

in doing such. I see this book supplementing a public health curriculum or simply stimulating thought in a book club for health care clinicians. Previously, I could have added a simple comment to a conversation on this topic such as, “You know, we didn’t evolve for (fill in the blank with modern cultural scenario).” Now, I know the perfect book to suggest for those with a deeper interest.

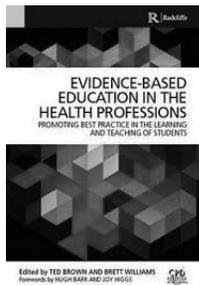
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Evidence-Based Education in the Health Professions

Ted Brown, Brett Williams, eds.

London, Radcliffe Publishing, 2015, 520 pp., \$86.95 paperback



The practice of medicine has come a long way, from shamanism and snake oil, to interventions based on a scientific understanding of pathophysiology, to evidence-based practice focused on patient-oriented outcomes. The transition is not (nor is likely ever to be) complete, but the shift

is monumental.

Education in general, and medical education in particular, has not yet made the transition to evidence-based methods. Educational methods tend to be expert- or consensus-driven, with evaluation of the methods based on subjective learner impressions or, less commonly, on change in performance on objective knowledge assessments (which may or may not be relevant to the actual application of knowledge). Accreditation requirements are consensus-based and imposed without evidence of benefit either to learning, student well-being, or patient outcomes. Clearly an evidence-based profession is deserving of an evidence-based education (EBE). It was with great anticipation of the arrival of an era of EBE that the subject of this review was received.

The 500+ page compilation of the work of 56 authors, organized into four parts, offers a fairly comprehensive review of the current state of EBE. Setting the context for the sections that follow, the volume begins with a review of evidence-based medicine (EBM), levels of evidence, types of studies, factors in health education, trends in higher education, and trends in health care. The majority of the contributors

hail from Australia and the United Kingdom (UK); while many of the principles presented may be universal in application, there is a bias toward medicine and education in the Commonwealth.

Each chapter begins with an overview and objectives and concludes with a summary, facilitating the readers’ ability to glean key points and to identify chapters containing topics of special personal interest. Chapters on finding evidence provide both places to turn (eg, a nice list of databases on page 54) and places to avoid (eg, predatory publishers). Chapters on how to generate evidence also include a good review of Boyer’s classification of scholarship types. One of my favorite chapters was on evidence-based educational assessment: is the test testing the right thing? The book ends with a section on application of EBE to a variety of disciplines. This tied the rest of the chapters together nicely, yielding a unified feel to the work: a whole, not a collection of parts.

While an impressive compilation, this book did not live up to this reviewer’s anticipation. This is through no fault of the authors or editors but is primarily the result of the limited evidence available in the field. The majority of the chapters were surprisingly light on discussion of evidence; instead, they were mainly focused on educational methods (ie, delivery mode [MOOC, video, WIKI] or theory of learning (eg, transformative learning). In many cases, the dismissive “evidence is emerging” was as close as it got. One author even commented “Lack of empirical rigor...does not translate into lack of support.” When evidence was presented, generally only the conclusions were given; there was no critical evaluation of experimental or statistical methods, limitations of the studies, and the other components that contribute to the lively discussions to which we’ve become accustomed in EBM. Chapter 22, on Case-Based Learning, was a notable exception: a concise systematic review of the evidence was presented. This chapter offers a model format for all chapters in the next edition.

EBE is “an educational approach in which current, high-quality scholarship of teaching and learning research evidence is integrated with pedagogical content knowledge...and teacher-learner interactions in making education decisions in order to maximize student learning outcomes.” The emphasis on student learning outcomes is important; historically, much educational research has focused on processes rather than outcomes.

Our EBM perspective's interest in EBE isn't in what improves mere exam scores (or at least, it shouldn't be!) but in what improves patient outcomes. The state of EBE is far from that goal. It is still at an early stage, analogous to entering the "disease-oriented evidence" stage (ie, surrogate outcomes). Hopefully, education research will continue to develop toward patient-oriented outcomes evidence.

The audience for which the current edition is most valuable is those interested in

identifying gaps in the data and generating evidence of the efficacy of educational models and methods, ie, education researchers. As the gaps are filled, future editions of this book will become increasingly valuable to medical educators seeking the evidence basis for how they teach.

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Health Professions Education will therefore offer more extended editorial support to young researchers than is possible for existing journals. We encourage beginning authors to submit their work to our journal. Second, the field focuses more and more on the science of health professions education and this seems to be happening at the expense of interest in the practice of health professions education. The most downloaded articles from Health Professions Education in the last 90 days. Problem-Based Learning: An Overview of its Process and Impact on Learning - Open access. Elaine H.J. Yew | Karen Goh. Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints - Open access. The Digital Health Education Collaboration was established to evaluate the evidence on digital education in health professions; inform policymakers, educators, and students; and ultimately, change the way in which these professionals learn and are taught. This included assembling experts in various digital health education fields; identifying gaps in the evidence base; formulating focused research questions, aims, and outcome measures; choosing appropriate search terms and databases; defining inclusion and exclusion criteria; running the searches jointly with librarians and information specialists; managing abstracts; retrieving full-text versions of papers; extracting and storing large datasets, critically appraising the quality of studies