As a profession, medicine cares about excellence. The concept is embedded in codes of ethics, and included in the CanMEDS Professional Role. But do we really understand it?

VanTassel-Baska (1997) defined excellence as “Both the process of working toward an ideal and attainment of a consistently high level of performance.” In other words, it is simultaneously an accomplishment and a way of being, neither of which can be easily measured. Traditional measures such as grades may seem reassuringly consistent and fair compared to workplace-based assessments, but few would argue that getting a high mark on a test is the same thing as high-quality clinical practice.

A recent change in our clerkship ITERs at Dalhousie led one faculty member to ask, “If there are no check marks for exceeding expectations, how would we encourage or identify excellence? Why would we want to avoid identifying those who are simply better? For fear of traumatizing the rest?” Of course, saying a student has ‘exceeded expectations’ means little when some faculty evaluate every student as ‘exceeding expectations’ while others hold standards that even William Osler would have trouble meeting. But the sentiment, that we should try to encourage and identify excellence, is one shared by many.

Comparing between students, or norm referencing, is not the answer. If group performance is poor, even those above average may not be excellent. In contrast, criterion referencing measures against standards, making it theoretically possible for all members of a group to ‘achieve excellence’. Students judged to have met objectives (or achieved competence) are permitted to advance. However, merely aiming to meet standards does not ensure excellence if the standards are not rigorous enough.

It could be argued that the pursuit of excellence is a supererogatory act, one that goes beyond what duty requires. Therefore, it is encouraging that most learners are already motivated by the desire to do their best. The 2007 Tooke Report in Britain found that over three-quarters of respondents aspired to clinical excellence and not mere competence. For most learners, it is only necessary to support and encourage them in their desire for excellence rather than to persuade them of its value.

In his book, “The Ethics of Identity”, Kwame Anthony Appiah discusses how the values and commitments of the individual are shaped by the identities he or she embraces. Thus, even though excellence may be more than we feel that we can reasonably ask from our students, it could still be a characteristic we understand to be part of the physician identity. While the literature does not provide clear guidance on how to educate for excellence, a commitment to high standards in our own practice and serving as role models for our learners may be an effective way to teach them that the pursuit of excellence is not a competency to be measured but a defining characteristic of our profession and our identities.

Read the UK Tooke report here: www.asit.org/assets/documents/MMC_FINAL_REPORT_REVD_4jan.pdf
