



1st International Conference at a Glance



The Auspicious moment of lamp lighting ceremony to mark the inauguration of the conference



Inaugural address by Dr. Michael Maves- Executive Vice President and CEO, American Medical Association.



Souvenir release of the International conference



Panel discussion session during the conference



The organizing committee with the invited International dignitaries.



The conference delegates during a session.



The faculties of Sumandeep Vidyapeeth getting trained at the International workshop.



Hands on training of the faculties of Sumandeep Vidyapeeth



The Scenic beauty of the campus as seen in the night time.



Evidence Based Education System (EBES)

NEWS LETTER

A Publication of Sumandeep Vidyapeeth

AN INNOVATIVE EDUCATION SYSTEM

"FIRST IN THE COUNTRY- BY SUMANDEEP VIDYAPEETH"

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Editorial.

Our Achievements and way forward

Introduction to EBP

EBES Faculty Development Program

1st International Conference at a Glance

Inaugural Address at the First International Conference

We at Sumandeep Vidyapeeth had a very stimulating first half of 2011 in terms of Innovative Strategy in Health Education. The year started with a discussion on organizing an international conference on EBES and we could successfully organize the 1st International Conference on Medical Education of the future – Strategies and Innovations for success - An Evidence Based Education System(EBES). A workshop was also organized by the International faculties for our faculty and a whopping 180 SV faculties received detailed trainings in major areas of Teaching evidence Based Medicine for Effective patient Care, Effective Learning Strategies for study and Test Taking, Exploring New Models of Assessment in Medical education and Planning a Five Stage Life Cycle of Curricular Change and a report on these workshops will be taken in the upcoming newsletter. This newsletter is going to highlight the events of the international conference and also includes a brief report on implementation strategies for EBES.

I would take the opportunity to personally thank the keynote speakers who travelled all the way from USA – Dr Michael Maves Executive Vice President and CEO, American Medical Association, Dr Carl Stevens, Dr Margaret Stuber, Dr Lawrence “Hy” Doyle, Dr LuAnn Wilkerson of UCLA, USA and our national educationists Dr Ved Prakash Vice Chancellor, DMIMS, Prof. Dr R K Bali, President IAPH, and Prof. Dr Kishore Taori President, IRIA. An International event of such a magnitude was only possible due to the support of all the committee members and volunteers and also the participation of countrywide delegates in large numbers.

Through this newsletter and the ones to follow, I am planning to bring to you the major presentations made during the conference for the benefit of all those medical educators who missed out on attending the event. The first detail I am planning to take here is the inaugural address delivered by Prof. Dr Ved Prakash Mishra. Our team has also put up a detailed write up on Evidence Based Practice and our following newsletters will provide a series of the same.

I hope you all have an interesting reading and will be able to gather knowledge and information on EBES. You are always welcome to give your valuable suggestions by writing to me on the above address or can email me at: researchdirectorsvu@gmail.com.

Dr Sandip Shah

Our Achievements and way forward

Dr. Suresh Kumar Rathi from Department of Community Medicine presented the poster titled, “Evidence Based Education System: Our Achievements and Way Forward” in National Conference on Health Professions Education – 2011 at CMC Vellore, Tamil Nadu.

Sumandeep School of Nursing in collaboration with Hull University of UK has set up virtual classrooms for teaching students bilaterally – Teachers of Hull University UK take classes for Sumandeep School of Nursing and Teachers from Sumandeep School of Nursing will take classes for students of Hull University, UK.

EVIDENCE BASED PRACTICE

*Dr Arti Muley, **Dr Prasad Muley, ***Dr Monali Shah,

Evidence-based practice (EBP) has been defined as the "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" [1]. The use of evidence from available research in clinical practice has now become an area of interest in the health profession around the world [2,3] and is fast becoming essential as well. The aim of using evidence based practice is to build a defensible body of clinical knowledge & use the best available evidence to support effective practice in patient care [4].

Generalising evidence developed from systematic literature reviews is often not relevant and may not always be appropriate for all populations. For instance, a recent Cochrane review reported that there is no evidence that using tap water for wound cleansing increases infection [5]. There are no trials included in the review to represent the use of tap water in developing countries and thus, the evidence cannot be recommended in settings where a constant supply of potable tap drinking water is unavailable. Consequently, the information supplied by research conducted in a particular population cannot be applied to all.

Using evidence based practice is particularly aimed at identifying relevant evidence for a clinical query, critically appraising it for validity and applicability to the population in question and using it for clinical decision making. What makes it more acceptable to patients is that it also takes population characteristics and patient values into account and thus is population specific.

However, the uptake of the evidence into clinical practice has been a common challenge, because to do so requires change of sustainable thinking, and behaviours [2]. Barriers such as lack of knowledge, skills, time, and access to the literature have been consistently reported [6-9].

There is no simple answer to this scenario. However, a key solution to overcome these barriers has been considered to be effective education, training and peer support [10-13]. Researchers and clinicians in developing countries need more support to learn the concepts and acquire the skills related to evidence based practice, so that research and clinical practices improve.

Going through all the processes to make evidence-based decisions can be time consuming, especially if you do not have adequate skills or the time to apply them. Additionally, despite your best efforts, you may not be able to find high quality evidence for many of the clinical decisions you must make.

Dr Arti Muley, Assistant Professor of Medicine, SBKS MI&RC, SV
Dr Prasad Muley, Associate Professor of Paediatrics, SBKS MI&RC, SV
Dr Monali Shah, Professor of Periodontics, KMSDCH, SV

Over the last two decades there have been numerous advances in evidence processing, including the production of streamlined guides to aid in critical appraisal of the literature, evidence-based abstraction services, online and other forms of electronic literature searching, growing numbers of high quality systematic reviews, and frequently updated textbooks in paper and electronic formats.

With the view of acquainting all with the basics of EBM, we are starting a series in which we aim to cover all areas step by step. We hope that, over time, by learning and practicing critical appraisal and informatics skills, developing a rational approach to uncertainty, and by explicitly incorporating evidence, patient preferences and values into our decision making processes, we will likely become a "connoisseur of evidence". That is, we will develop a taste for continually assessing the evidence upon which to base our clinical decisions, and develop a willingness to seek and choose high quality pre-appraised and secondary sources of evidence from what is available.

To start with, here are some basic tips:

The evidence based practice can be divided into the following components:

1. Identifying a problem or area of uncertainty
2. Asking a relevant, focused, clinically important answerable question
3. Selecting the most likely resources to search
4. Searching, and appraising the evidence found
5. Assessing the clinical importance of the evidence
6. Assessing the clinical applicability of the evidence
7. Acting on and appropriately applying the evidence
8. Assessing the outcomes
9. Authoring-summarizing and storing records for future reference

Asking Answerable Questions

The inability to ask a precise clinical question can be a major hinderance to evidence-based practice. To form an answerable question, start with the following:

1. **Ask:** "Is this a question about foreground or background knowledge?"
 - a. Background knowledge questions are general questions about illnesses, syndromes, patterns of disease, and pathophysiology. They usually include a question (what, where, why, when, how) + a verb + a condition. For example, "What is the typical clinical presentation of diabetes mellitus?"

This type of question is more commonly asked in a particular knowledge area, to gain a general understanding of clinical issues. Best resources include evidence based textbooks and reviews.

there cannot be an effective system, which is not evidence based. Therefore, the themes which we are wanting to undertake, they are integrated with each-other. The contemplating an evolving system, we contemplate a system which is expected to be catering to the objectives, we contemplate, something which is required to be idealistic and yet being in a position to be realistically dispensing the goods. Such a system, cannot be but integrated without evidences. I am not imagining a parable, which I am inventing for the first time. Hindu Upanishadh, "Katuopanishadh", very aptly brings this out. A notable conversation between the Lord of death, the "Yama" and a nine year old child "Nachiketa", brings out this particular depiction very extra-ordinarily. The child's question is, is there a life beyond death? And the answer, which is rendered by a God of Death, who cannot know anything beyond death, is something which is very interesting. The only thing which can make continuous beyond all lives and transcending everything is told to Nachiketa by Yama, and that is "Jignyasa or Pariksha". There are only two things, which are capable of transcending everything. The first is inquisition and second is examination. As long as, there is a sense of inquisition alive, and that inquisition will be subjected to evaluation for the purposes of three access. (a) accuracy, (b) authenticity and (c) emanating authority. Life will be continuous continuum and evidence will be the hypothesis generated thereof. I was second parable to quote, it's not only the "Katoupanishadh" but the first sage medical man, which this country produced 2500 years before. "Charak Samhita" very aptly contemphish evidence based medicine. Charak in his samhita says, there will be five dimensions, which will be in a position to bring out the efficacy of medicine and that will be on the basis of (a) 'anuman', (b) 'aaklan', (c) 'anubhati', (d) 'anubhav', (e) 'praman', five dimensions. Medicine, which will be based, there will be component of medicine, which will be based on 'aankalan', that will be a component of medicine, which will be based on 'anuman', that will be component of medicine, which will be based on 'anubhuti', and there has to be a component of medicine, which will be based on 'anubhav', but yet the best form of medicine, which will be in a position to satiate the disposition of 'praman' in the domain of inquisition shall be only what will be contemplated as 'pramanit' medicine, that is exactly what evidence based medicine is. And hence, let me submit very clearly, this country is not expected to needing any sermons, from anybody, from any corner as to what evidence based medicine system is. When perhaps, the World was glittering in darkness, the connotation of 'jignyasa', the connotation of 'pariksha', the connotation of 'charak samhita', in the domain of 5 aspects, their deep routed in the thaws of system of medicine in this country. Having essence of what is really appealing to my mind is, it's very easy to contemplate evidence based medicine. It's very easy to articulate that component. But it's very difficult to comprehensively evolve a system, which we call as evidence based medical education system. when you are contemplating evidence based education system, ladies and gentlemen, you are not just taking into consideration only the component of evidence based medicine, it means broad, it means wide, it means vivid, it means comprehensive, and it also means, something which is expected to be all pervasive. To say that the component of evidence based medicine is incorporated, and to say that particular module is incorporated into teaching and learning in thoughts, and therefore, it becomes evidence base medical education system, the answer is a big NO. It's not just incorporation of evidential components, otherwise also empirical evaluation, emphatic evaluation, and for that matter exponential evaluation, these were the three component,

which were there to incorporate into educational system itself. What is new that we are talking about. It's not incorporation of efficacy of the evidence, but it is incorporating an approach, which is expected to be in the system, which will be evidence based. It is targeted proposition, incorporated with diligent methodology resulting in generation of outcome which are expected to be commensurate the objectives that is what is the component of evidence based medicine incorporated in a system of medical education which is suppose to be evidence based medical education system. And therefore, ladies and gentlemen, it's not a one time contemporary proposition, which is required to be articulated, it's continuum and that continuum in which, 'jigyasa', and what is 'jigyasa', again I am referring to "taitropnishad", where, Taitriya muni categorically said, 'jignyasagya'. 'Jignyasa' is contemplated into a English word, which had got only three letters 'jignyasa' is "WHY", why? Where, a child is in a position to pose why? Where the teacher is committed to answering, why? when the beneficiary is in the position to put, why, and the accountability of the system mandates, answering that why, the entire system becomes evidence based education system. "Why" is not a ordinary proposition, it's not a ordinary letter, it's not a ordinary word. Small little confabulation in a small book titled, 'Ideas that moved the World, depicts, what is the importance of Why. I am tempted to quote, what has been said in that particular book, and it says quote "not that the apples have never fallen before, but perhaps it was left only for Newton to see the falling apple and ask why, and he did not stop it, stop at it, incorporated himself into it and laws of gravitation manifolded and manifested for the benefit of the entire mankind unfold. That is the strength of why. When the poser is significant and answering to that particular poser is expected to be generated out of equal degree of emphatic efficacy, take it for granted, a system gets generated, which is quoted in no other name than the evidence based educational system. Where why thrives where why survives, where why is emphatic, where why is answerable and there the entire audacity is incorporated in a sense of accountability for answering that why, then nobody is indicted purposing a why, take it for granted that is evidence based education system. and therefore in all humility I think, this entire proposition is, taking into consideration a poser why, and entire answerability is that this why be perpetually answered, both in letter and inspirit as well, so that the lines incorporating the answer do not reveal or do not result in any space, which will be counted as something in between the two lines reading more or less than that. It is that emphatic accuracy, ladies and gentlemen, which in the domain of adventurism reveals something, which is subtle and concrete to begin with being abstract and getting articulated in the domain of, being realistically certain, that is the efficacy of evidence based educational system. I only pray, as Ravindranath Tagore had very categorically said, where the head is held high, where the reason prevails, and into that reason, it is the accountability of generating the answer, which dominates in to that heaven of rhythm my father, let the medical education system rise and thrive and whenever that happens believe me Mansukhbhai, this conference will be one of the epiphyses of invoking that particular transition in this country and therefore, salutations to all of you.

Thank you very much.

b. Foreground questions are more often about issues of care. They query specialized knowledge needed for specific and relevant clinical decision-making.

1. Components of a well-built foreground question include "PICOS". Best resources may include an evidence-based abstraction service, guidelines, systematic reviews, or some evidence-linked textbooks. It may also include the primary literature. The need for skills in searching and critical appraisal is greatest when searching for evidence in the primary literature.

2. What does "PICOS" stand for ?

- P** patients or populations
- I** interventions
- C** comparison group(s) or "gold standard" or "standard of care"
- O**utcome(s) of interest
- S** study design

3. Categorise the question into one of the following :

- Therapy/Prevention
- Diagnosis
- Prognosis
- Harm or Causality/Etiology

4. Ask: "How can I get high quality summaries or studies with valid and clinically important evidence specifically addressing this issue?"

Searching Effectively

Sources of information and evidence include:

- Colleagues
- Textbooks
- Journal articles
- Guidelines

Where to start searching depends on a number of factors:

- Available time
- Available databases
- PICOS and domain of the question asked
- Foreground versus background knowledge required
- How well the issue lends itself to study

Critical Appraisal and Properties of Information

After completing the search, the results need to be critically appraised. The following are three items that should be looked at:

Attribute	Quality
Validity	Can I trust this information?
Clinical Importance	If true, will the use of this information make an important difference?
Applicability	Can I use the information in this instance?

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EBES FACULTY DEVELOPMENT PROGRAM- Report of Workshop.

*Dr. Suresh Kumar Rathi

These workshops are being conducted by the EBES Core Committee of the SV comprising of: Dr Sandip Shah, Dr Suresh Rathi, Dr Ila Gujaria, Dr. Prasad Muley, Dr Arti Muley and Dr Monali Shah

Sumandeep Vidyapeeth organised a training workshop on Evidence Based Education System (EBES) for all 33 departmental coordinators of the University.

The faculty / Resource persons for the workshop were already trained in line with current EBES guideline during IAP-RCPCH-PGI Course on How to teach Evidence Based Medicine, Advanced Paediatrics Centre, at PGIMER Chandigarh.

After briefing by Dr. Sandip Shah (Director Research) and self introduction by the participants, the first session on introduction to teaching EBM was conducted by Dr. Suresh Rathi (Assistant professor, Department of Community Medicine). It was about familiarizing the new concept and terminology of EBM to the participants. Then Dr. Ila Gujaria (Associate Professor of Anatomy) discussed in detail about searching literature and she also demonstrated the same in the Learning Resource Centre (LRC). After Dr. Ila's session, Dr. Prasad Muley (Associate Professor of Paediatrics) conducted a session on applying evidence to individual patient. He also focused on the applicability of the evidence to a particular patient keeping in view the advantages and limitations. Post lunch session has been dedicated to Critical Appraisal of the Research Paper (Crux of the Workshop). The participants and Resource persons were divided into two groups. The group has gone through the article for one hour and then discussed critically in terms of validity, impact and applicability to the patient/subject. In this session, facilitators provided the guidance as and when required.

The second day program was started with the presentation by Dr. Suresh Rathi on the Epidemiological Study Designs in detail followed by Dr. Arti Muley's (Assistant Professor of Medicine) presentation on Bio-statistics. Both Sessions were very interactive, created a ton of discussion and very well received by the participants. Post lunch session of the second day, second paper appraised in terms of validity, impact and applicability to the patient/subject. The last session of the workshop was conducted on "Getting EBM Teaching and learning into system" jointly by Dr. Monali Shah (Professor, Dental College) and Dr. Sandip Shah. They have discussed in details about University's perspective on EBES and focussed on the importance and need of the EBES in coming era.

Dr. Suresh Kumar Rathi (Workshop Coordinator)

*Assistant Professor, Department of Community Medicine, SBKS Medical Institute and Research Centre, Sumandeep Vidyapeeth, Piparia, Vadodara – 391760

Apart from teaching session by the resource persons, some bite size (small) session were also part of the workshop. They have been conducted by the participants in groups with the assistance of the group facilitators. In these sessions Randomization, Validity of Diagnostic Tests, P-value, CI and Odds Ratio, Number Need to Treat topics were covered in small groups.

At the end of the last day, participants provided the feedback on the workshop.

The main findings of the feedback are...

S. No.	Session	Rating (From very good to excellent)
1	Teaching EBM session by the Resource persons	85%
2	Bite size session	74%
3	Searching evidence session	56%
4	Critical appraisal of the article session	44%

However, there was a suggestion from Coordinators of the Dental College (KMSDCH) that one article from the oral health should be critically appraised.

In short, it was the unique and of its kind workshop in the history of Sumandeep Vidyapeeth and all Departmental Coordinators for EBES have been trained in line with current EBES guidelines.

Inaugural address by Dr. Ved Prakash Mishra, Hon'ble Vice Chancellor, DMIMS at the 1st International Conference on Medical Education of Future- Innovations and Strategies- EBES.

Dr. Ved Prakash Mishra
Hon'ble VC, DMIMS, Nagpur
Deliverance by Guest of Honor
Dr. Ved Prakash Mishra



Honorable, Chancellor of this illustrious University – Dr. Mansukhbhai Shah, Hon'ble Chairman of this inaugural ceremony – Dr. Michael Mave, my esteem friend and guest of honor and former chairman of Dental Council of India – Respected Dr. Bali, learned Vice Chancellor and esteemed sister to me – Dr. Jayshree Mehta, my esteemed colleague and guest of honor, former president of the National Radiological Imaging Society – Dr. Kishor Douri, learned invitees, delegates, participants, and dear friends.

I take the privilege of recording my sense of appreciation and gratitude, To a very notable initiative undertaken by Dr. Mansukhbhai Shah, and very aptly articulated by Jayshree Mehta. In organizing this two-day thematic conference, on a very relevant and appropriate theme. When we are contemplating an education system, ladies and gentlemen,