

Is it Necessary to Evaluate Specialists Clinical Competence?

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The assessment is typical of all teaching organization. An administration of supervision and a control of graduates from academic institutions are exercised. (1-3)

Indeed, to focus on the assessment of specialists in two conceptually different levels is necessary:

1. at the end of the residence, that is, before the beginning of the independent and autonomous exercise of the specialty, to make sure that the professional has reached the standards of the profession as they are defined by medical authorities, (4) and
2. throughout the professional exercise, to make sure about the knowledge maintenance and skills of the specialty so that a responsible and attributable professional exercise may be continued. (5)

We could define the assessment of clinical competence as the quali-quantitative interpretation of professionals at a certain time, interpretation that derives from the constructive critical study of the data obtained from a group of observations during their formation or their professional life. (6, 7)

In order to assess the professional competence, we should define it so that we may develop ideal instruments that will allow us to take the best possible decisions. There are many definitions about the competence; all of them try to cover cognitive and attitudinal aspects of the professional exercise. (8, 9) One of the most used ones in health sciences is the one named Kane which we will reproduce below:

“Competence represents the degree in which a person may use the knowledge, flairs, attitudes and good opinion (internal resources) associated with the profession, as well as environmental ones: co-workers, other professionals, papers and others (external resources), to perform themselves efficiently in all situations that belong to the field of professional practice.” (10)

However, we think that this definition should be completed with other concepts that we have adapted from Tardif and that allow us to cover other dimensions, as well as convert it into an operational one. “Competence is the ability to solve ambiguous and undefined problems, tolerance against uncertainty and take decisions although we have limited information. The real competence is evident

in unusual situations. The competence consists in the ability of showing cognitive flexibility and adaptation ability when we face new situations in a particular area, more than a series of answers to a foreseeable group of stimuli. (11)

The competence acquisition does not represent a success in itself, but the acquisition of the learning habit throughout the professional life. Its assessment has a fundamental role when helping doctors to identify their needs of learning.

Ideally, the competence assessment should provide enough indication about the present performance so that you may adjust and adapt yourself to changes and you may also find and generate new knowledge to improve globally your performances.

These concepts, associated with professional situations, are a construct that derives from the resolution of complex tasks. (9, 12-14) The competence assessment is a source of many real disruptions and worries for professors. When we examine this field, we observe, on the one hand, intuitive beliefs about the assessment which are naive and incorrect and, on the other hand, we observe a real progress to create new ties between sectors from education and profession, and at the same time high normative levels in assessment criteria are kept.

The last years have contributed with great socioeconomic and human changes which have hit over the relationships among institutes of medical formation, doctors and society in general. Among others, the access to multiple information sources, thanks to the gift for surfing the Web, has had an impact on the prospects and demands of the general public regarding their health and the responsibility of professionals with regard to it. (5)

On the other hand, a quick evolution of the medical practice has been observed. Some of the significant elements are in relation to:

1. The increase of biomedical knowledge that pressures professionals and training programs about programs of competence maintenance.
2. The technology explosion forced others to be updated with different aspects of paraclinic methods.
3. The change of cultural and political contexts, determined by migratory currents that suffer, as a consequence, changes in values and

social perceptions, due to ethnic mixture and multiculturalism.

4. The modification in organization and the distribution of health services; among others, the importance of primary care medicine, local health centers and outpatient medicine.
5. Evidence-based medicine has significantly changed, not only the way of dealing with “medical science”, but the relationship between doctor and patients.

Thank to these elements, the social imputability emerges. This concept is basic and central for academic institutions that train professionals. (5)

In this moment, professionals are discussing, at an international level, the new obligations in relation to the professional responsibility:

- The doubtful statement: “Once added- to the professional practice- all is fine for life” it is not acceptable.
- The general public have huge expectations in relation to the quality, security and imputability.
- The general public have to know that each registered doctor is competent at the beginning of his career and during his whole career. (15-17)

Why do we have to assess the professional competence?

The assessment of the professional competence is a hard task and often frustrating. Frequently, we observe aspects that are not expected or, on the other hand, we have to take decisions that do not match with the foreseeable model. However, the competence may be measured. There are different reasons to do it and all of them are valid. The first one, and maybe the most important, is that the assessment represents a basic part of the educational process. We have to know in which stage people are, at the end of the training process and, therefore, we have to assess them. (13, 18)

For professional institutions, competence assessment represents a basic task, since people competence is assessed with the aim of showing that these people have the ability to practice their profession in an autonomous way and according to criteria previously established. This task is related to the social responsibility and the imputability of people who belong to the system. Indeed, professional institutions should vouch for their members against the general public and governmental organisms. (4)

Which questions should be carried out when the competence is assessed?

We may mention six questions among the most important: why, what, who, how, when, what for. The order is important, since each question precedes logically the next one. In the context of this article, I will make a global comment from 20 years of experience with institutions that “assess”. Often, working with groups of people that assess, the following question is asked: why are you assessing nowadays? Frequently and paradoxically, these people are not capable of

answering, although people who assess should know why they do it.

To develop good and new instruments for measuring the competence is fundamental. This aspect is essential, due to great changes that are produced in Faculties of Medicine and in specialty programs. The universal tendency is towards the development of programs for competences, which involves the need of using instruments that may be used simultaneously, to assess easily and horizontally the multidimensional and multivariate construct that constitutes the competence. Flexible models that allow us to formulate global judgements are used. These instruments should allow: the assessment of behaviors, the application of knowledge for the resolution of problems and decision-making, communication abilities, professionalism and other professional dimensions. (19-22)

In Canada, the College of Family Physicians and the College of Doctors and Surgeons have developed an approach in two levels: during the specialists’ formation and in the final assessments of certification. They include the different methods and contexts to “capture” different aspects of performances, multiple assessments and the comparison of ambiguous clinical situations. We insist on situations that require a good level of medical reasoning and multiple direct observations of the doctor (resident)-patient relationship. (18) New standards for minimum marks have been developed (approve/disapprove).

CONCLUSION

The assessment of the professional competence is an essential stage in any teaching-learning system. In particular, due to the dimension of professionals’ social responsibility:

1. The general public have huge expectations in relation to the quality, security and imputability.
2. The general public have to know that each registered doctor is competent at the beginning of his career and during his whole career.

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