Clinical Competence and the Hidden Curriculum – An Area of Tension

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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.

**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

**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, ….)

- 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

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

**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.

**Observation during teacher feedback trainings**

**Students**
- avoidance of heads, seniors and consultants for feedback due to a missing feedback culture
- fear of examination due to mainly summative test experiences
- required self-responsibility (less supported so far)
- uncertainty about requirements

**Teachers**
- difficulties to express criticism constructively as a result of a missing feedback culture
- uncertainty owing to a lack of common values and defined outcomes for clinical competences
- limited interest due to lack of time and limited prestige of teaching in the faculty

**Hidden conflicts**
- difficulties to express criticism constructively as a result of a missing feedback culture
- uncertainty owing to a lack of common values and defined outcomes for clinical competences
- limited interest due to lack of time and limited prestige of teaching in the faculty

**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.