

New doctors, teaching physicians disagree about essential medical procedures to learn

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Physicians teaching at medical schools and doctors who have just completed their first year out of medical school disagree about which procedures are necessary to learn before graduating, according to a new survey done by researchers at Wake Forest University School of Medicine.

Participating physicians were asked to rate 31 basic clinical procedures - from throat culture to spinal tap - based on their importance in the first year after graduation from [medical school](#). Faculty physicians rated 14 procedures as "must know," while new physicians agreed on only six of those 14 clinical procedures and placed five additional, completely different procedures in the "must know" category.

The results of the survey appear in the most recent issue of *Medical Teacher*, a peer-reviewed publication.

The authors say the results are understandable, given that the medical school curriculum often is based on experience, not structured evaluation.

"Like a lot of clinical education in most medical schools, the third and fourth years are learning by doing - taking care of real patients," said Michael T. Fitch, M.D., Ph.D., the lead author of the paper and an assistant professor of [emergency medicine](#) at the School of Medicine. "So, the procedures the patients need end up being the ones students learn."

Interestingly, Fitch said, the procedures rated as "must know" by new doctors were more invasive - spinal taps, [incisions](#) and drainage, intubation and inserting a central line, for example, than the more basic procedures identified as "must know" by the experienced, faculty physicians. The study states that many of the procedures where disagreement occurred are minimally invasive procedures such as drawing blood, which is frequently completed by non-physician staff in many institutions - a fact that may explain why new physicians felt that it was not essential to have known how to complete those procedures during internship.

The School of Medicine has used the survey results to design a new procedures curriculum implemented in April 2008 and upgraded in April 2009. The school now provides training for students in all of the 19 procedures deemed most important by both the new and faculty physicians, and requires students to track electronically whether they observed, participated in or performed the procedures.

The next task, Fitch said, is determining how to evaluate competency in the procedures.

Meanwhile, he added, patients should be pleased about the survey because it is leading to better care from doctors.

"One of the good things about the outcome of this study is that we are starting to identify those core procedures that every student should learn in medical school," Fitch said. "The training that our current medical students are receiving has been enhanced by the results of this study. That is going to lead to better patient care."

The survey participants included residency and fellowship directors at Wake Forest University School of Medicine, resident physicians who had completed their internship at Wake Forest University Baptist

Medical Center and graduates of the School of Medicine who completed internships elsewhere.

Source: Wake Forest University Baptist Medical Center ([news](#) : [web](#))

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