Five group interviews were conducted with a total of 50 physicians, postgraduate specialists, senior nurses, medical and nursing students and patients. Participants were asked to narrate critical incidents related to deficiencies in communication skills in physicians in which they had been involved or which they had witnessed first-hand. Eighty-one critical incident narrations were recorded and transcribed. They were analysed and grouped according to themes, categories and sub-categories. Communication skills deficiencies were identified from the themes, categories and sub-categories. In-depth analysis of communication gaps, cultural or contextual influences and their medical consequences were identified.

One critical incident referred to the failure of a physician to identify the locus of decision making. An individual in need of surgery for a hernia was also at risk for cardiac complications during surgery. The patient felt that his family needed to make the decision, whereas the physician demanded that he make the decision.

Another example referred to the fact that ward rounds are usually conducted in English, a language most patients do not understand. One day during discussions at the bedside, the word 'surgery' was mentioned causing much unnecessary anxiety and alarm in an elderly female patient. These are two of the incidents narrated which illustrate poor communication with medical consequences.

What lessons were learned? Four categories of communication deficiency were developed from the narrated incidents: (i) content omission (8 sub-categories); (ii) inappropriate responses (6 sub-categories); (iii) inappropriate setting (4 sub-categories), and (iv) non-verbal communication issues (6 sub-categories).

These categories and sub-categories formed an interrelated framework for the content and learning activities of a new communication skills course for Sri Lankan doctors. Critical incident analysis themes provided the content necessary to design a culturally and contextually relevant solution to a significant problem in physician communication in Sri Lanka. The 81 authentic scenarios will also be useful in the teaching process during this course.

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The Concordance of Judgement Learning Tool

Amélie Foucault, Serge Dubé, Nicolas Fernandez, Robert Gagnon & Bernard Charlin

What problems were addressed Ethical decision making is a key aspect of professionalism in medical practice. Yet, medical educators agree that fostering its development is complex, chiefly because there is rarely a single right answer. Students could be prepared to make better ethical decisions early on in their training. Systematic reviews report a variety of methods with which to teach professionalism, most of which are time-consuming and rely heavily on face-to-face contact. Furthermore, as van Mook et al.[1] point out, the hidden or informal curriculum is probably one of the main barriers to professionalism development in medical education.

What was tried? We implemented the online Concordance of Judgement Learning Tool (CJLT) in our clerkship programme. It briefly describes realistic situations, such as the divulging of prescription error, the breaking of difficult news to patients and caregivers, contexts of physician–patient confidentiality, and the reporting of inappropriate behaviour. For each situation, a series of more or less acceptable behaviours is proposed and students are asked to indicate the degree of appropriateness of each one. Once a student selects his or her decision, the tool provides decisions made by members of an expert panel composed of medical educators identified by students as role models of professionalism. The CJLT's key feature is the provision of detailed explanations justifying each expert decision. Hence, clerks can think through ethics-related issues, with expert guidance, and make helpful links with their experiences on clinical wards. In this regard, the CJLT represents an efficient learning tool within an environment of limited educational resources.

What lessons were learned? Student survey ($n = 55$) and focus group ($n = 8$) results about the initial experience confirm our hypothesis: insight into expert ethical decision-making processes involving professionalism favours the development of ethical decision making anchored in critical thinking skills. Because the CJLT is based on 'concordance' in which affordance is given to more than one appropriate answer, the CJLT is best suited to learning professionalism. In confronting the student with

authentic ethics-related situations, it facilitates a focus on reflection in order to compare courses of action rather than selecting the most appropriate. In this sense, the CJLT is innovative as it allies cognitive apprenticeship with the development of critical thinking skills.

Furthermore, students recognise the ethical conduct that is most coherent with professionalism as identified by experts, but point out that in 'real-life' experiences on hospital wards, conduct can be markedly different. We believe this reflects the hidden curriculum, signalled in the literature as a major impediment to professionalism education. Learning to conciliate espoused ethical conduct and future clinical experience, buttressed by insight into expert ethical decision making, is the chief added value of the CJLT for the meaningful development of professionalism.

Finally, the user-friendly aspect of the CJLT is not a trivial matter. The CJLT we have implemented is completed online at times and at a pace determined by each student. Hence, it is truly an effective professionalism-learning tool that can be inserted easily into already heavy study schedules. We are encouraged to introduce the CJLT into residency and continuous professional development. Although it is too early to consider it as an assessment tool, we think it can be used to measure the development of professionalism competence in students over time.

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Establishing an online mentor database for medical students

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What problem was addressed?   Mentoring by faculty members is an essential component of medical student education. Medical students depend on relationships with faculty members in order to establish research experiences and clinical exposure outside the medical school curriculum. Beyond academics, students commonly seek out mentors in order to discuss more personal issues, such as career choices, personal challenges, and support for the residency application process.[1] However, establishing a mentor–mentee relationship is not easy, and the medical education literature does not provide much guidance on how to best match trainees with faculty members.

What was tried?   We implemented a novel web-based database of faculty members who expressed interest in mentoring students at the Icahn School of Medicine (SoM) at Mount Sinai. Students are able to access faculty profiles through an online searchable platform which facilitates personalised mentoring opportunities based on individual academic and personal needs. This initiative also permits faculty members to specify their preferences for the type of mentoring they wish to provide to students.

To construct the mentor database, faculty members at Icahn SoM with experience or interest in working with medical students were identified and sent a questionnaire in which they could enter professional data, mentoring preferences (e.g. shadowing, career advice, research) and personal interests (e.g. balancing work and family, women in medicine, race and ethnicity). Information from the questionnaires was made available in an online database designed with Mount Sinai's Rapid Database Generator Toolkit and delivered through the secure Electronic Research Application Portal. Students could search for mentors based on specialty, type of work, mentoring preferences and personal interests.

What lessons were learned?   A total of 221 faculty members representing 48 specialties and subspecialties completed questionnaires and were included in the database. Participants expressed interest in general mentoring or career advising (86%), residency planning (60%), shadowing (44%) and research (44%). Faculty members offered to provide personal advice in areas including balancing career and family (48%), women in medicine (37%), and race and ethnicity (13%), among others. Students were surveyed 6 months after the database was launched, and 233 medical students in years 1 and 2 (84%) completed a survey to assess database outcomes. The overall student use rate was 28% ($n = 65$) and 30 of 65 (46%) students reported that it had definitely helped or may have helped them to find a mentor.

The mentor database provides medical students with access to a large, diverse cohort of faculty members interested in mentoring students in various