A metacognitive perspective on self-judgments in practising of history taking

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Background: About 60% to 80% of diagnoses are derived after the initial history taking, provided it went well. Thus communicating well with patients is a key medical consultation competency. So medical schools provide carefully designed communication trainings. But despite improved skills, students still have difficulties in communicating skillfully in clinical settings. Made responsible for this is a mismatch between training setting and clinic (1). We seek for helping students to transfer their skills by proposing a metacognitive perspective to describe the problem more closely. This perspective states that applying skills adaptively in a complex situation requires the constant monitoring if the intended goal has been achieved. The self-judgments accompanying this monitoring have previously been shown to be based on cues such as observable behavior (OB) in the situation, information in memory (IM) and subjective feelings (SF) emerging out of the experience of performing (2).

Method: To access student’s self-judgment process we developed a judgment task similar to those used in metacognition research (2) and subsequently prompt students to elaborate on their judgment. These written elaborations, verbalizing the self-judgment process, are analyzed using directed content analysis. Categories are arranged in three dimensions: elaboration’s subject, positions mentioned in elaborations, cues mentioned in elaborations.

Sampling: Stratified purposeful sampling is used, to ensure that maximally informative cases (n=20 students) are included in the analysis. Collection of material took place during a self-directed fresh-up practice period preceding the practical clinical clerkship entry examination in year 2.

Results: 20 students provided 67 metacognitive judgments and 133 expressions elaborating them. Those can be grouped in three types. One focusses on content covered (32%), another the process skills used (56%). Elaborations of these types generally include student’s own perspective only. The first type is often based on a combination of OB and IM cues leading to a “forgot to ask judgment” whereas the other often relies on combining OB and SF cues. A third type targets at the interplay between content and process aspects (12%), typically includes student’s and patient’s position and relies on OB for interpreting patient’s behavior and experience.

Conclusion: All three types of elaborations are necessary for monitoring the learning process and for adapting skills for use in a new setting. Still, adapting something
successfully requires not only to perceive one’s own perspective but also the perspectives of other interactants – here being the clinical setting and the patient. Thus a first step in helping students to bridge the gap may lie in helping them to include patient’s perspective and the requirements of a given clinical setting in their judgments when practicing.

References: