What the educators are saying

Empathy declines during postgraduate training

Empathy is regarded as an essential characteristic in good doctors, but postgraduate training could be doing more to stifle it than to foster it. In a three year cohort study of 61 internal medicine residents in a US medical school, a decline in residents' empathy during the intern year persisted throughout the residency programme. Junior doctors completed the interpersonal reactivity index (IRI) on six occasions in three years, with the first data collected during their internship. Anxiety and depression decreased throughout the course of the study to the point where graduating residents were better off in terms of mood than population norms—but their empathy never recovered from the effects of the internship year.

Academic Medicine 2005;80:164-7

Raising self awareness in medical students

A recent review identifies two different methods to help students to become more aware of their feelings about patients and their stories. Direct programmes use classroom instruction or small group discussions to stimulate students' insight into their own feelings and attitudes. This approach focuses on students' feelings and any emotional difficulties that arise in direct response to clinical situations. In the indirect approach, students learn incidentally about how they feel through observing other doctors at work and by learning consultation and self assessment skills which stimulate the students (indirectly) to think about their own emotional responses.

Academic Medicine 2005; 80:156-61

Personality traits can be tested reliably in applicants to medical school

A new battery of psychometric tests seems to be reliable in assessing medical school applicants' personality traits and ethical and moral reasoning, as well as their cognitive ability. Admission to medical school is based largely on academic achievement, which is influenced by gender, educational background, and social class, but psychometric tests have been used for some years in the United States and Australia, usually for assessing applicants' cognitive ability. The new

Games and simulations have been used for some time in medical education to motivate students and to make learning more fun. A recent article describes the use of a simulator based game, CHESS (the clinical health economics system simulation), which is a team based contest designed to teach the principles and practice of health economics. Teams compete with each other to manage healthcare scenarios with limited resources. In a questionnaire evaluation (which had a 94% response rate), 98% of students found the game considerably more stimulating than traditional lectures and small group format teaching for health economics. Should we consider using games as a motivator for student learning in our curriculums?

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test—the personal qualities assessment (PQA)—was tested in medical schools in the United Kingdom, Australia, Israel, and Fiji. Cognitive ability did not vary in relation to gender or educational background, though it tended to be lower in applicants from more deprived backgrounds. Women as a group were more empathetic. Also, applicants from independent and state funded schools had similar psychometric scores. The authors conclude that applicants from deprived backgrounds would not be disadvantaged by an admissions process based on the PQA instrument.

Medical Education 2005;39:258-65

Is double marking worth the trouble?

In assessments where an element of judgment is required (essays, for example), double marking would seem to be a sensible precaution to increase the reliability of the mark awarded. But is it really worth the

effort? Double marking was used for an undergraduate case study assessment in general practice to examine the intermarker agreement and the reliability of the final mark for students. The authors found a high degree of agreement between markers for high achieving and poorly achieving candidates. The greatest discrepancy was for candidates performing at an average level. The authors also found that practice made perfect; marking in later cohorts showed more agreement than in earlier cohorts. They observed that

- Marking subjective assessments by more than one examiner should result in a more reliable measure of student performance;
- If the assessment is subjective, the level of agreement between markers must be tested in order to validate the process of marking; and
- Double marking can be used as a form of peer review if the marker pairs meet to discuss and explain their marks.

Medical Education 2005;39:299-308

Clinical experts don't simply use pattern recognition

Geoff Norman, an educationalist with an interest in the psychology of expertise in clinicians, outlines the history of research in clinical reasoning and the present state of knowledge. He explains that the goal of early research efforts was to define a set of generic clinical reasoning skills that could be taught. However, more recently it has become clear that expertise in clinical reasoning is best acquired through deliberate practice with multiple examples and feedback. It is also clear that experts do not simply use pattern recognition to solve problems. In more complex cases, they have to activate an extensive range of basic scientific and experiential knowledge to solve problems. In practice, this means that we should encourage learners to encounter and process multiple examples of clinical problems in order to build expertise. We should also do more research to explain how experts reason in complex or atypical cases.

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