

What the educators are saying

Equal opportunity is key in selection for medical school

The British Medical Association's review of the changing demography of medical school population is timely, given concerns over more women entering medical school (60% of entrants are female), older students entering (the mean age is 22), a disparate proportion of ethnic minority students compared with the general patient population (30% v 8%), and a predominance of students from social classes 1 and 2. Will this have an impact on delivery of health care in the future? The report raises more questions than it answers, but it makes interesting reading. The authors conclude that equal opportunity remains the most important principle for medical school selection.

www.bma.org.uk Demography of Medical Schools 2004

Medical practice makes perfect

We know from work done in sport and music that deliberate practice improves performance. Evidence is now accumulating that the same is true within medical education. Researchers at Maastricht medical school developed a questionnaire exploring aspects of deliberate practice (planning, study style, motivation, and self reflection) and reported a positive association with scores on tests designed to measure both knowledge and skills. This cross sectional, self report questionnaire study needs to be repeated with an experimental research design, but the information presented reinforces the value of practice.

Medical Education 2004;38:1044-52

Simulated patients encapsulate clinical competency

Objective structured clinical examinations (OSCEs) are increasingly replacing traditional clinical examinations. For those concerned that OSCEs fail to address the "heart" of clinical competency, here is a useful review on the use of simulated patients (SP) versus real patients. Key conclusions are:

- Breaches of security with simulated patients do not affect students' performance; it does not matter if the same cases run across different days
- Checklist marking schedules are appropriate for students new to the procedure; assessing experts requires a different approach

Examiners can set consistent standards during OSCEs



For those involved in complex, time consuming methods for setting standards in advance of the objective structured clinical examination (OSCE), a recent paper reports that the examiners themselves can set reliable, consistent standards during the course of the examination, even in small scale OSCEs. It's worth reading for those faced with the challenge of standard setting and tempted to use the examiners themselves to identify borderline performance.

Academic Medicine 2004;79:S25-7

- Performance with simulated patients predicts who will perform extremely well in junior doctor posts, but is less successful at predicting poor performance.

This thoughtful review predicts a move towards more student driven, complex assessments of higher level skills.

Education and the Health Professions 2004;27:285-303

US programme for mental health of doctors in training

Recent studies have drawn attention to the relation between the mental health of physicians in training and patient safety. The University of Michigan has designed a programme to overcome some of the barriers that can prevent young doctors seeking psychiatric care. Access was simple and included 24 hour availability of confidential emergency support. Over the four

year study period, most of the residents reported having their problem resolved or that they had benefited from the intervention. After highly positive responses from training directors and departmental chairs, the Office of Graduate Medical Education has allocated long term funding for the service. This programme met its goals but doesn't address the problem of those who need psychiatric care but don't seek it.

Academic Medicine 2004;79:840-4

Medical training—faster may not always be better

A recent issue of *Medical Education* (2004;38(11)) reported some of the many perceived or actual advantages of accelerated graduate entry programmes, including widening access to medicine. A note of caution comes from the United States, in a paper called "Decelerating medical education" (*Medical Teacher* 2004;26:510-3). The authors report that one in three of the 62% of US schools that responded to their questionnaire offered decelerated MD programmes (lasting longer than four years); some contained little extracurricular activity and might be seen as more a matter of re-taking elements of the course than a true decelerated curriculum. Attrition was higher in decelerated groups, although many students fared well and 37% were "underrepresented minority students." Graduate entry programmes may be useful in many ways, but accelerated courses may not be the whole story when attempting to widen access.

First international skills conference

For those involved in clinical skills education, from skills laboratory to workplace, a conference in Prato, Italy, from 9-11 May 2005 may be of interest: www.conferences.monash.org/clinicalskills

Val Wass *professor of community based medical education* (valerie.wass@man.ac.uk)
University of Manchester, Manchester M13 9PL

Ed Peile *professor* (Ed.peile@warwick.ac.uk)
Carolyn Rodgers *senior clinical lecturer*
Colin MacDougall *senior clinical lecturer*
Warwick Medical School, University of Warwick, Coventry CV4 7AL