

## **Changes of Diagnostic Judgment After a Patient Demonstration: Both Improvement and Impairment**

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(Abstract)

Experts have better diagnostic judgment than medical students because of a greater exposure to patient problems. This exposure starts with patient demonstrations in the undergraduate curriculum. What is the effect of one particular patient demonstration on the diagnostic judgment of undergraduate students?

A patient was demonstrated to the randomly selected half of a group of third year medical students. Two weeks later the complete group took two written tests. The first script was based on the demonstrated patient, the second script was derived from a patient with similar complaints but a different diagnosis. For both scripts the students had to express their subjective probabilities of eight listed diagnoses on a 7-point scale.

Analysis of variance showed that students who attended the demonstration in both cases gave a higher probability to the diagnosis that belonged to the demonstrated patient than the students who did not attend. In the first case they came closer to the score of a panel of experts, in the second case they did not. Similar results were obtained from a second experiment based on a patient with a completely different diagnosis.

It can be concluded that improvement of diagnostic judgment of the demonstrated case was not obtained for a non-demonstrated case. This conclusion is consistent with the concept of content specificity of expertise, but raises questions about the number and nature of patients that students have to be exposed to in medical education.

## **Training the Clinical Eye Through Slides**

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(Abstract)

In medicine the inspection is an important skill. Among physicians, this statement will not lead to heated debate. Therefore, it seems strange that in basic medical education this skill should not be specially trained. An explanation could be that inspection is not so difficult, or, in other words, that physicians are rather good at observing patients.

Some research points to the contrary. Cassileth and co-workers asked physicians to identify coloured slides of cutaneous lesions. Their performance in recognizing suspicious or pro-

blem lesions was very poor. The results of this study support our view that in inspection skills training is necessary. In such a programme students should not be stimulated to play the game of "spot diagnosis". To avoid this dangerous game, students must learn to gather data by observation in the same way as in history or physical examinations. One might regard this type of training as a kind of consultation through slides. For several years we have tested this programme in our Introduction to Clinical Medicine course. In the presentation a session will be simulated.