

What the educators are saying

Reducing junior doctors' work hours reduces medical errors

Concern about medical errors has resulted in increased regulation of trainees' hours in the United States and Europe. To begin to quantify the effect of these changes on patient safety, trainees were randomised to a "traditional" work schedule that included extended shifts (at least 24 hours) or a schedule that did away with extended shifts and cut the number of hours per week. During 2203 patient days involving 634 admissions, trainees on the traditional schedule made almost 36% more serious errors than those on the reduced shift, leading to a 22% increase for the entire critical care unit. Of particular note, the number of unintercepted errors for the traditional work schedule increased by more than 56%. Eliminating extended shifts and reducing the working week can improve patient safety.

N Engl J Med 2004;351:1884

Vignettes can help in assessing clinical quality

Computer based clinical vignettes are an inexpensive and easy way to assess doctors, so it would be good to know if they reflect actual performance in practice. To address this question, practice performance was measured by introducing standardised patients into the primary care clinics of the doctors who were participating in the study. The reports of the standardised patients, the medical records of the visits, and performance on a matched set of vignettes were scored against identical criteria. Scores for the clinical vignettes were within 5% of the other two measures. More work is needed, but these results suggest that clinical vignettes can be useful in assessing actual performance in practice.

Ann Intern Med 2004;141:771-80

Online medical education can make a difference in practice

More and more continuing medical education (CME) is now delivered on line, but there has been little evaluation of this approach. In a study that used standardised evaluations of 30 different online CME courses to determine if they were effective, the evaluations showed that doctors' knowledge and knowledge retention were increased. Almost all of the doctors reported changing their practices as a result

Laparoscopy novices have a long learning curve



LARRY MULVEILL/SPFL

Many guidelines assume that doctors need to do a procedure only a few times before they are proficient. When the performance of doctors learning laparoscopy was assessed on a laparoscopy virtual reality simulator, trainees required 21-29 repetitions to reach ultimate proficiency, and performance levelled off several times on the way. A sizeable and variable number of repetitions is needed for proficiency in these and perhaps other procedures.

J Surg Res 2004;122:150-6

of the courses. Standardised evaluation could be done online, allowing comparisons between different providers and courses. With practitioners under pressure to increase productivity, providing a valid approach to CME on line is important.

J Contin Educ Health Prof 2004;24:68-75

Reducing didactic learning doesn't affect knowledge

Involving learners more and reducing teacher driven content could improve the educational process. Assessment of the knowledge and perceptions of postgraduate trainees randomised to a one hour lecture delivered by a teacher, or a 30 minute lecture followed by 30 minutes of interaction between trainees, showed that both teaching methods resulted in improved scores. Trainees in the active learning sessions were more engaged with both the session content and each other, and those in the didactic session felt it offered greater educational value. Further

study is needed, but it seems that reducing the time spent in didactic learning does not affect knowledge and can improve interactions between learners.

Adv Health Sci Educ 2004;9:15-27

Surgeons' critical appraisal skills improve with internet based journal club

The ability to critically appraise the literature is central to the practice of evidence based medicine, but the effectiveness of interventions to develop these skills in practising doctors has not been studied. Participating surgeons were randomised into two groups, with the experimental group receiving clinical and methodological articles, participating in an online discussion, and engaging in clinical and methodological critiques. The control group received only the clinical articles. Surgeons in the experimental group performed better on a test of critical appraisal skills, showing that doctors can improve their critical appraisal skills without leaving their practice settings.

Surgery 2004;136:647-9

Multiple mini-interview assesses applicants' non-cognitive qualities

Whether current selection tools for admission to medical school measure non-cognitive or personal qualities accurately is not known. The multiple mini-interview (MMI) is a new method designed specifically to capture such information from students during their interviews. When the results of the MMI and other traditional measures to predict performance through the pre-clerkship portion of the curriculum were compared, the MMI was the best predictor of grade-point average as well as performance on the objective structured clinical examination (OCSE). Further testing is needed to determine which non-cognitive characteristics the MMI measures, but its ability to predict performance in medical school looks promising.

Acad Med 2004;79:S40-2

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