Toward Authentic Clinical Evaluation: Pitfalls in the Pursuit of Competency

Reference:

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Tags

Educational domain
Assessment Method
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Background

There is an ongoing debate about the best means to assess competence in clinical settings. In the competency based medical education era there has been criticisms about recent clinical assessment tools and it’s ultimately unclear how best to have supervisors assess clinical abilities.

Purpose

The authors set out to do a qualitative evaluation study

Type of paper

Research: Qualitative/Interviews
Key Points on the Methods

Qualitative study using interviews of faculty with a minimum of two years supervising internal medicine residents at two Canadian medical schools. The faculty was asked to consider an average, inferior and superior resident in their past experience and to describe the qualities they displayed in how they evaluated the residents. Only the superior and inferior scenarios were used. Interviews were transcribed and analyzed using standard grounded theory approaches to extract themes.

Key Outcomes

Saturation was achieved after only 19 interviews and eight major themes emerged. These included:
1. Knowledge
2. Professionalism
3. Patient interaction
4. Team interactions
5. Systems
6. Disposition
7. Trust
8. Impact on staff

The themes identified by the supervisors are subjective and can be a threat to the reliability and validity of assessment tools. The competencies are discussed implicitly not explicitly, and the word “competency” never comes up in the article. The goal for objectivity in competency based medical education is really threatened by what faculty use to assess residents. They advocate for ways of including authentic narrative into resident assessment.

Ultimately the authors stretch and extrapolate their findings into discussing whether or not it is feasible at all to do effective in-training assessment. There is also no exploration into other aspects that can contribute to this interpretation, such as the lack of faculty development on assessment.

Key Conclusions

The authors conclude...
At least six of the eight items listed as the major themes reflect the major competency based medical education frameworks (CanMEDS, ACGME). The authors imply that the subjective nature of assessment is a threat to competency based medical education. This may very well be a call to arms for faculty development.

The tables can be used to develop and design your own in-training milestones.

The authors are trying to address what happens in clinical education, in trying to make everyone fit into the framework of forms and assessment tools. Is the alternative to go back to the apprenticeship model?