

Medical Teaching in Ambulatory Care through PBL+EBM

Yu-Jia, Lai

Chief, department of community medicine, Changhua Christian Hospital, Changhua, Taiwan, ROC

The CCH is a tertiary teaching hospital with 1500 acute care beds which can provide lung and renal transplantation with more than fifty branches of subspecialties. We start EBM (Evidence-based medicine) learning since 1996. This is the starting point for EBM activities in Taiwan. Our hospital promotes EBM by task force and all the costs are supported by hospital found. We are now built an organizational structure in hospital that takes the responsibilities to promote EBM.

Resident physicians generate many patient-related questions in the outpatient setting, but rarely answer them. We put PBL (Problem-based learning) followed by EBM in the out-patient setting at PGY1 (Post-graduate year 1) stage. Residents completed a well focused clinical question after finishing their clinical scenario exercise and attempted to answer this specific questions based on the process of EBM.

- 1、Formulate problem list.
- 2、PBL discussion : Facts / Hypothesis / Need to know / Learning objectives.
- 3、Formulating answerable clinical question based on PICO.
- 4、Start EBM process.
- 5、Final check up after paper work finished.

During year 2004, we complete 56 Resident physician's training. Patients without cancer diagnosis are most likely choice for PBL discussion (88.4%). Almost all of them can formulate well built clinical question. Treatment is the most common clinical question (81.4%). Database used for answering the clinical question are Medline (46.5%) and Pubmed (41.9%) accordingly. For critical appraisal skill training, most of them select RCT (Randomized control trail) type of paper (62.8%). Near half of them can calculate NNT (Number needed to treat) (48.8%).

PBL followed by EBM can offer as an educational tool for Resident physician's ambulatory care training at least in tertiary teaching hospital.