

## The real outcome of training: pass or fail?

The cycle of life in training institutions of all kinds is punctuated by assessments and examinations. For many students, the short-term goal of passing the test and being promoted to the next level is more important than the stated aim of gaining knowledge, skills and attitudes for a professional career. For trainers and institutions, likewise, the pass rate may become the goal. Where the value of pass or fail is more a judgement call than a mathematically defined quantity, it becomes subjectively possible to modify the definition of 'pass' to fit the pass rate!

The recent publicity surrounding the pass rate in the national matriculation examinations has highlighted this phenomenon. Accordingly, the real meaning of a pass rate must be measured against other outcomes that have to do with performance and ability to function.

Training programmes in the health professions and their institutions have to grapple continually with the challenge of transmitting not only the 'what' of the cognitive and skill content of their programmes, but also the 'how', the attributes, behaviour patterns and so-called soft skills of the profession. After all, the public rightly expects their doctors to be highly knowledgeable and up-to-date about their fields while demonstrating skills in observation, discernment and ethical evaluation for differential diagnosis and cost-effective management, and to be humanly caring, compassionate, empathetic and committed at the same time.

Health professional training can therefore never be equated to just teaching theoretical knowledge and manual, physical skill. Clinical teaching is much more than that. It requires role modelling and teacher-student interaction on a different level, and is unfortunately most vulnerable to staff shortages and service overload. The one-on-one of Hippocratic discipleship is not possible or even appropriate any more, but clinical and bedside teaching remains an essential training tool. That realisation places a responsibility on the teacher to seriously consider what behaviour he/she wants the student to observe.

Given the above, it becomes clear that training institutions also continually seek to modify and improve their assessment and examination systems to maintain objective validity, reliability and fairness. At the same time, some outcomes of training cannot be measured by a single examination. In this respect, life itself may be the judge.

In *SAJCH* this month we publish a review on sampling for neonatal blood gas analysis. This is a frequently performed procedure in neonatal care. The authors draw attention to the various complications and review the advantages and disadvantages of different methods of blood sampling.

Schapkaitz and colleagues found that haemoglobin testing with a portable HemoCue device is accurate and comparable to the laboratory value. It is hoped that this will save time and money in situations where the white cell count and platelets are not urgently needed.

Joubert *et al.* draw attention to the fact that some toys for children may make such a noise that hearing could be jeopardised! Thankfully, the common toys they tested were not dangerous to hearing.

Terblanche and co-workers wondered whether paediatric doctors would think of offering HIV testing to children with gastro-enteritis. In their audit of diarrhoea patients, those with typical disease patterns were more likely to be tested for HIV despite a policy of offering HIV tests at all opportunities.

Several interesting cases and rare presentations complete this month's offering, predominantly to keep reminding us that a strange clinical presentation may indicate unusual disease.

This issue of the *Journal* appears only two months after the December issue, as we are gradually moving over to a new publishing schedule. However, we remain a quarterly journal, even though we are pleased to see an increase in the number of submissions.



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**Warm South African good luck wishes to all paediatric health professionals who are entering the examinations for higher degrees in Paediatrics and Child Health.**