

That kind of rough and tumble training seems to have given way to a more passive, observer mode of student experience. We use standardized patients, OSCEs, role-plays, and simulations instead. There are many reasons why this is happening. Financial pressure, accreditation rules, and the emerging concepts of patient safety have all affected the medical student experience. But have we lost something in the process?

We believe that many of our residents, like the intern we've described, still perceive themselves (psychologically and emotionally) to be passive learners. The adult learner has moved beyond this to become actively engaged in his or her educational process. He/she has started the transition from unconscious incompetence, to conscious incompetence, toward conscious competence. The process can be painful and messy, but it is vital and necessary to achieve medical competency.

As teachers, we must recognize that our residents need help to make the transition from passive to active learning, from student to clinician. We can no longer take it for granted that they have already done so. An observant and wise teacher can help crystallize the "Aha!" moment of transition. We want our residents to say with confidence, "Now, I am a real doctor." As medical educators, there is perhaps no greater challenge for us and no greater reward.

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"We Must Test the Blood for Antigens"

To the Editor:

"We must test for antigens in the blood" explained the first-year resident to my patient and her family. The patient's hemoglobin had dropped low enough that she needed a blood transfusion. The resident was attempting to explain what tests were needed to determine which family member might be a suitable candidate to provide blood to my patient. This reminded me of another time when my very competent resident explained to another patient that the patient had a herniated disc in her back that was causing her pain. The resident was then quickly moving on to treatment options when I stopped and asked the patient if she understood what a herniated disc was. She shook her head and responded that she had no idea. I am sure that the statement "We must test the blood for antigens" also had little meaning for the first patient and her family. Our ability to communicate meaningfully with patients becomes all the more difficult as the science of medicine improves our understanding of diseases but makes more difficult our attempts to explain this complexity to our patients.

Being involved with the teaching of students and residents at all levels of training, I have been a part of attempts to help them learn the art of communicating effectively with patients in terms that the patients can understand. I have watched as students have done role-plays in front of other students and received feedback on the unwise use of tech-

nical terms from both their instructors and their peers. This behavior has been clearly identified to them as a major obstacle to effective communication. Yet, a few years later I find these very same students who are now residents lapsing into using technical terms that are beyond the understanding of most patients. I do it myself. Why do we make this error when with a little thought we should clearly realize that using technical terms is neither in our or the patient's best interest?

The hectic pace of medical care today certainly contributes to the problem. Gone, forever, are the 1-hour complete physicals when time could be spent carefully addressing the patients' many concerns in terms they could understand. Some disease concepts are also difficult to explain to others who may lack a scientific background. It seems to me, however, that we must make the effort to communicate in terms that patients and families can understand. In the end, if we fail to communicate effectively, it is impossible to move forward in treating patients correctly. We simply must slow down and solicit patient feedback to make sure that we are communicating effectively. Appropriate medical care is impossible without understanding the patient's interpretation of what we are saying. The extra time spent initially will pay off as treatment is initiated and the relationship progresses. Appropriate patient care demands that we communicate effectively.

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