What the educators are saying

Competency based models of training are not evidence based

Training based on competency outcomes has flourished in both undergraduate and postgraduate education, in a climate of increasing accountability to the NHS. But there is scant evidence to support this arguably minimalist and behaviourist approach to clinical learning. Two recent papers use educational theory to propose that competency is not the same as competence. They propose that competency depends on learning through experience in the workplace and is at risk from the modern "sign off as soon as you can do it" approach. Worth a read if you too are concerned by current trends.

Medical Education 2004;38:587-92, 593-8

Learning in hospital can be daunting for medical students

A longitudinal qualitative study from a London medical school highlights the difficulties that medical students face when they start training on the wards. It says that although students are motivated to learn through patient contact, some aspects of the hospital environment are unhelpful. Students felt that they didn't have a genuine clinical role and were undervalued as individuals. Teaching sessions that were cancelled repeatedly and staff who turned up late made students feel as though they were in the way. Women, people from ethnic minorities, and "quieter" students got the impression from interactions with some doctors that they would be at a disadvantage in their future careers.

Medical Education 2004;38:659-69

Methods to assess professionalism need to be improved

The authors of an extensive literature review from the United States conclude that we should improve the current methods of assessing professionalism before introducing any more. They identified 88 different assessment methods, which mainly addressed ethical knowledge, reasoning, or behaviour in the clinical setting. Very few measured diversity or looked at more comprehensive professionalism, assessing two or more components of professionalism at the same time. The authors say that we need more

research into the predictive validity of existing methods—in other words, whether poor professional behaviour as a student predicts subsequent difficulties in professional practice.

Medical Teacher 2004;26:366-73

Graduate and undergraduate entrants choose similar medical careers

Speculation that graduate entrants may be attracted to different medical careers than undergraduates seems to be unfounded. A survey of doctors graduating from an Australian medical school found that graduate entrants and secondary school entrants opted for remarkably similar career paths. Differences were interesting: graduates were more intrinsically motivated to do medicine and more stressed by financial and work commitments, whereas undergraduates were more driven by parental expectation and stressed by career choice.

Medical Education 2004;38:778-86

New challenges in assessing clinical competence

In a keynote speech at the 11th international Ottawa conference on medical education in Barcelona, Lambert Schuwirth from Maastricht University argued that the assessment of clinical competence is a design problem, not a measurement problem. The idea that skills, knowledge, and attitudes can be assessed separately is unrealistic, he said; scoring full marks for communication skills doesn't help much if the message you're giving to patients is wrong. His message was that we need a selection of tools designed to drive education and assess competencies. Neil Spike from Monash University in Australia agreed, but responded pragmatically. Resources are limited, he said; student numbers are rising and recruitment and training of examiners is increasingly difficult. In the real world, the design of assessment methods is limited by feasibility and cost. (PowerPoint slides from both presentations are on bmj.com)

New magazine for teaching clinicians

Are you interested in sharing ideas on clinical teaching? The Association for the Study of Medical

Medical school shows may help to define professional behaviour

Far from being irrelevant frivolities, medical school shows may be important in fostering communal spirit and teamworking skills and venting emotional reactions to the process of becoming a doctor, according to Charles Hayter from the University of Toronto (charles.hayter@utoronto.ca). In one of the more light hearted presentations at the recent Ottawa conference on medical education, Hayter explained his thesis, which is based on a study of medical shows from around the world. He said that conflicts between faculty and students over the content of these shows show that they function as a forum for negotiating acceptable behaviour of medical students and future doctors.

Education has launched a biannual magazine called *The Clinical Teacher*, designed to be "easy to read and difficult to put down." The magazine includes short articles that are relevant to the busy clinical teacher, practical tips, updates on medical education at home and abroad, and a digest of research articles. Contributions are welcome and content is available free online at www.theclinicalteacher.com

Forthcoming conferences

The theme of the annual scientific meeting of the Association for the Study of Medical Education (www.asme.org.uk) in Liverpool, 1-3 September 2004, is fitness to practise. The annual conference of the Association for Medical Education in Europe (www.amee.org.uk) in Edinburgh, 5-8 September 2004, will include 11 international key note speakers, and 900 abstracts have been submitted from 80 countries.

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