



## What's the relevance of sociology?

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## LETTER TO THE EDITOR

## Evaluation of medical practices in France: Who is the best teacher?

Dear Sir

Evaluation of professional practices (EPP) is a key feature of continuous quality improvement. EPP is aimed at helping doctors to reflect on their own practices and enhance adherence to clinical practical guidelines.

In 2005, the French Assembly voted to oblige medical professionals continually to evaluate their practices, so that EPP is actually a legal obligation. Its methods are laid down by decree, but the text leaves a free choice as for the guidelines to be employed in the process.

After approval of the law, decrees and procedures were published specifying means for implementing EPP. However, the development of evaluative procedures (certification of the hospital, accreditation of the medical team, EPP, continuing medical education) is causing confusion regarding who is responsible for these procedures. Many organizations are involved in EPP (medical associations, hospital medical committees, regional union of physicians, specialty societies, the National Institute of Health, private organizations for continuing medical education), some of which are not acknowledged nor recognized by practicing physicians.

Recently, the Ministry of Health tried to simplify EPP procedures. A first effort was made to unify EPP with the Continuing Medical Education Program. Thereafter, attempts were made to involve specialty societies in the implementation of EPP.

Indeed, evaluation of professional practice is a “professional thing” and the involvement of specialty societies in EPP is a key component of its success. Influence of specialty societies is probably the most important contributor to doctors’ behavioural changes.

In a study carried out in 2005, we found that hospital physicians generally valued guidelines and hence adhered to them, according to their promoter, more than to the scientific consistency of guidelines (Vignally 2008).

Specialty societies were considered the most reliable promoter, more than the national health agencies or the pharmaceutical industries. Specialty societies were also the main vector of guidelines dissemination. Indeed, physicians became aware of guidelines through their specialty society followed from afar by medical congresses, hospital colleagues and medical publications. According to our results, peers and particularly specialty societies play a key role in informing doctors on medical guidelines in France.

We propose that involvement of specialty societies also contribute to the success of EPP activities.

Starting from this view, the national health agencies should integrate specialty societies in the EPP development process to enhance participation of medical professionals in peer teaching activities that are still an under-recognized source of education in the medical education continuum (Cate 2007).

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## What’s the relevance of sociology?

Dear Sir

Sociology remains a subject that medical students find difficult to grasp. A number of difficulties have been

highlighted in the literature which mirror our experiences in Southampton; for example, that the discipline is seen as less important than the biomedical sciences and that it lacks relevance to medicine (Benbassat et al. 2003). We conducted a survey of first- and second-year students on our 5-year programme during 2005–2006 to better understand students' perspectives about the discipline.

Our results revealed that only half of the students indicated they understood the relevance of sociology at this early stage. However, the majority agreed it was important to make them better doctors and one-third thought sociology increased their understanding of different people in society. Half the respondents said that if the subject featured more prominently in exams they would be more motivated to study it. The same percentage felt that they were able to apply their knowledge and understanding of the subject to the patients they saw in the first 2 years and reported that their tutors could better help them relate sociology to patients. This is encouraging as students are likely to see the relevance of sociology if clinicians work with them to demonstrate the context in which they will eventually use their knowledge (Arseneau and Rodenburg 1998).

However, it is important to remain cautious. While students may come to appreciate the relevance of sociology through its application, they may find it more difficult to think about the relevance of some sociological issues—such as power—because they are less visible, seemingly abstract, very complex and resistant to change. Students can readily see themselves having an impact upon individual patients in their future roles as doctors, but the impact they can see themselves having upon society may be much more difficult for them to comprehend. Therefore, a productive approach might be to work more closely with clinicians in the later years of the curriculum to encourage increased understanding of these more complex aspects.

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## Randomized comparison of student-activating and traditional lecture: no learning difference

GUNNAR BIRGEGÅRD, ELISABETH PERSSON & ASTRID HOPPE

Dear Sir

New forms of inter-active lecturing have been integrated in problem-based curricula. The assumption is that this is superior to the traditional lecture format with regard to learning efficacy. However, few comparative studies have been published. We have performed a randomized study of immediate recall of subject matter and understanding comparing a student-activating and a 'traditional' lecture format. Our hypothesis was superiority of the student-activating lecture format.

Half of the students ( $n=50$ ) had a dialogue-type lecture with problem-solving breaks. A case was presented for peer discussion with neighbours ('bee-hive discussion'). A general discussion in the whole group was then led by the lecturer, who also elaborated. This cycle was repeated 7 times during a 1.5 hour lecture. The problems discussed were both clinical (diagnosis and treatment of inflammatory-induced anaemia) and theoretical (pathophysiology, erythropoiesis homeostasis and iron metabolism).

The other half of the students had a 'traditional' lecture with the same slides that were used in the student-activating lecture with questions encouraged.

Both lectures were given by the same experienced senior professor who previously used both formats for this subject. At the end of the lecture, a 15 minute written MCQ test of understanding and knowledge capture was given with questions both on details and more complicated issues on a higher taxonomy level.

No significant difference between the groups ( $n=50$  in each group) could be seen in the total score (mean 101.5 vs 101.6 points,  $p=0.12$ , NS) or for any type of question, be it simple facts or more complicated mechanisms, which also means that there was no correlation with the taxonomic level of the questions. Student satisfaction with form and content was high and similar for both formats (5.0 and 5.2 out of 6). Self-rated learning efficacy was similar in both groups. Several explanations for the lack of difference are possible, including the possibility that there actually is no difference in efficacy between a good 'traditional' lecture with questions encouraged and a peer-interactive format with plenty of interaction with the subject matter. It is still possible that long term retention