

بسم الله الرحمن الرحيم

# Best Evidence Medical Education

## BEME

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# After Abraham Flexner 1866- 1959

A paradigm shift in medical education

**;knowledge' and 'truth' are contextual, in flux and always evolving;**

A greater explosion in computer and internet technology

**;massive increase in information and an ease of availability;**

**Questions ?**

**We are witnessing that experts are not always right**

**But what if they insist ?**

**What to do with available of knowledge and evidence  
if not compatible with expert opinion ?**

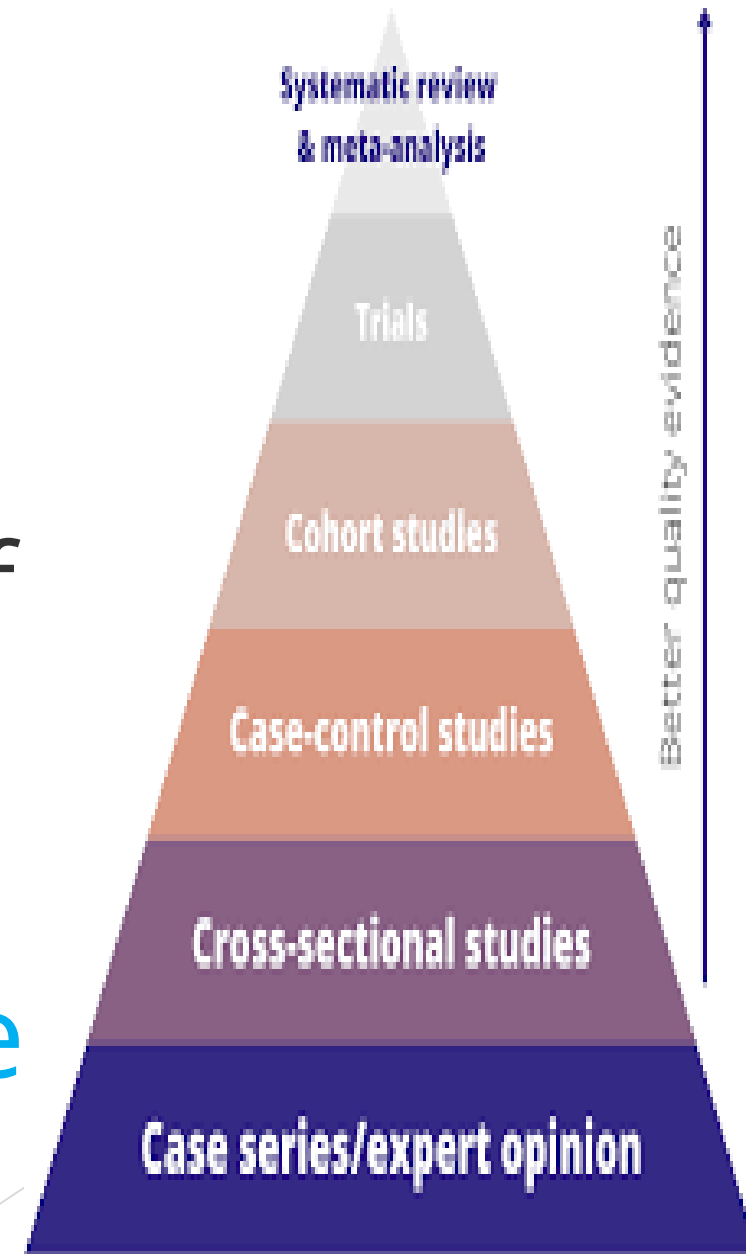
These questions and voices led to

The **concept of and need**  
for evidence-based  
health-care and education

A shift from  
expert based consensus guidance  
to evidence **led** guidance  
for **evolving** educational and clinical  
knowledge

There is a need  
to move from  
opinion-based education  
to more evidence-based  
education

Decision making should be supported by a hierarchy of evidence and  
evidence alone is never sufficient for sound practice



# Sound Practice





# Best evidence medical education (BEME)

The implementation of methods and approaches to education based on the best evidence **published** and available. By:

- ▶ Teachers in their practice
- ▶ Curriculum designers and developers
- ▶ Boards of decision makers
- ▶ Fund providers
- ▶ Policy makers
- ▶ Boards of evaluation and accreditation
- ▶ .....

How to implement BEME ?

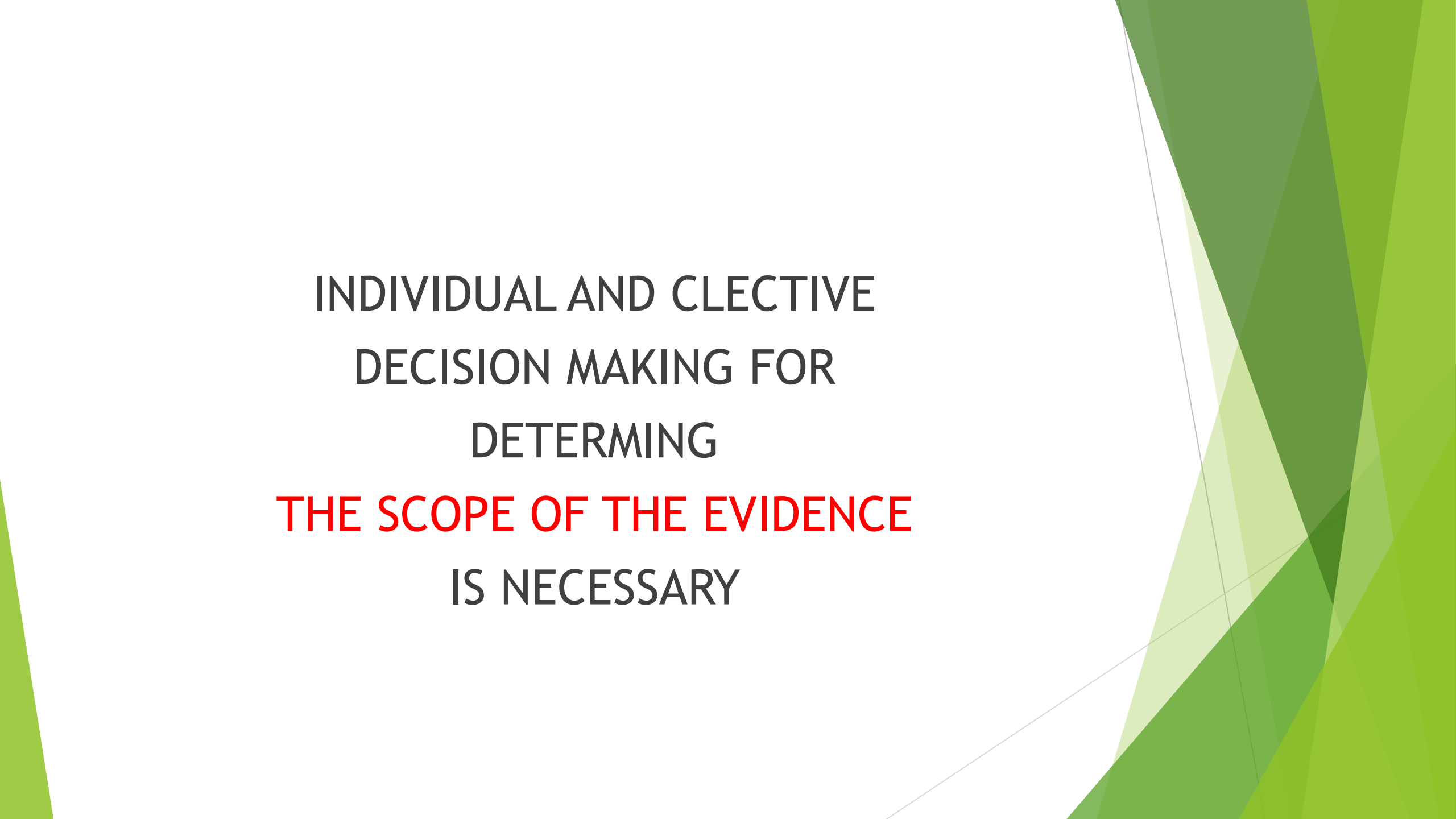
EVERY THING IS BASED ON A  
**Professional judgement**

By the stakeholders

**BASED ON** a set of criteria

# Professional judgment

Evaluations and judgments are  
**prone to**  
human mind's biases and frailty  
Professional means expert in  
**content, method and setting**

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern, layered effect on the right side of the slide.

INDIVIDUAL AND CLECTIVE  
DECISION MAKING FOR  
DETERMING  
**THE SCOPE OF THE EVIDENCE**  
IS NECESSARY

# QUESTS 6 dimensions

- ▶ The **Quality** of the research evidence available

How reliable is the evidence?

- ▶ The **Utility** of the evidence-

Can the methods be transferred and adopted without modification?

- ▶ The **Extent** of the evidence

- ▶ The **Strength** of the evidence

- ▶ The **Target** or outcomes measured

How valid is the evidence?

- ▶ The **Setting** or context

How relevant is the evidence?

# Rating of evidence

- ▶ No evidence
- ▶ 1 Evidence-based on professional judgement
- ▶ 2 Evidence based on educational principles
- ▶ 3 Evidence based on experience and case studies
- ▶ 4 Evidence based on consensus views built on experience
- ▶ 5 Evidence based on studies in a comparable but not identical area
- ▶ 6 Evidence based on well-designed non-experimental studies
- ▶ 7 Evidence based on well-designed quasi-experimental studies
- ▶ 8 Evidence based on well-designed controlled studies

# Best evidence medical education

A continuum between  
100% opinion-based  
And  
100% evidence-based  
education.

100%  
opinion-  
based

100%  
evidence-  
based



Fourth industrial revolutions  
is and will change every  
thing including  
the evidence and its nature





“

“



# Tools and instruments

- ▶ Clinical appraisal skills program 8 useful checklists
- ▶ Critical appraisal tools
- ▶ Oxford University critical Appraisal tools
- ▶ Exeter University critical Appraisal for medical and Health care
- ▶ Cambridge LibGyuides

# BEME guidelines

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