Chapter IX

POEMs in the Information Jungle—How Do Physicians Survive?

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INTRODUCTION

The days when newly graduated doctors were well equipped with the knowledge and information they would need during a lifetime are long since gone. Today’s clinicians’ knowledge becomes almost as rapidly outdated as the analysts’ forecasts on the stock market. Tsunamis of new articles reporting scientific achievements flood the shorelines of current knowledge. Modern physicians need to be lifelong learners in order to adapt to the rapidly evolving medical environment. But how can physicians survive in the information jungle? What are the tools they need to weave a fabric of best medical practice that is woven from the relevant scientific knowledge and the detailed information about the patients’ preferences? Are medical schools and the postgraduate educational systems preparing doctors for this?

LEARNING TO LEARN

When we began to acquire medical knowledge and competence as students, most of us either found teachers and professors who directed our learning by emphasizing the relevant information, or we prepared ourselves by learning according to required contents lists. Those of us who were good at “stocking their memory” made good medical students, excelled in school and performed well on tests. They became experts at recalling the right answer when the question came up in the examination.

During medical apprenticeship as residents we gained proficiency in the basic mechanical skills. However, most of us experienced that the memorized lists of differential diagnoses and related symptoms were of little help in identifying our patients’ relevant problem. We relied on the seniors’ experience to find a path to diagnosis and treatment. Our university-based knowledge equipped us well to find a way from the trunk of a diagnostic tree to its outmost branches, but we were often unable to identify the roots of a problem when the only traces were a few symptoms. Like strangers in the jungle, we were unable to read from fallen leaves.

INFORMATION OVERLOAD

As doctors advance in their medical career, the less valuable becomes the knowledge acquired in medical school. Many become frustrated on this rapid decay of excellence and expertise. Because they are at a different point of executing medical skills, the invited speakers at the congresses worldwide do no longer substitute for the professors or teachers in medical school. Only few have learned effectively how to learn and how to weed through the overwhelming amount of new information (Argyris, 1991; Hamm & Zubialde, 1995; Weed, 1997). With the average reading time of less than one hour per week, it is simply impossible to keep up by reading the journals of one’s specialty. Moreover, some of the most relevant articles in the field often get published outside the specialty in one of the more prestigious general journals. The task to garden one’s knowledge is like keeping a fruit garden in the midst of a jungle. No one is there to direct doctors towards the new information they need and no one helps to identify outdated knowledge that should be weeded (Goodwin & Goodwin, 1984; Hills, 1993).

Some defend themselves against the information overload by setting up fierce barriers around their existing and accumulated knowledge. These barriers defend the “personal experience” like walls around medieval castles. These walls are a major source of prejudices and biases and may effectively shut out new ideas (Hills, 1993).
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