What the educators are saying

12th International Ottawa conference on clinical competence

This conference will take place in New York City on 20-24 May 2006. The biennial Ottawa conferences are now the largest regular meetings on clinical competence and medical education, and the theme of next year's conference is "Charting new courses in clinical competence." It will consist of a variety of educational sessions over three and a half days, including plenary sessions, symposia, posters, invited and free papers, and workshops. The deadline for submissions (workshops and abstracts) is 1 December 2005. Further details at <http://secure.lenos.com/lenos/pcg/c3ny/welcome.htm>.

Professionalism is not a personality trait

The Royal College of Physician's working party on professionalism for the 21st century launches its report next month. This will highlight the need to foster development of appropriate professional values across all education programmes. A recent article in *Medical Education* emphasises that professionalism has to be learnt through training and maintained by reflection on experience. Practical wisdom is a significant component, the authors say. They identify three personal attribute domains (ethical practice, self awareness, and accountability) and three societal domains (respect for patients, teamwork, and social responsibility). The authors highlight tensions within educational and work environments between attainment and attrition. Positive forces supporting attainment, such as supervised education and good curriculum design, must be enhanced. Factors causing attrition, which include negative role models, unsupportive work environments, and overwork, need to be minimised.

Medical Education 2005;39:58-65

Taxonomy of ethical concerns may help assess professionalism

Increasing emphasis is being placed on defining professionalism and ethical behaviour in terms of observable behaviour rather than abstract traits. So educators need to have some idea about which ethical conflicts are most likely to crop up.

Learning from our mistakes

To determine the best way to guard against diagnostic errors we need systematically to determine their causes. Researchers used autopsy discrepancies, quality assurance activities, and voluntary reports to identify 100 cases of diagnostic error by junior doctors. Ninety cases resulted in some degree of harm, including death in a third of the cases. They identified 215 organisational problems in 65 cases and 320 cognitive problems in 74 cases, the most common category (264 cases) being faulty synthesis. Premature closure (failure to consider alternative diagnoses) was the most common cause of error. Similar studies should be carried out in other specialties, but in the meantime these findings should guide the continuing education efforts of internal medicine teachers.

Archives of Internal Medicine 2005;165:1493-9

Over three years, senior medical students submitted papers outlining ethical issues they observed. Forty ethical issues were identified; 43% of the 688 cases involved decision making relevant to treatment. The most prevalent issues were deliberate deception during communication, conflict between patient and doctor about the most appropriate intervention, poorly obtained informed consent, breaches of confidentiality, and discriminatory treatment. Knowledge of the prevalence of ethical concerns may help to develop strategies for assessing staff and students and provide a basis for discussion about changing culture.

Academic Medicine 2005;80:866-73

Publishing your testing blueprint can be beneficial

One challenge in designing a student assessment strategy is striking a balance between

transparency and steering. The steering effect of examinations can be beneficial, but it can also engender cynicism; educators may be accused of "teaching to the test" and students can perceive an element of gamesmanship. To examine the effect of publishing an evaluation blueprint, researchers in Canada examined end of course questionnaires completed by 237 students on a renal course. The students who completed the course before and after publication of the blueprint had similar performance scores. However, students who did the course after publication were more likely to perceive the examination as a valid assessment instrument, despite a trend towards decreased overall satisfaction with the course. The authors consider hypothetical mechanisms for the findings.

Advances in Health Science Education 2005;10:15-22

Feedback: do you believe what your peers say about you?

Internationally, recognition is growing of the need to provide practising clinicians with feedback on their performance, partly because of the inadequacy of self directed learning. Multisource feedback—collecting information from patients, colleagues, coworkers, and yourself—has become a popular source of information. Whether this feedback is acted on depends largely on the practitioners' perception of its credibility and usefulness. Fifteen doctors who had received multisource feedback participated in focus groups to share their reactions to the process. Participants agreed that patient feedback was important, but the perceived accuracy of feedback from peers seems related to the extent to which doctors agree with the assessment. This suggests a major challenge for changing behaviour.

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