



# DEVELOPING A MODEL TO INTEGRATE EBM INTO A CROWDED CURRICULUM

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*A faculty-driven approach using curriculum mapping*



# Introduction

- NIH R25 award allowed for integration of Evidence Based Medicine (EBM) into the curriculum
- Allowed KCOM to provide faculty development to integrate EBM into curriculum
- Integrated into all four years of medical school
- Developed a research culture through creation of EBM to support future research of outcome based and application of alternative medicine



# Curriculum Development

## Team

- Disciplines represented
  - Family medicine
  - Surgery
  - Physiology
  - Medical Education Fellow
  - Penn State Representative
  
- Create a plan to integrate EBM into curriculum



# Methodologies

- Used curriculum mapping to guide conceptual efforts
- Conducted planning meetings with selected faculty members to conceptualize where and how to integrate EBM
- Major challenge was to find ways without adding more contact hours
- Outcome measures included faculty attitude, knowledge and curricular additions in the R25 curriculum map

# Results

## □ Prior to workshop series

Only 65% preferred to infuse EBM into curriculum

89% agreed a need for faculty development training in EBM

## □ Post workshop series

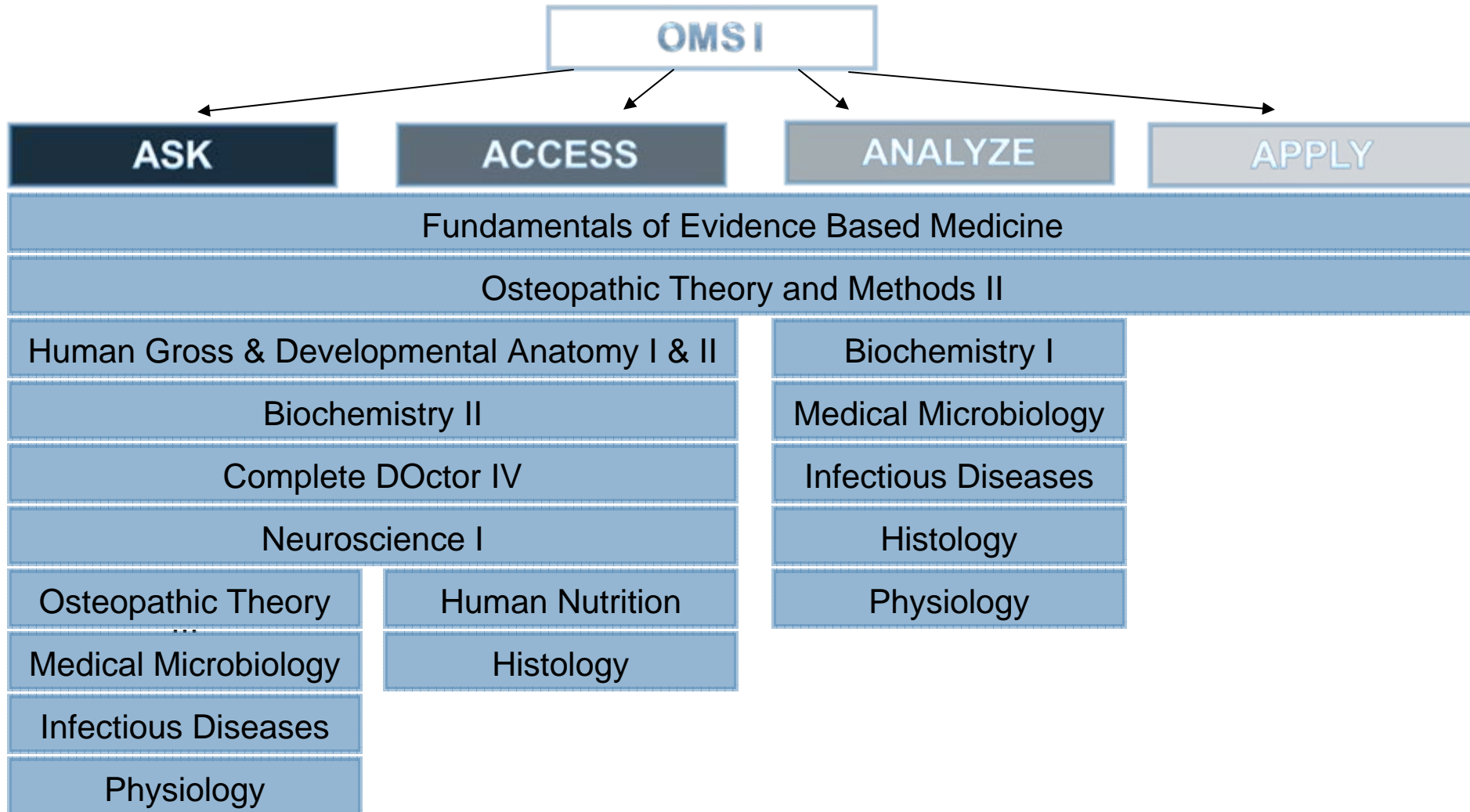
Nearly half of participants voluntarily assisted in workshops

94% agreed to find ways to enhance the curriculum with EBM

90% improved their electronic resource capabilities & EBM terminology

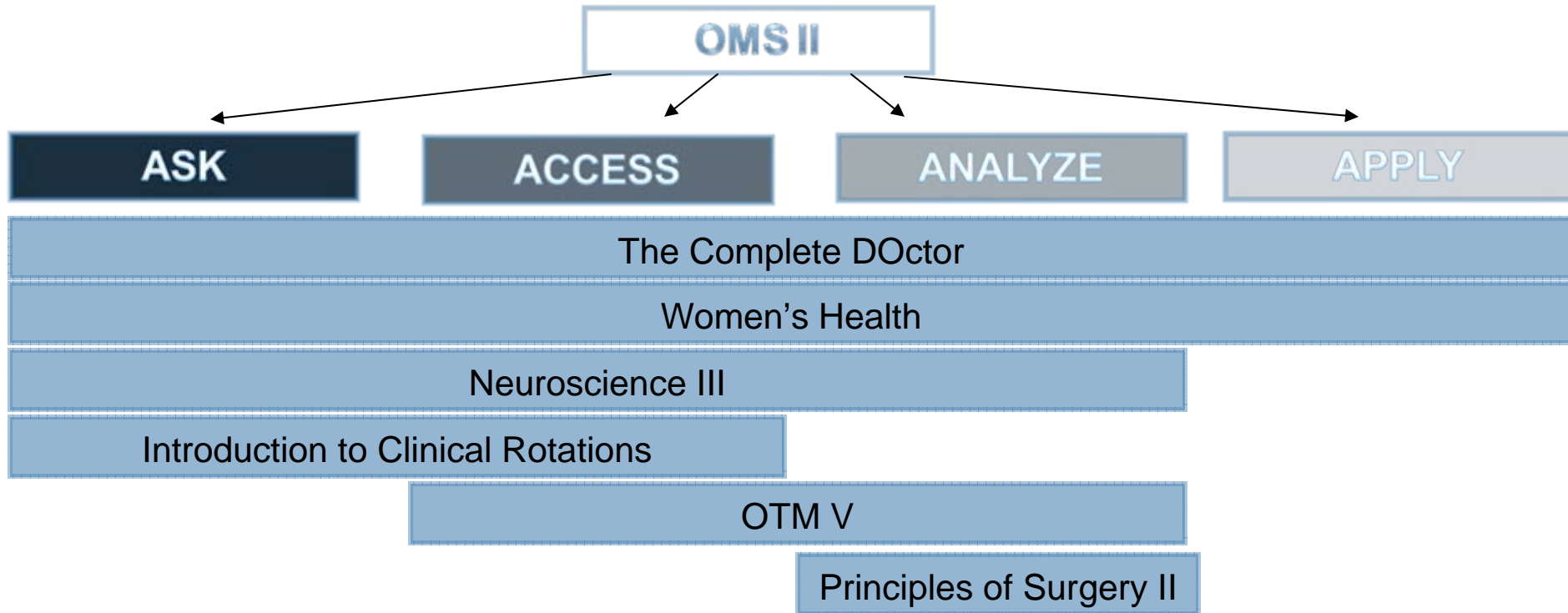
71% improved ability to teach students to evaluate material for clinical practice

# R25 Curriculum Map



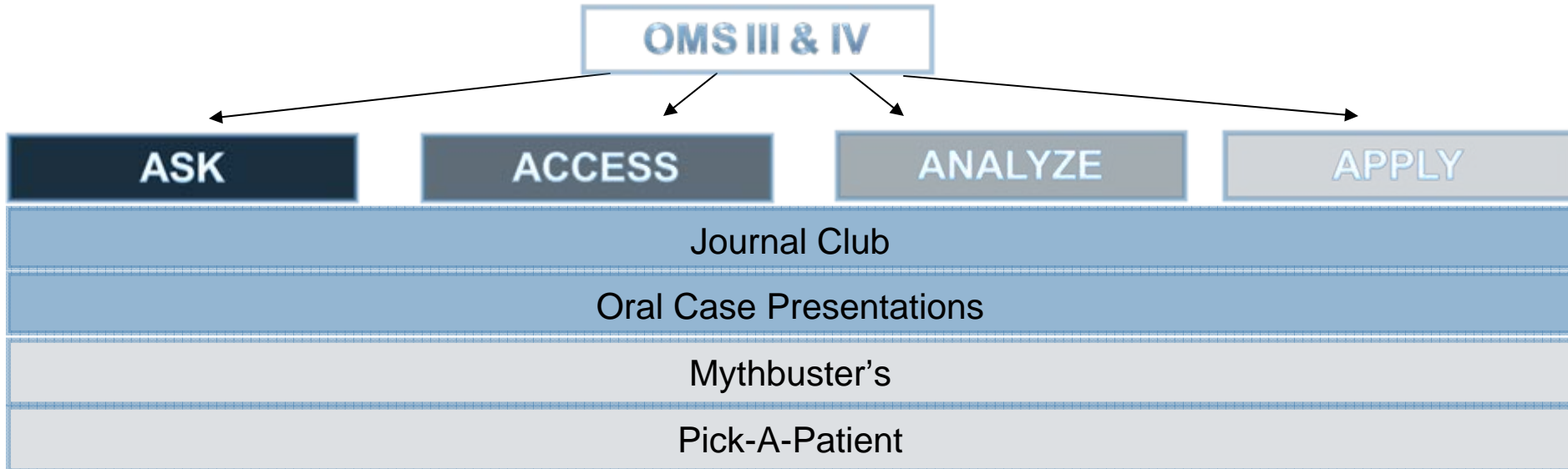


# R25 Curriculum Map





# R25 Curriculum Map





# Discussion

- Greater integration of EBM into classes than anticipated
- Process was driven by faculty
- Faculty attitude toward EBM improved
- Student performance has improved
- EBM had become institutionalized in the curriculum