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ORIGINAL ARTICLE

What and how to evaluate clinical–surgical competence. The resident and staff surgeon perspective[☆]



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KEYWORDS

Evaluation;
Learning;
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Abstract

Background: Evaluation is a means for significant and rigorous improvement of the educational process. Therefore, competence evaluation should allow assessing the complex activity of medical care, as well as improving the training process. This is the case in the evaluation process of clinical–surgical competences.

Materials and methods: A cross-sectional study was designed to measure knowledge about the evaluation of clinical–surgical competences for the General Surgery residency programme at the Faculty of Medicine, Universidad Autónoma de Chihuahua (UACH). A 55-item questionnaire divided into six sections was used (perception, planning, practice, function, instruments and strategies, and overall evaluation), with a six level Likert scale, performing a descriptive, correlation and comparative analysis, with a significance level of 0.001.

Results: In both groups perception of evaluation was considered as a further qualification. As regards tools, the best known was the written examination. As regards function, evaluation was considered as a further administrative requirement. In the correlation analysis, evaluation was perceived as qualification and was significantly associated with measurement, assessment and accreditation. In the comparative analysis between residents and staff surgeons, a significant difference was found as regards the perception of the evaluation as a measurement of knowledge (Student's *t* test: $p = 0.04$).

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PALABRAS CLAVE

Evaluación;
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Competencia;
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Conclusion: The results provide information about the concept we have about the evaluation of clinical-surgical competences, considering it as a measure of learning achievement for a socially required certification. There is confusion as regards the perception of evaluation, its function, goals and scopes as benefit for those evaluated.

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Qué y cómo se evalúa la competencia clínico-quirúrgica: perspectiva del adscrito y del residente de cirugía

Resumen

Antecedentes: La evaluación de competencias es un proceso sistemático y riguroso que valora la compleja actividad de la educación. Es primordial elaborar un diagnóstico del conocimiento existente sobre el proceso de evaluación de las competencias del ejercicio de la medicina, que contribuya a la mejora del proceso formativo.

Material y métodos: Estudio descriptivo, transversal, que mide el conocimiento sobre la evaluación de competencias clínico-quirúrgicas del programa de Cirugía de la Facultad de Medicina de la Universidad Autónoma de Chihuahua (UACH). Esto a través de un cuestionario que integra 55 preguntas, en 6 secciones (percepción, planeación, práctica, función, instrumentos y estrategias y evaluación en general), con una escala de Likert. El procesamiento de la información se realizó mediante un análisis descriptivo de correlación y comparativo, con un nivel de significación de 0.001.

Resultados: La percepción que tienen los residentes y adscritos de la evaluación es en mayor medida de calificación. En cuanto a los instrumentos, el más conocido fue el examen escrito. Respecto a la función de la evaluación se consideró en mayor medida como un requisito administrativo. En el análisis correlacional la evaluación como calificación se relacionó significativamente con medición, valoración y acreditación. En la comparación entre residentes y adscritos encontramos que existen diferencias significativas en lo que se refiere a la percepción de la evaluación como medición del conocimiento (t de Student $p=0.04$).

Conclusión: Los resultados aportan información sobre la concepción que se tiene sobre la evaluación de las competencias clínico-quirúrgicas, considerándola como una medición del logro de aprendizajes para una certificación requerida socialmente. Existe confusión en cuanto a la percepción de la evaluación, sus funciones, sus metas y alcances como beneficio para el evaluado.

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Background

Through competence-based education, today's universities promote integral training, with features of scientific and human education that foster intellectual, procedural and attitudinal development towards scientific, technological and social problem solving. This enables students to enter the work structure and adapt to social changes, where it is not sufficient to consider elements separately but rather in articulation, and students are evaluated on their performance and not theory.¹

Evaluation as a learning strategy is a means towards improving the educational process. This implies ceasing to see evaluation as a tool to assess what students know about specific content and using it to accredit or repeat a course, but rather viewing it as a training process that enhances learning and that helps to improve academic and professional performance through the training process.²

In the context of medicine, clinical training lies at the heart of medical training. Clinical learning is at the core of professional development and has several strengths: (1) it focuses on real problems within the context of professional practice, (2) students are motivated by its relevance and active participation, (3) professional thinking, behaviour and attitude are evaluated by the teacher and (4) it is the only environment in which skills and abilities (taking clinical histories, physical examinations, procedures, clinical reasoning, decision taking, empathy and professionalism) can be demonstrated and learned as a whole, making it possible to assess the different competences involved in this complex activity of medical care.³

The same applies for surgical teaching. Students gain surgical learning by putting known and accepted operating techniques into practice, through the skills and abilities that the resident acquires and perfects during this training period; these are also evaluated by the teacher. This

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