

What the educators are saying

Men and ethnic minority students tend to perform less well

We have known for some time that academic ability before entering medical school is a good predictor of success on a medical course. It is now becoming clear that being male or coming from an ethnic minority background is associated with a relatively poor performance compared with female students. A study at the School of Medicine at the University of Leeds found that male students and ethnic minority students showed a relative underperformance in their year 3 assessment. It also found that application form data were similar and independent predictors of academic potential compared with academic performance before medical school. Mature students performed exceptionally well. Although this study was limited to the results of a year 3 assessment, its findings fit with other recently publicised results and show that we need to examine why male and ethnic minority students tend to perform less well than female and mature students.

Medical Education 2004;38:1002-5

Senior faculty members give more sympathetic feedback

Here's an eye opener for junior doctors who expect feedback and evaluation from their colleagues to be more sympathetic than that from senior faculty members. In a study of 1341 evaluations written by senior residents and faculty members in a family medicine programme at the University of Missouri/Columbia, researchers found that residents (GP registrars) were more likely to make negative comments in their evaluations of junior colleagues than senior faculty members. They also found that there was no gender bias in writing negative comments.

Medical Education 2004;38:646-51

Unannounced standardised patients—a powerful motivator for learning

Standardised patients (actors or real patients trained to present their symptoms in a particular way) have been used for a number of years in medical schools and postgraduate training programmes. Students usually know that they are consulting with a standardised patient. However, a recent controlled trial has used unannounced standardised patients in training students to

identify biopsychosocial issues in consultations. Researchers compared students who consulted with unannounced standardised patients (playing one of two patient scenarios), with control students who knew they were consulting with standardised patients. Students who consulted with unannounced standardised patients asked more questions about biopsychosocial issues than did control students. Using unannounced standardised patients may create new challenges for educators, but could also provide a powerful motivator for learning.

Medical Education 2004;38:969-73

Feedback for clinical teachers

Although there are plenty of instruments for evaluating classroom based teaching, very few are available for use in clinical settings. A new clinical teaching evaluation instrument assesses how well clinical teachers facilitate student learning. It has been validated and could be invaluable for both structuring teaching observation and supporting reflective practice.

Medical Teacher 2004;26:409-14

Improving educational research: the role of the educational epidemiologist

Conducting educational research in medical schools and medical settings has well described difficulties. Typical problems include establishing a clear separation between intervention and control groups, and multiple confounders in the educational environment. A current review coins the term "educational epidemiology" to describe a continuum of observational and experimental research designs which could influence the conduct of educational research in educational settings. The authors propose a comprehensive national network of educational epidemiologists who could share data from several institutions and increase the generalisability of educational research.

JAMA 2004;292:1044-50

Junior surgeons must be supervised

Hernia repair is one of the commonest surgical procedures, and recurrence of hernias after surgery is a considerable problem. A Scottish study that examined the outcomes of hernia repair between 1994 and 2001 found similar rates of hernia

How good is your phone advice in the night?



Many doctors will be familiar with being woken in the middle of the night by a telephone call from a junior colleague seeking advice. Most of us would probably want to stay in bed if at all possible and give advice over the phone. But how many of us have reflected on the quality of the advice and support that we give in such situations? In a training course for consultants and senior trainees using different role plays, roles included consultants who are sleepy and argumentative, and trainees who are disorganised and rushed. The chain of decision making and support is a vital part of team based clinical care; should we not at least discuss how we manage those phone calls in the wee small hours?

Teaching and Learning in Medicine 2004;16:276-8

recurrence for senior trainees, consultants, and junior trainees who worked under the supervision of senior colleagues. Unsupervised junior trainees had a considerably higher relative risk of hernia recurrence (21%) compared with unsupervised senior trainees and consultants. The message seems clear: junior staff need effective supervision from senior colleagues, and patients deserve better outcomes.

British Journal of Surgery 2004;91:774-7

Peter Cantillon *senior lecturer*
(peter.cantillon@nigalway.ie)
Department of General Practice, National University of Ireland, Galway, Republic of Ireland