



AMEE 2004

Spotlight on Best Evidence Medical Education

Best Evidence Medical Education (BEME) has a close association with the Association for Medical Education in Europe (AMEE). The BEME community, its Steering Group and many members of the topic review groups that undertake systematic reviews of aspects of health care sciences education have met at AMEE's annual conference since 2000. This year continued that tradition but with one important difference. In Edinburgh we were joined in two formal sessions by many, many conference participants interested in the findings of the first topic review groups and in the methodology of systematic review work in education.

Discussion of the principles and practice of evidence informed education started in two pre-conference workshops. One of these focused on how to find and appraise evidence. The other introduced veterinary medicine educators to the work of BEME and the use of evidence in the appraisal of new education technologies. On Monday at the BEME Symposium it was time for some results. Not unusual at conferences, I hear you say. True, but for those of us who have watched with pride the development and endeavour of BEME topic review groups, it was a significant moment. Systematic reviews, especially in new disciplines, are challenging pieces of work. In Edinburgh new knowledge was revealed and evidence with the potential to shape educational decision-making for practice and policy presented.

Five topic review groups reported their work. Firstly, we heard answers to the question 'What are the feature and uses of high-fidelity simulators that lead to most effective learning?' from the Miami Group. The Manchester Group then presented findings from the question 'What does early clinical experience contribute to the basic education of health professionals', followed by a group, based on four continents, who asked 'What are the features of faculty development that make it effective?'. Next we heard the findings from a New York based Group interested in 'Performance-based instruments that measure medical communication competence'. Finally, the progress of the Barcelona Group who are looking at what contributes to the effectiveness of feedback in assessment was described.

Apart from some clear pointers to effectiveness and ideas about the characteristics of what makes a given educational intervention effective, these presentations taught us all a lot about the challenges of doing systematic review work in health care sciences education. An underdeveloped taxonomy, unclear research reports with ambiguity about many features of the investigative process and the breadth of enquiry methods and approaches used are probably the most significant of these.

The following day provided an opportunity for further debate on the methodology of this type of systematic review work. The presentations asked deep and searching questions about how to ensure reviews present robust findings of practical value and considered the format and uses of BEME reviews. Despite their proximity to each other and the consequent rise in the temperature of the room, the large audience engaged with the issues in a lively and forward thinking way. Interest in finding and using the best evidence available for decisions by educators, institutions and national bodies was clearly widespread. There was agreement that one need was the improvement of the quality of reported education evaluations and another to increase the quantity of published evaluations. Ways to ensure that future evaluations are robust, with designs appropriate for the questions being asked and methods of monitoring reviewer performance were all energetically discussed.

BEME's presence at AMEE 2004 departed from its traditional place as a minority pursuit of a small and dedicated few. It was a mainstream theme of interest to many. This attention and the imminent publication of results from the first systematic reviews predict a bright future for BEME. Its potential to become a potent influence in health care sciences education is due mostly to the determination of those in the first topic review groups. This is an opportunity to thank everyone in those groups and to encourage others to join them and form new topic review groups.

To conclude, the take home messages about BEME from AMEE 2004 are:

- BEME's philosophy and work fits into the increasing agenda for evidence informed education policy and practice.
- Systematic review work in medical education is difficult, challenging but achievable as the first review to be published shortly will demonstrate.
- Systematic reviews in medical education can produce new knowledge, leading to useful evidence for decision making in medical education practice and policy making, with valuable outcomes at each stage of the review process.
- The process of conducting systematic reviews in medical education is becoming increasingly clear. Faculty, in search of answer to questions about the effectiveness of a particular practice in medical education, are encouraged to register as a BEME Topic Review Group. Just go to <http://www.bemecollaboration.org>

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**Comments on any of the Spotlights should be sent to the AMEE Office:
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