

FROM THE LITERATURE

In the News

An opinion

Clinical Teaching

Apparently in our fields of interest some themes emerge simultaneously. The past two months five articles have appeared that in one way or another address the quality of clinical teaching. *Medical Education* carries Tim Dornan *et al.*'s report of a study into a self-report questionnaire to assess the quality of clinical teaching. Four factors emerged that greatly coincided with educational theory, supporting the validity of the instrument, albeit self-reports. The variables that seemed to influence the quality of clinical teaching were: the quality of the firm involved; quality of hospital-based teaching and learning; (availability and) quality of community and outpatient learning and to what extent problem-based learning was embraced as an educational approach. A further, more striking finding was that the quality of teaching differed greatly between firms and that this was strongly influenced by the specialty interests of the hospital firms. The researchers concluded that quality is a multidimensional construct, that self-reports are feasible, especially for promoting reflective self-direction, and that the social and material context of learning form important dimensions of educational quality.

In my view these are valuable findings. Their final conclusion (importance of social and material context) may not be new but it is not always recognizable in clinical teaching practice. And it is important that an instrument has been developed with which the educational qualities can be assessed, because there is a lot to be assessed and improved out there...

Take for example Daelmans *et al.*'s findings about the occurrence of adequate supervision, feedback and assessment in relation to a set of clinical competences, studied at the end of clinical rotations surgery, internal medicine or paediatrics. They found that supervision had been scarce, and that it was seldom based on observation. Senior staff did not provide much feedback at all, and the assessment was mostly directed at patient-related competences.

In the same issue of *Medical Teacher*, Beckman *et al.* report a comparison of grades for the quality of consultations given by residents and by peer physicians. They found that the mean scores given by residents were considerably higher than the scores of the same consultations given by peer physicians. The internal consistency of the scores was higher when given by peer physicians, indicating a slightly higher reliability.

Interestingly, still in that same issue of *Medical Teacher*, Molenaar *et al.* report a comparison of grades for students' written case reports and grading of their overall clinical performance by the students' supervisors. They arrived at a comparable conclusion as Beckman *et al.*: whereas the grades showed a normal distribution, similar for the four different reviewers and consistent over years, the ratings by the supervisors were skewed towards excellence. More striking is their finding of a low correlation (0.25 between 710 case reports and 189 ratings). They conclude that this low correlation might be caused by the large number of supervisors, the face-to-face assessment of clinical performance, the circumstances of which are different from the more distant assessment of a written document, and/or the different domains that are compared (cognition vs. clinical performance). In view of the current findings of high correlations between different kinds of tests, this last explanation does not seem to be very likely. Most likely the low correlation indicates that we do not explicitly agree on what we evaluate.

Smith *et al.* report in *Advances in Health Sciences Education* about the importance of 'Breakdown' for reflective learning in clinical teaching. 'Breakdown' is described as: not achieving personal or group-expected effectiveness. They conclude that an effective response to breakdown requires six factors to be present: a patient must be engaged directly; responsibility is matched directly to authority; tools are matched to tasks; information resources are matched to need; values are matched between co-participants and expectations are matched with capacity.

Judging from these findings there is still room for improvement in clinical teaching, supervision, feedback and assessment. It is a hopeful sign that these issues have received this sudden attention in leading journals for education in the health sciences. Hopefully that will put this problem on the busy agendas of clinical teachers.

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