

Clinical Skills Assessment in the Twenty-First Century



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KEYWORDS

• Medical education • Clinical skills • Assessment • Physical examination

KEY POINTS

- Assessment drives learning and remains fundamental to the acquisition of competence.
- The purpose of the assessment shapes the format chosen.
- Uncertainty exists regarding the best balance between summative (pass-fail) and formative (developmental) assessments in driving the acquisition of clinical skills.
- US GME is unusual, in international terms, in restricting assessment of clinical skills to formative workplace-based settings.

INTRODUCTION

Clinical skills remain fundamental to the practice of medicine and form a core component of the professional identity of the physician. However, evidence exists to suggest that the practice of some clinical skills is declining, particularly in the United States.¹ A decline in practice of any skill can lead to a decline in its teaching and assessment, with further decline in practice as a result. Consequently, assessment not only drives learning of clinical skills, but their practice. This article summarizes contemporary approaches to clinical skills assessment that, if more widely adopted, could support the maintenance and reinvigoration of bedside clinical skills.

WHAT ARE CLINICAL SKILLS?

Clinical skills are typically regarded as the combination of:

- The gathering of clinical information by talk and touch (the history and physical examination)
- The interpretation and application of information gathered by these processes (diagnostic reasoning and clinical thinking)

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- The communication of information to patients and family (counseling) and to colleagues
- The performance of practical procedures

The acquisition of clinical skills depends on learning how to perform certain motor skills (procedural knowledge), understanding why one should perform these skills (factual knowledge of basic medical sciences), and applying reasoning to interpret the findings from skills (conditional knowledge).² This is shown schematically in **Fig. 1**.

In clinical practice, and in teaching and assessment, it is often difficult to dissociate one clinical skill from others. As such, the teaching and assessment of each often overlaps with that of others, and indeed must do so if validity is to be maximized and professional competence, rather than mere performance of an individual skill, measured. Because the teaching and assessment of practical procedures is usually regarded separately in the educational literature, it is not covered in this article.

WHAT ARE WE TRYING TO ASSESS?

The acquisition of competence, variously defined as the ability to undertake a specific task, or a component of activity that a professional must undertake within a task, is the aim of teaching and learning in medicine. Different assessment methods are suggested for different components of competence,³ as illustrated in **Fig. 2**.

In this model, assessing “does” is regarded as more authentic, and thus important, than assessing “shows how.” This has led to an emphasis on workplace assessments conducted while the learner actually “does” the tasks their role requires them to perform.

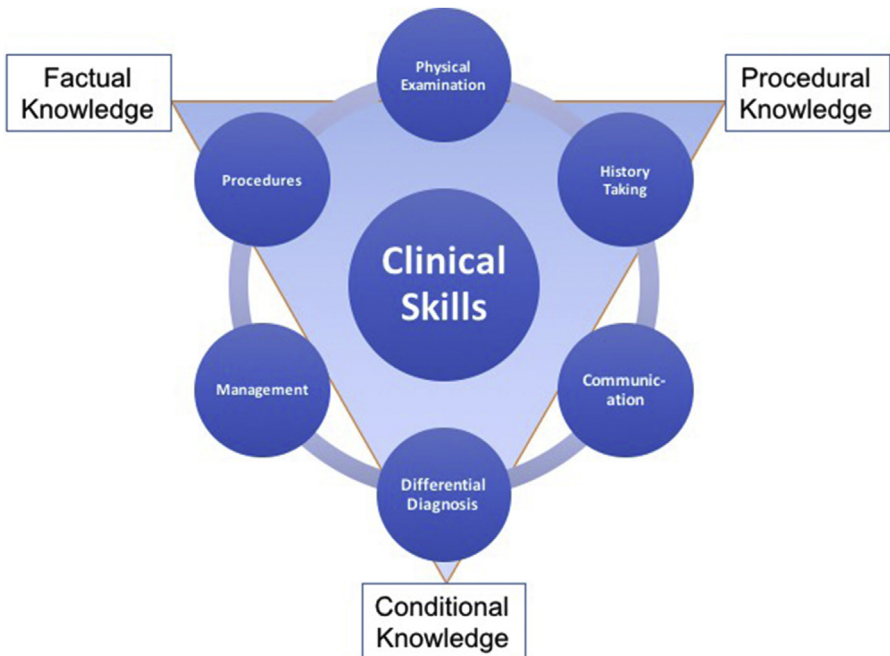


Fig. 1. Clinical skills: what they are and the knowledge that underpins their acquisition. (Data from Michels ME, Evans DE, Blok GA. What is a clinical skill? Searching for order in chaos through a modified Delphi process. *Med Teach* 2012;34(8):e573–81.)

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