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A corrective approach to doctors' illegible handwriting: A pilot course in Italy

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Let's be clear on the proper place of photographs in teaching dermatology

Dear Sir

I read with a degree of interest the letter by Amri et al. (2012) on the proper place of digital photographs in teaching dermatology. They undertook a study to compare student learning from either a session of 'traditional clinical teaching' on five patients, or what one must infer was a similarly facilitated teaching session based on images of these patients. They found no statistical difference in outcomes of diagnostic ability. However, even allowing that the report is in succinct correspondence form, there appear to be important limitations of methodology and reporting such as unclear hypothesis, small sample size with no power calculation, no comments on efforts to reduce confounding, such as by preventing students from each group from meeting during the study and no assessment of whether some students did any further study of the subject prior to their evaluation. Whatever doubt this may cast on the reliability of their results, I was rather astounded to read that, 'The majority of students agreed or strongly agreed that digital photograph teaching is better than the traditional clinical teaching, as well it encouraged them [sic] to learn more about the discussed conditions'. This runs starkly counter to my experience of teaching dermatology to hundreds of medical students. The highlight for most is the chance to interact with real patients with real disease. This is particularly important in dermatology, as the psychosocial impact of skin disease is often a major source of morbidity and this cannot be gauged from photographs. Some skin disease presents with very subtle findings that are difficult to capture by photography and palpation is often required as part of the skin examination. Without question, clinical photographs have an important role in dermatology education – classical presentations can be shown, rarer or acute diseases can be illustrated, assessment of large numbers of students can be enhanced – but their proper place is certainly as an adjunct to clinical exposure to actual patients. Amri et al. may need to reflect on how effectively they deliver their traditional clinical teaching.

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A corrective approach to doctors' illegible handwriting: A pilot course in Italy

Dear Sir

Doctors' handwriting has always received some attention by media and public because it is usually believed to be qualitatively poor. In fact, sloppy doctors' handwriting can lead to perilous misinterpretations of medical notes, medical expressions, or even drug dosages. In turn, this can easily lead to malpractice or even to client's death (Sokol & Hettige 2006). An article appeared in Time magazine (Caplan 2007) stated that poor doctors' handwriting kills about 7000 people each year. This appalling number reminds medical teachers the importance of a legible handwriting in professionalism of medical students and doctors. Besides, although efforts have been made to introduce doctors' notes directly into electronic tablets, a pilot course for improving doctors' handwriting was started in Italy. An *ad-hoc* scale of legibility was used for formative and summative assessment. It was based on a single evaluation of 40 unrelated words that each doctor copied from a pool of 100 randomly extracted. Five independent assessors scored the 40 words by using a five-point Likert scale, scoring from 5 (100% legibility) to 1 (0% legibility). Finally, the scores from the assessors were averaged to obtain the final result for each doctor. The remedy course included practical skills in calligraphy and fast handwriting. Participants were then introduced to theories of personality and handwriting explained by certified graphologists. Furthermore, theories and labs of calligraphy initiated participants to aspects of style and corrective actions in handwriting. Other sections introduced learners to medico-legal aspects of errors in interpretations from poor doctor's handwriting. At the end of the course, the majority of learners felt that it gained insight into risks for malpractice and the potential threat to a client's life from illegible prescriptions and unreadable medical notes in hospital and private practice. The corrective course also generated an improvement of handwriting legibility on the test with a mean entrance score of 1.82 (SD = ±0.80) and with a mean exit score of 4.12 (SD = ±0.71) in 150 participants.

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