Also, it is apparent that the gap in generating evidence and practicing medicine is getting wider to cover, as most of the efforts are put into trials to establish superiority of one method over another rather than improving quality of care by striving to incorporate it in daily practice.1

The main objectives are to assess the obstacles in the process of incorporation of EBM in day to day practice starting from lack of realisation of right question to challenge old and outdated practice to the development of strong evidence and implementation in order to improve clinical practice.

Method A case base discussion was performed with Trainees and Special Doctors in the field of Urology.

The literature search was performed on Cochrane, Pubmed and Google scholar to identify the role of leadership in EBM and accessibility of under training doctors to understand, comprehend and implement the need of practicing Evidence Based Medicine.

Results The factors that have been found closely related to understand the role of health care personnel in EBM are importance of realising the incorporation of EBM in day to day practice, The Role of health care personnel in generating relevant evidence, Structure of training of health personnel, Factors hampering the evidence synthesis, Choice of Evidence synthesis, role of clinical expertise and Leaders in Evidence Based medicine.

Conclusions The role models in EBM will require to get trained to be enlightened by the importance of EBM. The aim of bringing the clinicians on a platform to share a common goal of improvement in clinical practice, where they can address issues of obstacles in data acquisition, dissemination and implementation of evidence proven practice, administrative support provision as well as advances in the methods of improved accessibility of EBM.

THE CREATION OF THE OXFORD-BRAZIL EBM ALLIANCE

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Objectives To describe the experience of building a teaching partnership between the Oxford CEBM and leading Brazilian Medical Schools, thus aiming to increase the effectiveness and quality of EBM teaching in Brazil.

Brazil is the 5th largest country in the world, with a population of approximately 210 million people. There are 336 active medical schools in Brazil, which graduate an average of 34,000 medical professionals each year. Of these schools, less than 20% have in their curricula a formal Evidence-Based Medicine (EBM) discipline. The lack of formal EBM integration into medical school curricula is not exclusively a national challenge for Brazil. Data from the USA and UK suggests that only 60% of curricula include formal EBM content. Despite the recognition of the importance of EBM education and its influence on medical training around the world, challenges remain in integrating EBM education into the medical curriculum, facilitating communication between practitioners, increasing the capacity for EBM’s meaningful use in clinical practice, and ensuring medical professionals have the knowledge and skills to support evidence-based practice.