Restoring prognosis as a core competency in medical practice

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MEDICAL TEACHER

Letters to the Editor

Restoring prognosis as a core competency in medical practice

Dear Sir

During the era of Hippocrates (460–370 BC), the lack of effective diagnostic and therapeutic modalities made prognosis the most important physician competency. Conceptually, Hippocrates described prognosis as a two-dimensional construct: *quoad vitam* (predictions about survival and life expectancy) and *quaod sanantionem* (predictions about healing and restoration of function) (Christakis 1999). The Hippocratic prognostic process consists of two basic components, namely, *foreseeing* (formulating the prognosis) and *foretelling* (communicating the prognosis). Thus, a complete and comprehensive approach to prognosis must involve both components. Major advances in diagnostics and therapeutics have relegated this once highly valued core competency to an almost negligible role in modern medical practice. Not surprisingly, medical curricula are devoid of teaching opportunities focused on prognosis. This void is driven by a corresponding relative dearth within physician competency frameworks.

In order to assess the level of content related to prognosis within CanMEDS, a foundational and prototypical physician competency framework, we conducted a quantitative content analysis using Foxit Reader 5.1 (Foxit Corporation, http://www.foxitsoftware.com/company/press.php?action=view&-page=201110265722.html), a keyword scanning software (Foxit Corporation). The complete compilation of CanMEDS 2005 framework documents of 29 physician specialties and 37 subspecialties across the seven physician roles (medical expert, communicator, collaborator, manager, health advocate, scholar and professional) were scanned. The keywords used in the search included prognosis, prognostic, prognosticate, and prognostication. Of the combined 66 specialties and subspecialties only 22 (33.3%) contained at least one citation of the keyword "prognosis", and 4 (6.1%) contained at least one citation of the keyword "prognostic". The terms "prognosticate" and "prognostication" were completely absent from all CanMEDS 2005 documents. Overall, the combined citations for "prognosis" and "prognostic" were linked with the following competency roles: Medical Expert (80.3%), Scholar (11.5%), and Communicator (8.2%).

Prognosis is both an imperative and an enabler for truly patient-centered care. The formulation and communication of prognosis also intrinsic for the delivery of healthcare that is ethically, morally and legally sound. Therefore, given the fundamental importance of prognosis within medical practice, it is recommended that physicians develop appropriate attitudes, skills and knowledge related to the formulation and communication of prognosis. Reforming competency frameworks that build more content for outcomes involving prognosis has the potential to drive medical curricular reform. Thus, the content of objectives related to prognosis within CanMEDS should be addressed in advance of its planned update in 2015. Moreover, it is recommended that foreseeing and foretelling be emphasized within the scholar role and communicator role respectfully.

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Modifying the Hofstee method may overcome problems

Dear Sir

Our colleagues Tavakol & Dennick (2014) convincingly argue that the conventional-Hofstee (CH) standard setting method lacks transparency; they also demonstrate that large changes in