

What the educators are saying

Workplace assessment is imprecise

For those involved in assessing clinical competence in the workplace, a review in *Teaching and Learning* on bias in rating clinical performance is a "must read." Raters, the review says, form limited general impressions based on assessment of one or two dimensions, such as "clinical skills" and "professional behaviour." Standards are idiosyncratic. Positive assessments of professional behaviour are reported more extensively than negative ones, leading to overgenerous evaluations. Training unfortunately has little impact on improving the accuracy and reproducibility of ratings. The conclusion seems clear. Traditional observation in the workplace is not a robust way to assess a doctor's competence to practise. It must be supplemented with other more objective structured clinical examinations.

Teaching and Learning in Medicine 2003;15:270-92

Racism in medical schools must be tackled

Internationally the student body is becoming increasingly diverse. Undergraduate entries in many countries are now dominated by women as white men elect different career pathways. With the rising percentage of ethnic minority students in the United Kingdom, issues of racism, intentional or unintentional, are unfortunately apparent. A qualitative study from Canada increases our understanding of these experiences, which are more often subtle, relating to unintentional comments or racist jokes, rather than blatant. As educators we need to emphasise antiracism, uphold values of equality and equity, and tackle issues of power and privilege in our institutions.

Medical Education 2003;37:852-60

Humanities have a place in medical education

Over the past few years, studying arts and humanities has been seen to have value in undergraduate medical education, particularly in developing professional attitudes and behaviours. *Medical Education* now has a regular section devoted to this. In addition, a recent issue of *Academic Medicine* has humanities education as a special theme.

Programmes from more than 40 medical schools are published. Creative arts projects are widely used to link actively with emotional aspects of medicine, whereas a specific work such as Ibsen's play *An Enemy of the People* can teach communication of scientific knowledge.

Academic Medicine 2003;78: 951-1058

Learning through simulation



Simulation has become increasingly popular as a method for learning clinical skills. It was originally used in aviation to train flight crews, and now a wide range of medical simulations is being developed. These include artificial mannequins, virtual computer imaging, and professional live role play. Medical Education has produced a supplement devoted to simulation in clinical learning, and the next ASME meeting in February ("Simulation in Medical Education") will provide a forum to exchange ideas. Visit the website of the Association for the Study of Medical Education (www.asme.org.uk) for details.

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Primary care is set to take a secondary care role

An increasing proportion of undergraduate education is now delivered in primary care. In some medical schools as much as 20% of the undergraduate curriculum is community based, and in Britain more than a third of general practices are involved in teaching medical students. Foreseeing a continuation of this trend, Sir Denis Pereira Gray, past president of the Royal College of General

Practitioners, predicts a total role reversal between primary and secondary care. Curative medicine, he argues in a stimulating editorial, will be provided almost exclusively within primary care. Secondary care will become a "a repair factory for pensioners" where activity will focus on routine replacement of body organs. If he is correct, medical educators have a challenge on their hands to develop comprehensive new educational programmes.

Medical Education 2003;37:754-5

It's hard to encourage personal learning

A key facet of postgraduate and continuing professional development is being motivated to take responsibility for personal learning and direct it effectively. This is easier said than done. In the University of Toronto, the undergraduate curriculum was revised to focus on small group work using problem based learning supported by lectures and opportunities for self direction. The impact of this change was assessed with two validated questionnaires. Neither identified any positive effects of the curriculum on self directed learning.

Academic Medicine 2003;78:1259-65

"Professionalism" needs to be more clearly understood

Whether it's accountancy, architecture, dentistry, engineering, the law, or medicine, all professions face the same problems when measuring professional attributes. This key message emerged from the Cambridge Conference Workshop meeting on interprofessional education held in Cambridge in October. Delegates shared issues related to delivering effective, defensible assessment procedures and agreed that the widespread move towards work based assessment was failing to produce defensible solutions. Better understanding of "professional behaviour" is needed before we can reliably assess it.

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