

What the educators are saying

Clinical teachers need time for reflection

Although we know that reflective learning (taking time to think about how your own feelings and beliefs influence events) is important in effective teaching, few training programmes for clinical teachers actually use the technique. Researchers at Johns Hopkins University in the United States describe an intensive longitudinal training programme in teaching skills that emphasises the key processes in reflective learning. The programme has had a positive impact on clinical teachers' perceptions of their attitudes and behaviours towards learners and colleagues. Whether it leads to better teaching remains to be seen.

Academic Medicine 2004;79:469-80

Doctors should be trained in self assessment

You may think you're the slickest clinician in the hospital, but are you the best judge? A study using self completion questionnaires, followed by OSCE-style assessments, indicates that junior doctors' assessment of their own clinical skills doesn't correlate with an objective measure of competence carried out by qualified assessors. This study highlights deficiencies in their clinical skills such as bladder catheterisation, venepuncture, and cardiopulmonary resuscitation, and the need for specific training using the best current equipment. The authors feel that junior doctors could be better trained in self assessment—it's good preparation for life in medical practice.

Medical Education 2004;38:358-67

How medical students choose their role models

When it comes to choosing their role models for a life in medicine, medical students may be more driven by a desire to feel personally valued than a need to emulate doctors whose clinical skills they admire. In a qualitative study of 773 students in a culturally diverse South African medical school, 24% of students chose role models from their own families, whereas only 8% chose faculty staff. The author questions whether this will have an impact on the development of professional attributes and behaviours. Given that curriculum reform is exposing students to clinical settings and doctors much

Teaching doctors about the drug industry



Trainee doctors in North Carolina are now getting teaching on the complex relationship between physicians and the pharmaceutical industry. The programme came about when educators discovered how little residents knew about the physician-industry interaction. The curriculum includes an appreciation of the ethics and influence of the interaction, and sessions on interpreting promotional materials, recognising potential conflicts of interest, how patients perceive the physician-industry relationship, and the impact on prescribing patterns. We wonder whether there'll be any free pens for attendance.

Academic Medicine 2004;79:432-7

earlier, it is more important than ever to identify appropriate role models.

Medical Teacher 2004;26:133-41

Doctors and nurses should train together

As female doctors become more senior, they claim that their relationships with female nurses become easier. A qualitative study in Ohio uncovered a perception among female doctors and nurses that junior female doctors tend to get less help from nurses than do male doctors, and that they have to justify or explain their requests more. The authors say that medical educators should provide more opportunity during teaching for nursing and medical students to explore interprofessional

relationships together. In the bar, perhaps?

Academic Medicine 2004;79:291-301

Medical training through patients' eyes

Medical students thrive on having contact with real patients. But what do patients think about it? A group of medical students from Birmingham tried to find out using a questionnaire study. Overall, the study confirmed that patients are happy with their involvement in medical students' training—but how happy depends on the patient, the student and how invasive the procedure is. And for the record, 83% of patients preferred students to introduce themselves as "student doctor."

Medical Teacher 2004;26:114-9

The importance of taking time to train doctors

There is concern in the United Kingdom about shortening the duration of higher specialist training—especially since no strong educational evidence supports the move. A recent paper looking at evidence from the world of cognitive neuroscience recommends that a doctor's training should include slow incubation (acquiring knowledge formally, stepwise, and slowly) and facilitated reflection on experience; but all this takes time. The author advises caution before further reducing time for training.

Medical Education 2004;38:399-408.

Shorter working hours mean more time for learning

About ten years ago, surgeons in Canada were concerned that shorter work hours for residents would compromise their training. It seems they needn't have worried. One author points out that junior surgeons now provide faster treatment, have more experience of difficult procedures, and have greater educational resources such as simulators, and that there have been positive changes in education. Residents still work hard but have more time and opportunity for learning.

Academic Medicine 2004;79:384-55.

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