Lowering barriers is also motivating: an old *BNF* in a desk drawer will be used more often than a current version in the practice library 10 m away, or one in the health library 5 km away. Electronic libraries and the internet bring the world's literature to your desktop, but can take longer and yield fewer answers to clinical questions than paper sources. This is changing. A German study found that clinical use of online learning was about ten times that of print journals.

Summary

Barriers to workplace learning can be overcome, but a minor culture change in the medical profession is needed. This shift is already taking place in undergraduate medical education and in primary care. Clinical governance, risk management, patient empowerment, and the National Programme for IT will further advance the change.

Using clinical questions to guide workplace learning relies on the motivation of individuals, teams, and organisations. It goes hand in hand with an open attitude to clinical errors and near misses. Motivation is especially necessary to fund the instant access resources needed to provide knowledge during clinical work. Fortunately, electronic media provide a simpler, cheaper method for workplace learning than paper libraries, although there is evidence that health librarians on site are still needed to support better clinical use of these resources.

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BMJ 2005;331:1129-32

Further reading

- Wyatt J. Use and sources of medical knowledge. *Lancet* 1991;338:1368-73
- General Medical Council. *A licence to practice and revalidation*. London: General Medical Council, 2003
- Mazmanian PE, Davis DA. Continuing medical education and the physician as a learner: guide to the evidence. *JAMA* 2002;288:1057-60
- Lave J, Wenger E. *Situated learning*. Cambridge: Cambridge University Press, 1991
- Ebell MH, Shaughnessy A. Information mastery: integrating continuing medical education with the information needs of clinicians. *J Contin Educ Health Prof* 2003;23:53-62
- The resourceful patient website. The e-consultation: vignette. www.resourcefulpatient.org/resources/econsult.htm (accessed 30 October 2005)
- Smith R. What clinical information do doctors need? *BMJ* 1996; 313:1062-8
- Ely JW, Osheroff JA, Ebell MH, Chambliss ML, Vinson DC, Stevermer JJ, et al. Obstacles to answering doctors' questions about patient care with evidence: qualitative study. *BMJ* 2002;324:710
- PubMed clinical queries: www.ncbi.nlm.nih.gov/entrez/query/static/clinical.html (accessed 30 October 2005)
- Pitkin RM, Branagan MA, Burmeister LF. Accuracy of data in abstracts of published research articles. *JAMA* 1999; 281:1110-11
- ATTRACT: www.attract.wales.nhs.uk/index.cfm (accessed 30 October 2005)
- Harker N, Montgomery A, Fahey T. Treating nausea and vomiting during pregnancy: case outcome. *BMJ* 2004;328:503

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Symbolism in imagery and linguistics—perception and misperception

Puzzling consultations are not unusual and help make medicine so fascinating. In this case, however, the clinical issues were resolved by simple investigation and reassurance. My puzzlement was from my certainty that I had met this patient previously, but my inquiries elicited a confident reply that we had not. I struggled with this for, like most physicians, I have always enjoyed a facility for recognising my patients. For several weeks, the question recurred in my mind; how could I be so certain of recognising a patient whom I had never met before? The issue was resolved when I did meet my patient again; this time while sitting on the train I took daily to and from work—not, however, as a fellow passenger but as a face in a drug advertisement in the medical journal I was reading.

Two recent reports relating to images and their interpretation brought this incident to mind after an interval of 10 years. Scott et al discuss the use of symbolism in images in drug advertising, suggesting that the use of mythology may be used to mislead doctors about therapeutic efficacy.¹ They suggest that doctors need support to resist drug advertising, and they recommend regulation of journals' advertising to clinicians and lament the use of rhetorical rather than rational argument in scientific media. However, it is evident that the authors use the very techniques they warn about to persuade their readers. The article, entitled "Killing me softly; myth in pharmaceutical advertising," borrows from the title of Fox and Gimbel's hit song recorded by Roberta Flack in 1973 to capture the reader's attention. Juxtaposing the word "Killing" with "pharmaceutical advertising" conveys an unhealthy and negative sense and transforms the metaphor from a romantic to an aggressive one. The word "myth" in this context is also ambiguous, carrying a sense of deception as well as the classical meaning.

Image analysis and object recognition have advanced in recent years. Functional magnetic resonance imaging has recently been used to investigate regions of the brain involved in face recognition.² A face-selective region of the inferior temporal lobe seems to be involved in facial identity, while a separate face-selective region of the superior temporal lobe may be used to identify facial expression. My failure to "recognise" my patient may reflect an absence of any associated memories such as altered facial expression or personality attributes usually associated with face identity. This suggests that both face-sensitive regions identified by Andrews and Ewbank are important for the wider process of person identity and recall. My experience shows the power of images in advertising, but also their limitations; I remembered the face but had no recollection of its context or circumstances.

Capturing the attention of readers is challenging for advertisers and writers alike. Scott et al argue that "in law and science, words are precise and accountable" and imply that writing occupies higher ethical ground; but it is evident that symbolism is frequently used to reinforce messages, whether in linguistic or image form, and not only in advertising. Let the reader beware.

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- Scott T, Stanford N, Thompson DR. Killing me softly: myth in pharmaceutical advertising. *BMJ* 2004;329:1484-7.
- Andrews TJ, Ewbank MP. Distinct representations for facial identity and changeable aspects of faces in the human temporal lobe. *Neuro Image* 2004;23:905-13.