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Collaborative Cross-Institutional Model  
for Faculty and Librarians Teaching  
Evidence-Based Practice: A Future  
Fusion Recipe?

Irena Bond\*

Len L. Levin†

Alice Gardner‡

Monina Lahoz\*\*

\*Massachusetts College of Pharmacy and Health Sciences, Irena.Bond@mcphs.edu

†University of Massachusetts Medical School, len.levin@umassmed.edu

‡Massachusetts College of Pharmacy and Health Sciences, Alice.Gardner@mcphs.edu

\*\*Massachusetts College of Pharmacy and Health Sciences, Monina.Lahoz@mcphs.edu

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# Collaborative Cross-Institutional Faculty/Librarian Model for Teaching Evidence-Based Practice: A Future Fusion Recipe?

Irena Bond<sup>1</sup>, MSLIS; Len Levin<sup>2</sup>, MS LIS, MA, AHIP, Alice Gardner<sup>1</sup>, PhD; Monina Lahoz<sup>1</sup>, PhD

<sup>1</sup>Massachusetts College of Pharmacy and Health Sciences-Worcester (MCPHS-W)

<sup>2</sup>University of Massachusetts Medical School –Worcester (UMMS)



## OBJECTIVES

- To describe the development of a novel cross-institutional collaboration between librarians and faculty from MCPHS-W and UMMS school. Specifically it focuses on the librarians' active role in bringing shared cross-institutional and cross-disciplinary expertise to the table.
- To highlight the value of building strategic relationships between faculty and librarians across peer institutions
- To provide a roadmap for starting such collaborations

## BACKGROUND

**EBP Steps:** Ask Focused Questions, Access the best evidence, Appraise the evidence, Apply it, Assess the process (1)

## COLLABORATION DEVELOPMENT ROADMAP

**Common Goal:** To jointly advance EBP teaching at each institution

### Chronology (2002-Present):

- Pre-existing Relationship and EBP experience
  - between the MCPHS-W and UMMS librarians through professional organizations
  - between librarians and faculty (disciplines pharmacology and pharmacy administration) at each campus
    - Co-development and teaching an EBP elective course
    - Joint scholarship
- Informal discussions between librarians identifies common interests
- Formal meeting between librarians outlines goals of collaboration
- Preliminary discussions with faculty at each institution outlines collaborative goals
- Librarians consult on strategies to integrate the library into the EBP curricula of their schools
- Campus visits and class observations on EBP classes at each institution by the team
- EBP instructional material development by the team members
- Collaborative course planning, teaching and co-facilitating an EBP elective at MCPHS (See below)
- Regular meetings and e-mail communications to coordinate tasks

## EBP ENHANCEMENTS

The Cross-institutional collaborative approach:

- Maximizes EBP efforts at each institution
- Fuses inter- and intra-institutional EBP expertise
- Strengthens EBM Step 1 (Ask) and Step 2 (Access)
- Integrates different viewpoints into EBP teaching through a multi-disciplinary model
- Builds-in flexible and effective small group facilitation and student feedback
- Transforms EBP instruction from campus based to a broader cross-institutional initiative

## COLLABORATIVE BENEFITS

- Enhancement of EBP teaching at both institutions
- Joint course development
- Joint library curriculum integration
- Collaboration strategizes librarians and faculty as EBP experts beyond their institutions
- Collaborators expand their professional networks
- Collaboration reduces EBP development burden
- Collaborators develop professionally through collaborative scholarship

## FUTURE DIRECTIONS

- Continued collaborative development and improvement of MCPHS EBP course
- Joint design of EBP online module for UMMS 2<sup>nd</sup> Year Pharmacology course
- Validation of EBM Search Rubric

## INITIATIVES

- Joint Development of **EBP Educational Modules on Harm** for UMMS 3<sup>rd</sup> year Medical Students
  - Joint development of primer on understanding harm from medical treatments (Fig. 1)
  - Joint development of a psychopharmacology case study (Fig. 2)

- Joint planning, teaching, and facilitating of an MCPHS elective for second year *Doctor of Pharmacy* students called: **Evidence-Based Pharmacology (EBP): A Problem-Based Approach**

- EBM Search Assessment Tool (Fig. 3)
- EBP Step 2: Track Down the Best Evidence worksheet
- EBP Step 2: Track Down the Best Evidence grading sheet
- EBP Attitude Test (Fig. 4)
- Assessment of student's work

Fig. 1

Fig. 3

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am unable to critically appraise scientific and clinical research results.					
2. I am unable to identify relevant scientific and clinical research results.					
3. I am unable to identify relevant scientific and clinical research results.					
4. I am unable to identify relevant scientific and clinical research results.					
5. I am unable to identify relevant scientific and clinical research results.					
6. I am unable to identify relevant scientific and clinical research results.					
7. I am unable to identify relevant scientific and clinical research results.					
8. I am unable to identify relevant scientific and clinical research results.					
9. I am unable to identify relevant scientific and clinical research results.					
10. I am unable to identify relevant scientific and clinical research results.					
11. I am unable to identify relevant scientific and clinical research results.					
12. I am unable to identify relevant scientific and clinical research results.					
13. I am unable to identify relevant scientific and clinical research results.					
14. I am unable to identify relevant scientific and clinical research results.					
15. I am unable to identify relevant scientific and clinical research results.					

Fig. 4