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REVIEW

The assessment of medical competencies[☆]

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KEYWORDS

Competency management;
Competency assessment;
Professionals competencies;
Assessment instruments;
Objective structured clinical evaluation;
360° assessment

Abstract

Objective: To describe the most widely used tools in the assessment of medical competencies, analyze their prevalence of use, their advantages and disadvantages and propose an appropriate model for our context.

Methods: We conducted a narrative review of articles from MEDLINE, following the PRISM protocol, and analyzed a total of 62 articles.

Results: The assessment of competencies is heterogeneous, especially in the educational and professional settings. The specific and technical competencies acquired during university education are mainly assessed using the objective structured clinical assessment. In the professional setting, core competencies are assessed using the 360° technique.

Conclusions: We need a rigorous empiric comparison of the efficiency of the tools according to the type of competency. We propose a competency management model for the "undergraduate/graduate/active professional" continuum, whose goal is to improve training and professional practice and thereby increase the quality of patient care.

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PALABRAS CLAVE

Gestión por competencias;
Evaluación competencial;
Competencias profesionales;

La evaluación de competencias en Medicina

Resumen

Objetivo: Describir las herramientas más utilizadas en la evaluación competencial en Medicina, analizar su prevalencia de uso, sus ventajas e inconvenientes y proponer un modelo apropiado para nuestro contexto.

Método: Revisión narrativa de artículos de MEDLINE, siguiendo el protocolo PRISMA. Se analizaron un total de 62 artículos.

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Instrumentos de evaluación;
Evaluación clínica objetiva
estructurada;
Evaluación 360°

Resultados: La evaluación competencial es heterogénea, especialmente en el ámbito educativo y profesional. Las competencias específicas o técnicas durante la formación universitaria se evalúan fundamentalmente mediante evaluación clínica objetiva estructurada, mientras que en el ejercicio profesional se valoran competencias nucleares utilizando la técnica 360°.

Conclusiones: Se necesita un contraste empírico riguroso de la eficiencia de las herramientas en función del tipo de competencia. Se propone un modelo de gestión competencial sobre el continuo «pregrado/posgrado/profesionales en activo». Su finalidad es contribuir a la mejora de la formación y de la práctica profesional y, por ende, incrementar la calidad de la atención al paciente.

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Background

The 21st century is becoming the century for competency management in medical training.¹ Although there is no one definition for “competency”, in general, the term is considered as “observable and habitual behaviors that lead to success in a function or task.”² Healthcare requires a professional competency framework that contains not only technical knowledge and skills but also competencies related to values, communication, collaboration and the search for efficiency in interventions.³ Even medical students have indicated that training a physician involves much more than just providing theoretical–clinical knowledge.⁴ Therefore, training should not be planned under the single approach of diagnosis and treatment.⁵ For this reason, access to faculty, university training, selection in the healthcare institutions, and performance and professional career assessment need a significant review and update of their methodology. We need to determine the competency framework of medical professionals to redesign a training system and have an efficient assessment in keeping with the type and context of the competencies to be assessed.

Only Canada and the USA have state competency frameworks for all medical specialties. In Canada, the Royal College of Physicians and Surgeons has 7 competency frameworks known as CanMEDS: medical expert, communicator, collaborator, leader, health advocate, scholar and professional.⁶ In the USA, the Accreditation Council for Graduate Medical Education proposes 6 frameworks: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.⁷ Both share the redefinition of the physician role and the objective of results-based certification (competency achieved), rather than training time or completed rotations.⁸ The United Kingdom (Good Medical Practice) and the Netherlands (inspired by the Canadian model) are adopting similar competency management systems.

Efficiently implementing such frameworks requires reliable and valid competency assessments to detect shortcomings and change or improve the full training curriculum, professional selection, certification and recertification and the professional incentive and promotion systems.⁹ The aim of this study is to describe the most widely used tools for competency assessment in medicine, analyze the frequency

of their use, their main advantages and disadvantages and propose an appropriate assessment model for our context.

Method

We used the MEDLINE database to conduct a review of published articles on competency assessment in medicine under the PRISM protocol.¹⁰ The search combined the terms “competency”, “competencies”, “360 feedback”, “360 degrees”, “multisource assessment”, and “Objective Structured Clinical Assessment” (OSCE). We considered original articles in Spanish or English published between 2000 and 2010. We obtained 93% agreement between the 2 evaluators in the selection of articles. Of a total of 4566 initial articles, we selected those written for the health sciences ($n=826$) and, specifically, medicine ($n=620$). We subsequently excluded 112 studies regarding competencies related to consent in pediatric diseases, patient autonomy and legal aspects. Ultimately, we selected 62 of the 508 remaining studies, which were focused on the assessment of specific competencies (technical) or of those related to nontechnical aspects (Fig. 1). For each article, we analyzed its target population, the type of competency chosen and the methodology or assessment tools employed. In terms of the target population, the studies were classified according to their setting: academic, undergraduate student (basic university training), graduate (specialization such as resident and graduate training) and practicing professionals. With regard to the type of competency, we differentiated: 1) core, transversal or general competencies, present regardless of category, position or function and related to nontechnical aspects of the profession and 2) specific competencies, required for the performance of the position’s technical functions and formulated in a language close to the practitioner and to their field of practice. Finally, we analyzed the assessment method or tool employed.

Competency assessment tools and frequency of use

The literature describes various tools for competency assessment in the healthcare setting, with the most relevant being questionnaires and knowledge tests, (360° technique or multisource), case analysis, interview and analysis of an

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