Medical Teacher

ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: informahealthcare.com/journals/imte20

Using the DRECT to assess the intern learning environment in Australia

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To cite this article: Ralph Pinnock, Paul Welch, Hilary Taylor-Evans & Frances Quirk (2013) Using the DRECT to assess the intern learning environment in Australia, Medical Teacher, 35:8, 699-699, DOI: 10.3109/0142159X.2013.786175

To link to this article: https://doi.org/10.3109/0142159X.2013.786175

Research is an important part of clinicians' work. However, I have gained the impression that successful researchers are sometimes valued over enthusiastic clinical teachers. Research success is easy to quantify whereas teaching quality may be not, particularly not objectively (Katarey 2012). This *per se* holds true, but that is where students again come into play. Courses are evaluated regularly, and who is better to judge a teacher's performance than participating students? I, therefore, propose that universities should systematically identify qualified educators – based in part on student evaluations – and support this important clinical sub-population with the same resources as research staff.

And, what enables clinical teachers to be good at their craft? In this student's opinion, it is as Steve Jobs once put it, "The only way to do great work is to love what you do" (Stanford News Service 2005).

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Using the DRECT to assess the intern learning environment in Australia

Dear Sir

We assessed the learning environment of interns at our hospital to establish the practicality, acceptability and internal consistency of the Dutch Resident Educational Test (DRECT) in an Australian teaching hospital.

In the past, the Postgraduate Hospital Educational Environment measure (Roff et al. 2005) has been used in Australia, but its ability to measure different dimensions of the learning environment using three distinct subscales has been challenged.

We made two modifications to the DRECT for the local environment ("consultant" instead of "attending" as the doctor supervising the interns and "educational supervisor" instead of "speciality tutor" (Boor et al. 2011, 5 March 2013 personal communication). We also asked the interns if they could state three aspects of the learning environment they would change.

Following Ethics Committee approval 53 of the 60 (88%) interns completed the questionnaire and also indicated the three aspects of the learning environment they would change if they could. The overall Cronbach alpha was 0.95and the overall mean scale scores differed by rotation ($p < 0.05$).

There was no difference between the male and female interns mean scores for either the individual items or subscales. The interns' responses to what they would change in the environment did not identify any new issues previously unaddressed in the questionnaire. The changes they requested were consistent with the ratings in the questionnaire.

The Cronbach alpha, the high response rate and the fact that all questions were answered, suggests that the DRECT is suitable and practical to use in our environment. No new items in the learning environment were raised in the free question suggesting that the DRECT is comprehensive for our environment.

Our two lowest mean subscale scores were for supervision and feedback. These are fundamental to clinical training and need to be urgently addressed in all intern rotations. A follow-up study is needed to ensure the necessary changes are made.

The Medical Board of Australia accredits intern positions every five years but, with our intern positions increasing annually we need to quantitatively assess unit quality more frequently. The DRECT also provides greater detail than the accreditation process on the quality of each intern rotation thus making it easier to address weaknesses.

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Expanding the objective structured clinical examination (OSCE) to teach documentation, coding and billing

Dear Sir

The Objective Structured Clinical Examination (OSCE) can augment traditional written tests to assess medical trainees' clinical competencies. Coding and billing is poorly taught and inadequately evaluated, and trainees report feeling unprepared for this aspect of medicine (Fakhry et al. 2007). One