

Clinical Competence and the Hidden Curriculum – An Area of Tension



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Sequence of feedback

Student makes self-directed appointment with a Teacher

Teacher chooses a clinical situation



Observation in clinical context on various aspects



Giving feedback



Documentation on a checklist

(i.e. communication skills, organization and efficacy, professional behaviour, taking a history, practical procedure,)

Introduction

Deliberate Practice is essential for the development of clinical competence (1). Therefore, in May 2009, a structured formative feedback was implemented for medical students in their last year for every two weeks. The students themselves are instructed to make appointments for feedback. Until then no general feedback culture existed at the university hospital. To date about 450 feedback encounters with 60 students had taken place.

Objectives

- quantitative analysis of the feedback encounters
- investigation of the spontaneous perceptions and hidden conflicts of the project with teachers and students

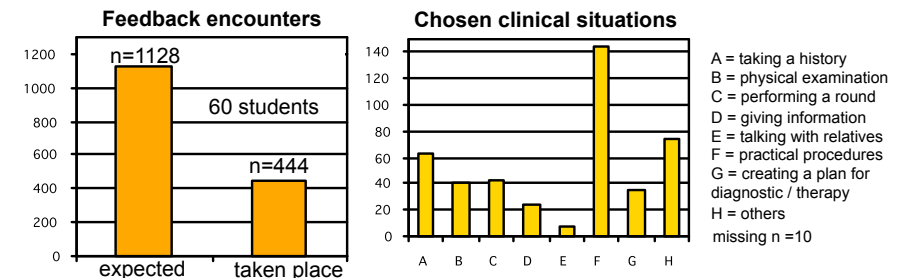
Methods (guided interviews)

1. Observation of Feedback
2. Creating an Interview guide
3. Implementation of interviews
4. Transcription and coding with MAXQDA
5. Development of categories
6. Interpretation and derivation of general statements

- Observation during teacher feedback trainings

Results (5/2009– 5/2010)

- general consent to the project for improving clinical competences
- students performed less feedback encounters as expected
- from the beginning students were judged mostly as excellent
- feedback on practical skills was selected predominantly
- few situations with focus on communication-skills were selected



students	Hidden conflicts	teachers
avoidance of heads, seniors and consultants for feedback due to a more hierarchical system so far		difficulties to express criticism constructively as a result of a missing feedback culture
fear of examination due to mainly summative test experiences		uncertainty owing to a lack of common values and defined outcomes for clinical competences
required self-responsibility (less supported so far)		limited interest due to lack of time and limited prestige of teaching in the faculty
uncertainty about requirements		

Conclusion

The discovery of hidden conflicts has initiated a process of self-reflection on clinical competences and learning climate. It has shown areas for faculty development.