounding factors. There is also a suspicion of the educational jargon in which much medical education research is couched. Peterson explores and counters these myths.[4]

Three steps to the integration and implementation of BEME into Irish psychiatry

1. Awareness and access

There is an urgent need to raise the awareness of BEME in academic and clinical staff in psychiatry. It is critical to move from opinion-based to evidence-based teaching approaches, if Irish psychiatry is to keep in line with progress in medical education at international level.

Opinion-based decision-making has dominated the debate on medical education and training thus far. Much of the discussion in educational planning groups involves debates about assumptions about what quality in medical education is, and differing traditions of teaching. Norman highlights the need to encourage practitioners to assess current evidence and to guide their teaching and curricular decisions.[5]

In parallel with the national universities, bodies such as the IPTC and College of Psychiatry in Ireland will need to support clinical teachers and tutors in accessing information from BEME projects such as the medical education division of the Campbell collaboration, and the Cochrane Collaboration's Effective Practice and Organisation of Care Group. Facilitating access to medical educational literature will help develop BEME, in the same way as efficient access and retrievability of information through Cochrane Collaboration and similar resources has helped the growth of Evidence Based Medicine. A small but specific example is encouraging institutions to allow access to web information, which can be a problem in settings where web access is restricted.

Equally, the relationships between teaching clinicians, clinicians involved in various aspects of curriculum design and the experts in medical education in national universities needs to be fostered and developed.

Access to medical education expertise is crucial. Simply having access to the evidence is not enough, psychiatrists involved in teaching need to know how to apply this evidence to their teaching situation. Another specific example in

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Ireland would be providing accessible and relevant training in Teaching and Learning for clinicians. For example, medical educationalists are familiar with the QUESTS (**Q**uality, **U**tility, **E**xtent, **S**trength, **T**arget and **S**etting of interventions) criteria,[6] which have been developed for use by teachers in the health-care professions for evaluating the reliability and relevance of evidence to their own teaching situation, but clinicians in general may not be. Hart and Harden describe the application of these criteria in practice.[7]

Familiarisation of relevant clinical staff with this and similar strategies in medical education is necessary, if Irish psychiatry is to embrace BEME. This reflects the need for those engaged in postgraduate training to work alongside medical educationalists.

2. Institutional support for BEME practice as an integral part of medical teaching and training

Teaching skills are not simply lecturing or examining but include approaching these tasks on the best evidence available, and making decisions about this report. An awareness of the need for self-assessment and continuing professional development is paramount to developing the culture of BEME. Individuals engaged in teaching postgraduate psychiatry should be encouraged to develop lifelong learning strategies. Protected time and opportunities for development should be made available to them.

In this regard, the directors of the various training schemes, the IPTC and the College of Psychiatry of Ireland have an essential role in providing support to individuals that engage in BEME. Changes in medical training are easier to 'sell' to clinicians if the evidence base for changes is presented along with the change itself. For example, problem-based curricula have been implemented in Northern European countries for some time and an evidence base for their effectiveness has been recognised.[8]

An evidence based ethos in medical education at postgraduate level makes accountability and quality assurance easier. This in itself should be an incentive for directors of the various postgraduate psychiatric training schemes to facilitate the integration of BEME in Irish psychiatry.

Furthermore, efforts to promote evidence-based practice must include fidelity measures and self-correcting feedback mechanisms. BEME practices should be emphasised as a required feature of a 'good teacher'. Practice behaviours may be influenced if this is a criterion for promotion and appointment of staff and reflected in reward systems.

3. Improving research in medical education

The need for formal evidence-based medical education has only recently been acknowledged within Irish psychiatry. Medical education in general is a developing field in Ireland, hence the recent changes in undergraduate curricula in Irish medical schools.

Changes in undergraduate teaching obviously involve collaboration between academics in teaching and learning based in universities and medical teachers. At postgraduate level, however, this collaboration is less readily available, and yet would be of great benefit to curriculum development.

In University College Dublin/St Vincent's University Hospital we have set up a senior registrar special interest group in medical education, with direct input from the Centre for Teaching and Learning in UCD.

A move to evidence-based teaching will encourage more and better research in medical education. It is absolutely essential that all changes to postgraduate training are based on recognised principles of adult learning.[9] Adult learning and teaching (andragogy) differs significantly from that of children (pedagogy), and similarly postgraduate workplace-based training differs from undergraduate university-based training. Evaluation of any change is necessary to ensure effectiveness.

Resources for training in and implementing educational research are essential. This research can take place at hospital, departmental and community level. It should also be integrated with the larger remit of medical education to seek further validation for educational interventions.

Collaboration between university teaching and learning departments, the training schemes in psychiatry, the IPTC and the College of Psychiatry of Ireland in furthering this type of research would be a major step towards the integration of BEME and Irish psychiatry, and towards Irish psychiatry putting its mark in this field at international level.

Developing international links, and participating in collaborations such as Campbell, would strengthen medical education research and further improve the quality of BEME-focused research and practice.[10]

Weimer[11] writes that "done correctly, the evaluation of instruction is more sophisticated, objective, and accurate than our assessment of research productivity". Research in medical education is feasible, possible, and of direct benefit to teaching standards, clinical practice, and patient care.

Opportunity

Menin and McGrew reflect that while professional standards and guidelines are well established for patient care and research, teaching methods and practices are most often guided by personal beliefs and opinions and rarely by the standards of scholarly inquiry, evidence and professionalism prevalent in research and patient care.[12]

At this opportune time of change in the teaching of psychiatry at postgraduate level, Irish psychiatrists as a group need to be made aware of changes in medical education and recognise the need for improving educational approaches. Clinicians involved in teaching need to be informed, ready and willing to embrace BEME.

It is recognised that medical education and training focused mainly on knowledge alone does not strongly influence practice behaviours, but needs to focus on skills and attitudes also. To embrace and develop this aspect of training, changes are necessary.

With the new College of Psychiatry of Ireland adopting 'learning' as part of their motto, and with two out of the three pillars of their structure being continuing professional development and postgraduate training, teaching and training becomes central to psychiatry in Ireland.

These bodies responsible for post-graduate psychiatry teaching will need to scrutinise the evidence as to what should be changed; what new approach and methods should be adopted and how they can be introduced more effectively.

Individual psychiatrists themselves require support to inform themselves, and to recognise the need to develop medical

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education skills, to be able to embrace BEME. Are we ready for this challenge in psychiatric education?
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In the interest of accountability all financial and material support for the research and the work should be clearly stated.[7] Authors of original data must take responsibility for the integrity of the data and accuracy of the data analysis. All authors must have full access to all the data in the study.[8]

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