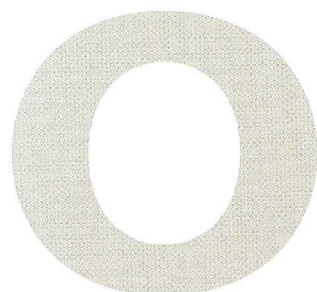


The Knowledge Base Project: Has Common Sense Been Exhumed?



One of the riveting realities of aging is being pounced upon by memories from 30 years ago, which can lead to musings about the nature of things. Just today, I was remembering my first medical school clerkship, then thinking that learning would have been a lot

more organized if someone had told me what was really important to know in order to be a competent physician. Needless to say, I encountered the same dilemma in residency, tempered by the existence of the Academy's *Basic and Clinical Science Course* that at least served as a good study guide.

Common sense would dictate that ophthalmologists ought to have a flight manual outlining the really important stuff for patient care. Such a resource would assume the user has a foundation of knowledge based on training and experience without which the manual would be useless. And because there are professional disagreements about what is important, it would be best to design the manual with firm grounding in evidence, and based on expert consensus.

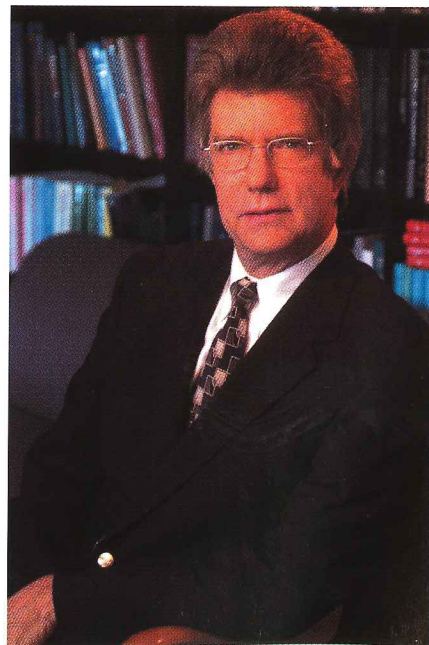
Amazingly enough, that is what is happening as you read this. The Academy has embarked upon its Knowledge Base project, with clinical relevance as its watchword. Under the expert direction of Richard L. Abbott, MD, and with the talented staff assistance of Flora Lum, MD, and her department, nine panels of Academy members—each panel representing a major practice emphasis—have been assembled, balanced by gen-

der, age, practice type and geography. The panels identify bits, bytes and globs of knowledge and assign a valence, or level of clinical relevance, to each. For example, to be included in the "Most Relevant" category, the information must apply to a frequently encountered problem in practice, or to an uncommonly encountered problem for which a failure to act correctly has serious consequences to the patient. A 10th panel of comprehensive ophthalmologists reviews the output of the nine panels and reassigns valences based on importance to a general ophthalmic practice and to the practice of all ophthalmologists. A final phase is an interchange among all 10 panels to review and agree upon the core knowledge that every ophthalmologist should possess (e.g., corneal knowledge that even a retina specialist should know). All the valencing results and final content will be sent to the relevant subspecialty societies for their review and input.

When it's complete, it won't be complete; it will undergo continual revision as the sands of knowledge shift. It should have immediate usefulness to any ophthalmologist who cares about self-improvement. Even better, the American

Board of Ophthalmology has committed to choosing its Maintenance of Certification test items from the Knowledge Base, ensuring clinical relevance of the tested material.

Some groups are already complaining that their areas of interest are missing or de-emphasized in the Knowledge Base. The panels will be addressing their concerns. But it is important to point out that the Knowledge Base is not intended to be "all you need to know" to practice ophthalmology. Many areas of ophthalmic scholarship, including the basic sciences, represent the foundation on which competent practice rests, but may not appear in the Knowledge Base because of the criterion of clinical relevance.



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