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Using EBM to Answer CAM Questions and How to Teach it: a Collaborative Multidisciplinary Approach Workshop

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Using EBM to Answer CAM Questions and How to Teach It: a Collaborative Multidisciplinary Team Approach Workshop

Presented at the NCNMLG ♦ MLGSCA Joint Meeting
♦ February ♦ Las Vegas, 6 -9, 2008

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Objectives

- Share my experience working with a team of physicians in different geographic locations
- Describe the workshop contents, activities, and the development of the Evidence-Based Integrative Medicine (EBIM) cases for faculty development & student instruction.
- Discuss librarian's collaborative role in developing, planning, implementing and facilitating an EBIM workshop with a multidisciplinary team.

Members of the Multidisciplinary Team

The 3-hour CME workshop was presented at the Society of Teachers of Family Medicine (STFM) Annual Conference on April 27, 2007.

- **Brian S. Alper, MD, MSPH** (Editor-in-Chief, DynaMed)
- **Jennifer L. Hoock, MD** (Residency Director, UW FM)
- **Désirée Lie, MD, MSED** (Director, Div of Faculty Develop, UCI FM)
- **Jun Mao, MD, MSCE** (Assist. Prof of FM and Comm Health, U Penn)
- **Kevin Mathews, MD** (Faculty, St. Elizabeth FM Res Program, NY)
- **Eugene Mochan, PhD, DO** (Dean, Philadelphia College of Osteopathic Medicine)
- **Linda Murphy, MLIS** (Health Sci Librarian, UCI)

Geographic Locations of the Collaborative Multidisciplinary Team



Session Activities (3 hours)

45 min Presentations:

- Model of EBCAM
- Challenges of CAM Research
- Challenges of Teaching CAM

Small Groups:

Case 1: Black Cohosh (35 min)

- Large Group Discussion (15 min)
 - Demo search strategies and EBCAM web resources

Break followed by Small Groups:

Case 2: Low Back Pain (60 min)

- Large group presentations and wrap up (20 min)
 - Demo search strategies and EBCAM web resources
- Implementation Strategies (10 min)

Opening Remarks and Workshop Objectives

- Disclosure Statement -- declared a conflict of interest
- Learning Objectives
 - Describe an EB model of IM for patient care and teaching
 - ***Identify databases that are useful for evidence-based integrative medicine (EBIM)***
 - Define educational strategies for teaching EBIM
 - Demonstrate point-of-care teaching models for EBIM

Patient Question (Case Example)

‘Doctor, my husband takes Coumadin and...’

Mrs. Low is concerned about her husband's forgetfulness and would like him to try Ginkgo biloba to improve memory. She wonders if this might interact with his Coumadin...



**Do Ginkgo biloba and warfarin interact?
Is an interaction clinically relevant?**

Is Ginkgo biloba effective for memory improvement?

Is Ginkgo biloba safe?

Our Goals in Medicine

- Provide the best care for each patient as an individual and member of a community
- ***Offer patients the best available information to use in making their healthcare decisions***
- Assist patients in making use of all available healthcare alternatives
- Use the practitioner/patient relationship to achieve patient-centered decision-making

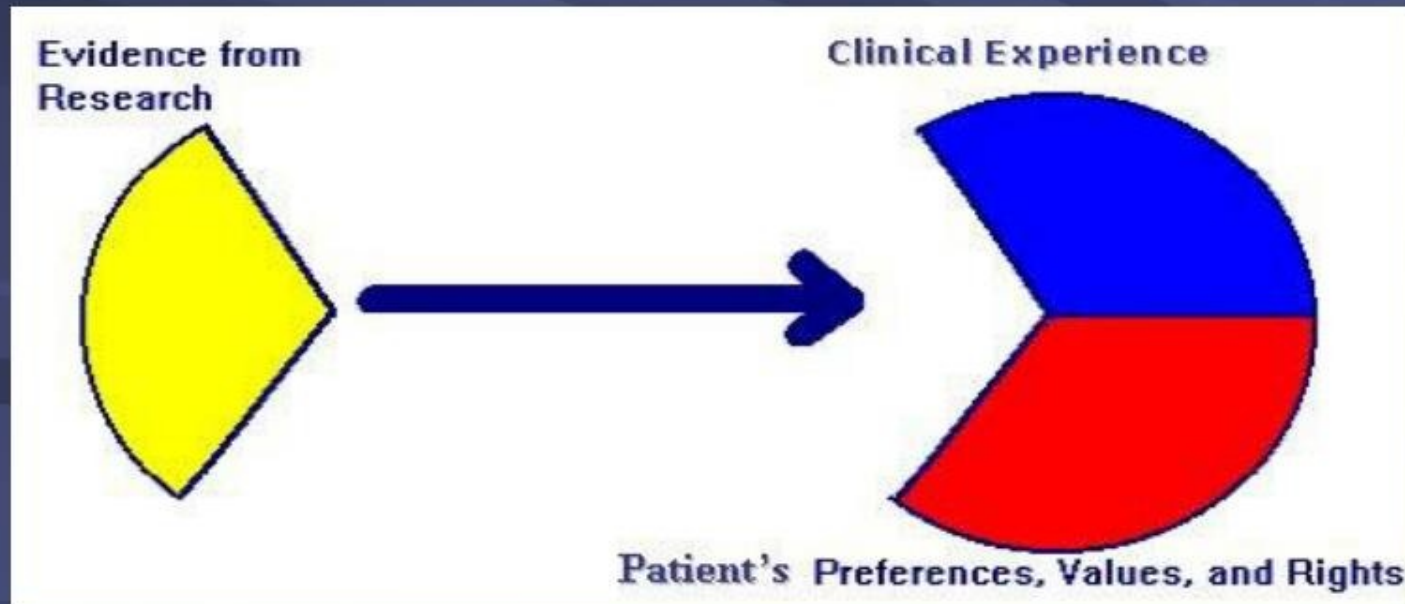
Model of Evidence-Based Complementary & Alternative Medicine (EBCAM)

- Definitions for
 - Integrative Medicine (IM)
 - Evidence-Based Medicine (EBM)
- Best research Evidence (comprehensive, valid, systematic, current & Synthesized)
- Evidence-Based = conclusions based on best available evidence

Evidence-Based Medicine

EBM: “The integration of the best available research evidence with our clinical expertise and our patient’s values and circumstances.”

Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-Based Medicine. How to Practice and Teach EBM. 2nd ed. London: Harcourt Publishers Ltd. 2000. p. 1.



Evidence-Based Free Resources

■ CAM Sources with Evidence

- CAM on PubMed
- *Memorial Sloan-Kettering Cancer Center -- About Herbs*
- NCCAM

■ Evidence-Based Resources with CAM

- Systematic Reviews ([Cochrane Library](#) -- CDSR & DARE Abstracts, AHRQ)
- Evidence Summaries -- [Bandolier](#)
- Search Engines ([TRIP](#), [SUMSearch](#), [PrimeAnswers](#))
- Practice Guidelines ([National Guideline Clearinghouse](#),
Not all guidelines are Evidence-based.)

Evidence-Based Fee-Based Resources

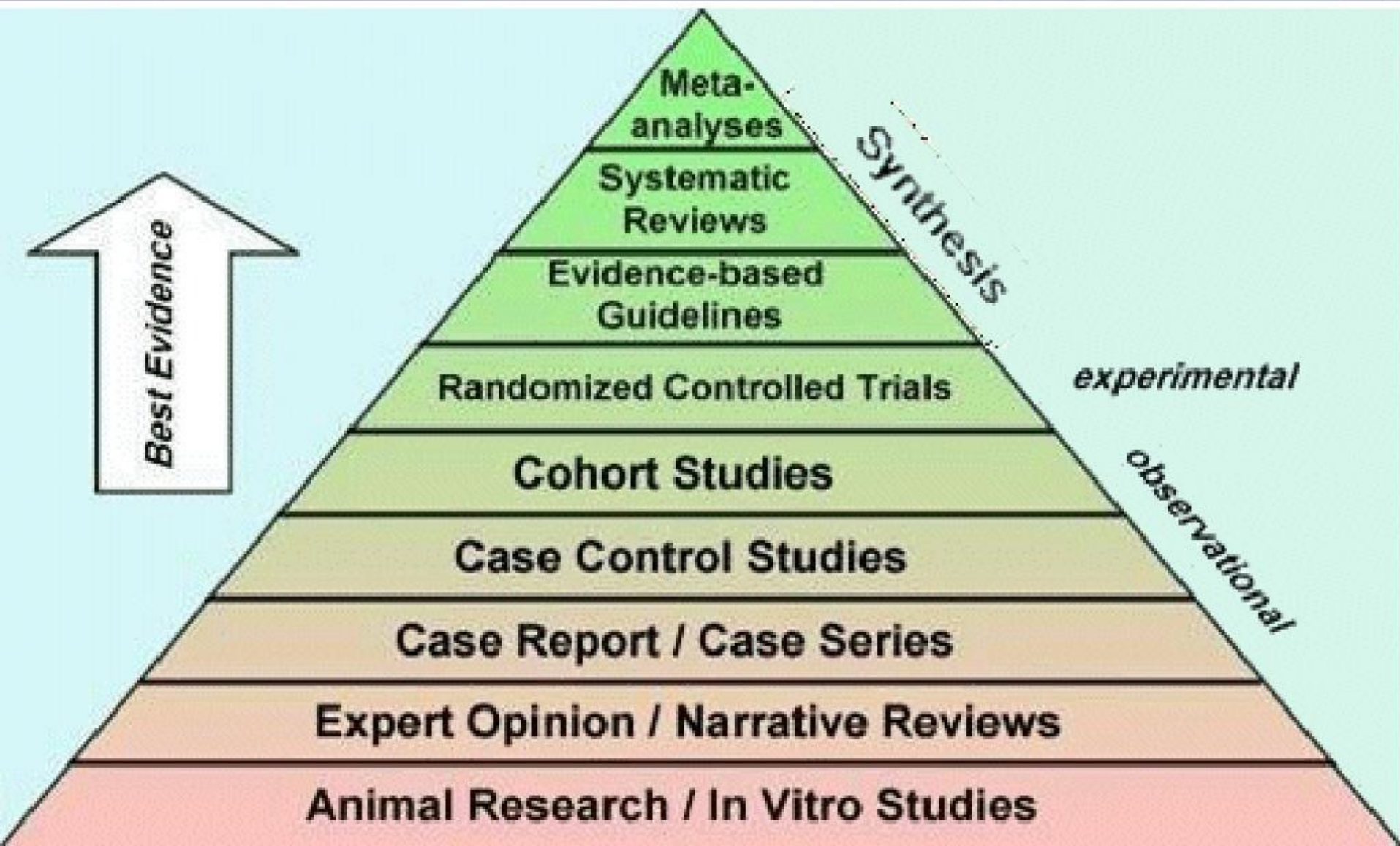
■ CAM Sources with Evidence

- **Natural Standard**
- **Natural Medicines Comprehensive Database**

■ Evidence-Based Resources with CAM

- Evidence Surveillance, Synthesis and Integration: **DynaMed**
- Systematic Reviews/Syntheses: **Cochrane Library** and **BMJ Clinical Evidence**
- Search Engines/Article Synopses: **ACP Journal Club** and **InfoRetriever**.

Level of Evidence



CAM Research Challenges and Opportunities

- Limited funding
- Differences in research paradigms and CAM practices
- Unique challenges to mind-body/manual therapy research
- Unique challenges to herbal research
- Efficacy vs. Effectiveness

Challenges of Teaching CAM

- Not yet an independent LCME standard
- R25 Initiative (n=20 U.S. schools)
- Limited time and resources for faculty development
- Negotiating time in crowded curriculum
- *Writing and updating cases and questions*
- Keeping up with EBCAM content

EBCAM Faculty Development

What do faculty need to teach EBCAM well?

- EBM search + appraisal skills?
- CAM knowledge?
- General precepting skills?
- What are best methods for fac. dev.? CME, office visits, observed feedback (OSTE)?

Examples of EBCAM Teaching & Assessment

- Integrate into existing EBM curriculum
- *Standardized Patient Teaching cases*
- *OSCE test cases (search and appraisal)*
- Point-of-care teaching (precepting)
- **Online interactive cases** (self taught), e.g.,
 - University of Texas MD Anderson Cancer Center, Videos & Presentations, URL:
<http://www.mdanderson.org/departments/cimer/display.cfm?id=ecc00ee8-6fdb-43c0-a613c0e7d0b76bf9&method=displayfull&pn=ed466dc5-cb51-4757-868705ab98605f90>

Next: Small Group Exercises

- Objective: Design teaching scenarios at point-of-care
- Steps for small groups (appoint a scribe)
 1. Read case and formulate clinical questions
 2. Read question(s) and discuss search strategies
 3. Review answers found and discuss clinical interpretation.
 4. Discuss how to apply to patient care and teaching.

Take-Home Points

- First: Do no harm
- Hierarchy of Evidence
- communication