



FROM THE LITERATURE

Abstracts of Recent Papers

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These journals can be ordered at the following addresses:

Academic Medicine: Association of American Medical Colleges, 2450 N Street, NW, Washington, DC 20037, USA.

Medical Education: Blackwell Publishing Co., PO Box 87, Osney Mead, Oxford OX2 0DT, UK.

Medical Teacher: Taylor & Francis, Ltd, Customer Service Department, Rankine Road, Basingstoke, Hants RG24 8PR, UK.

Teaching and Learning in Medicine: Lawrence Erlbaum Associates, 365 Broadway, Hillsdale, NJ 07742, USA.

Building effective community–academic partnerships to improve health: a qualitative study of perspectives from communities. M. Wolff & C. A. Maurana

Academic Medicine, 76, 166–172, 2001.

Purpose: To identify, through a qualitative study, community perspectives on the critical factors that facilitate the development, effectiveness, and sustainability of community–academic partnerships.

Method: Between June 1998 and April 1999, 25 semistructured interviews were conducted with community members who represented eight partnerships at five academic health centers. Content analysis and open coding were performed on the data, and patterns of ideas and concepts were categorized.

Results: After review of the data, responses from three partnerships were excluded. Nine major themes that community respondents thought strongly influenced the effectiveness of community–academic partnerships emerged from respondents from the remaining five partnerships: (1) creation and nurturing of trust; (2) respect for a community's knowledge; (3) community-defined and prioritized needs and goals; (4) mutual division of roles and responsibilities; (5) continuous flexibility, compromise, and feedback; (6) strengthening of community capacity; (7) joint and equitable allocation of resources; (8) sustainability and community ownership; and (9) insufficient funding periods.

Conclusion: The themes that emerged from this study of the perceptions and experiences of the community partners in community–academic partnerships can be critical to further developing and evolving these partnerships.

Learning through community participation: immunization program at an elementary school. M. J. Velezis & Y. Endeshaw

Academic Medicine, 76, 195–198, 2001.

Many universities are establishing programs to bring health professions students, faculty, and communities together to address the communities' needs using public health models and tools. Such partnerships provide students with the opportunity to put into practice what they learn in the classroom, work together in interdisciplinary teams, and provide communities with access to preventive care and health education. The authors describe the experience of the partnership developed between a Washington, DC, elementary school and a group of students from the schools of medicine, nursing, and public health and health services of the George Washington University and George Mason University. Working with both an academic preceptor and a community preceptor, the students assessed the schoolchildren's immunization status; prepared informational packets for parents; and organized and conducted an immunization fair at the elementary school. The authors describe how the program was implemented, the results of the program, and lessons learned.

Residents' preparation for and ability to manage ethical conflicts in Korean residency programs. Y. Koh

Academic Medicine, 76, 297–300, 2001.

The doctor–patient relationship in Korea has been deteriorating, and the numbers of malpractice suits and other medical disputes have been increasing annually for the past decade. Part of the problem may be physicians' lack of ethics education. The author and colleagues surveyed Korean residents from 14 university hospitals and found that most regularly experienced serious ethical dilemmas and had difficulty appropriately managing them. Few were familiar with medical law, and many resolved ethical conflicts either on their own or by talking with colleagues. Many did not follow guidelines for obtaining informed consent. Few had ethics committees or consultants available to them, and most did not discuss ethical dilemmas with attending physicians. The author describes the kinds of dilemmas faced by Korean residents and how they manage them, and he offers recommendations for improving ethics education and the ethics environment for Korean medical students and residents.

Using real patients in problem-based learning: students' comments on the value of using real, as opposed to paper cases, in a problem-based learning module in general practice. J. Dammers, J. Spencer & M. Thomas

Medical Education, 35, 27–34, 2001.

Objectives: To explore the feasibility and value of using real patients as trigger material in problem-based learning (PBL).

Design: A questionnaire was given to all students participating in a PBL module including a question about “the added value of using real, as opposed to paper cases”, in problem-based learning. Resources used by students and assessment of feasibility were recorded by the course tutors.

Setting: A 7-week student-selected problem-based module in general practice in the fourth-year undergraduate medical curriculum, University of Newcastle upon Tyne.

Subjects: 69 students participating in the module over 2 years.

Results: All students valued the use of real patients. A total of 10 categories were identified, all congruent with accepted educational principles for effective adult learning. Real patients stimulated the use of a very wide range of resources and imaginative presentation of what had been learned.

Conclusion: Real patients are potent trigger stimuli in problem-based learning. The use of real patients in this general practice-based module presented no organizational or ethical difficulties. Their use should be considered more widely.

Effectiveness of basic clinical skills training programmes: a cross-sectional comparison of four medical schools. R. Remmen, A. Scherpier, C. V. der Vleuten, J. Denekens, A. Derese, I. Hermann, R. Hoogenboom, A. Kramer, H. V. Rossum, P. V. Royen & L. Bossaert

Medical Education, 35, 121–128, 2001.

Objective: Training in physical diagnostic skills is an important part of undergraduate medical education. The objective of this study was to study the outcome of skills training at four medical schools.

Context: At the time of the study, three schools had a traditional lecture-based curriculum and one school had a problem-based learning curriculum with a longitudinal skills training programme. All schools offer extended exposure to clerkships.

Method: A cross-sectional study in four medical schools was performed, using a written test of skills that has good correlation with actual student performance. The scores attained from four student groups were compared within and between the four medical schools. A total of 859 volunteer

students from the later four years at each medical school participated in the study.

Results: The mean scores in the traditional medical schools increased with the start of skill training and the hands-on experience offered during the clerkships. Students from the school with the longitudinal skills training programme and the problem-based learning approach had significantly higher mean scores at the start of the clerkships, and maintained their lead in the subsequent clinical years.

Conclusions: Longitudinal skills training seems to offer the students a superior preparation for clerkships as well as influencing the students' learning abilities during the clerkships. The effect of the problem-based learning approach, also related to the innovative philosophy of the curriculum, could not be accounted for.

Career obstacles for women in medicine: an overview. V. Reed & B. Buddeberg-Fischer

Medical Education, 35, 139–147, 2001.

Purpose: This article describes the current position of women in the field of medicine.

Procedures: Material was gathered using a MEDLINE search for recent articles on women's career progress in medicine and data from the Association of American Medical Colleges.

Main findings: Although women now make up a large proportion of the medical student body in industrialized nations, they are still under-represented in a number of disciplines and in the higher echelons of medicine. A number of possible obstacles to career goals that presumably act synergistically include domestic responsibilities, rigidity in career structures and discrimination.

Conclusions: Organizations in the field of medicine can look to the business world for "best practices" aimed at advancing women to incorporate in their own organization. Medical schools and other institutions are taking the issue seriously as can be seen from the variety of government and institution-based initiatives directed at improving the role of women in medicine.

Standardized or real patients to test clinical competence? The long case revisited. V. Wass, R. Jones & C.V. der Vleuten

Medical Education, 35, 321–325, 2001.

Background: In undergraduate clinical examinations, the use of real patients as long cases is being replaced by objective structured clinical examinations (OSCEs) which use simulated scenarios, although we lack published psychometric data on long cases to support the move from real to simulated patients.

Aim: To assess candidate performance across two history-taking long cases to estimate the number of cases required for a reliable assessment. Results are compared with psychometric data from an OSCE.

Setting: A final-year qualifying undergraduate clinical examination.

Method: Two observed history-taking long cases were included, alongside an OSCE. Candidates interviewed two unstandardized real patients. The history-taking part (14 minutes) was observed, uninterrupted, by examiner(s) who assessed data gathering, interviewing, and diagnostic and management skills. The presentation (7 minutes) was unstructured; the examiner(s) intervened as appropriate. Marks were expressed as a percentage of the total possible score and analysed using generalizability theory to estimate intercase reliability.

Results: Two examiner pairs independently rated both long cases for 79 (36.7%) of the 214 candidates. Projections based on generalizability theory showed that 10 20-minute cases would give reliabilities of 0.84 for single-marked and 0.88 for double-marked candidates, compared with a projected reliability of 0.73 for the same 214 candidates taking the OSCE.

Conclusion: If history-taking long cases are observed, three-and-a-half hours of testing time using 10 unstandardized patients would produce a reliable test. Long cases therefore are, in terms of reliability, no worse and no better than OSCEs in assessing clinical competence.

Minimum essential requirements and standards in medical education.

A. Wojtczak & M. R. Schwarz

Medical Teacher, 22, 555–559, 2001.

Increasing globalization of medicine and worldwide migration of physicians call for urgent definition of a set of global standards and requirements to guide medical education curricula. This article reviews the definition of standards in general, and proposes a definition of standards and global minimum essential requirements for use in medical education. They may serve as a tool for the improvement of quality and international comparisons of basic medical programs. Reviewing the use of medical standards worldwide, the China Medical Board established the Institute for International Medical Education (IIME). The IIME project is aimed at defining “global minimum essential requirements” comprising sciences basic to medicine, clinical knowledge and skills, professional values, behaviour and ethics of universal value. They represent only a portion of requirements since the curriculum of each country and medical school has to address its unique health and social needs. Finally, existing impediments and hesitation in use of international standards in medical education are presented.

Can nurses teach tomorrow's doctors? A nursing perspective on involvement in community-based medical education. A. Howe, D. Crofts & K. Billingham

Medical Teacher, 22, 576–584, 2000.

The increasing importance of primary care suggests an important role for the whole primary healthcare team in the education of “tomorrow’s doctors”. Few studies have evaluated the contribution and views of staff other than general practitioners. We used a questionnaire survey to elicit the perspective of 65 community-based nurses involved in a new undergraduate medical course. Some 67% of the cohort had already undertaken training to teach others, and were confident of their teaching skills but were overly reliant on the general practitioners for information, and on the goodwill of colleagues for time to teach. The findings suggest a need for structural changes in the process of multidisciplinary medical education, supporting the need for teaching commitments to be coordinated at practice rather than individual tutor level. The high level of professional development for teaching among community nurses suggests that there is a sound basis for encouraging such valuable professional input into medical education in the future.

Task-based learning (TBL) in undergraduate medical education. I. Virjo, D. Holmberg-Marttila & K. Mattila

Medical Teacher, 23, 55–58, 2000.

Problem-based learning (PBL) is a proven method to learn medicine during the first years of studies. In the clinical phase the active, self-directive student may experience difficulties in adapting to the life of professionals in health care units, where students usually have to attend and work according to preplanned timetables. Task-based learning (TBL) can serve as an intermediary in the meeting of these two cultures. Here we describe a TBL study module for fourth-year medical students and experiences of implementing it at the University of Tampere in Finland. Eighty-five students participated in this study in 1998 and 1999. Our results show that this method works and that it leads to learning. Students evaluate their skills connected with the general practitioner’s work in a health centre hospital as better after the study module than at the onset.

Measuring critical thinking in problem-based learning discourse. C. S. Kamin, P. S. O’Sullivan, M. Younger & R. Deterding

Teaching and Learning in Medicine, 13, 27–33, 2001.

Background: Critical thinking (CT) is a composite of skills linked to problem-based learning (PBL).

Purposes: This study has 3 purposes: (a) to determine if PBL discourse could be coded by CT, (b) to demonstrate reliable coding, and (c) to determine whether a CT ratio would provide a valid measure to compare 2 PBL groups.

Methods: Using prior research, we refined the code for a content analysis of PBL transcripts. Raters coded 6 hours of transcripts and computed CT ratios for each of the 5 CT stages. A verage interrater agreement was 85.5%. CT ratios appeared to differ between 2 PBL delivered in 2 modalities.

Results: PBL discourse could be coded following a CT framework. Independent raters reliably applied the code, and the resulting CT ratios detected tenable differences.

Conclusions: This approach could provide useful information about the effect of case modality.