

Clinical skills assessment in health professional education

Avaliação de habilidades clínicas no ensino para profissões de saúde

Students assessment is useful for evaluating curriculum, guiding learning and giving awareness for tutors and students about the ability to change. Most practicing physicians are involved in assessing clinical competence of trainees, peers, and other health professionals. Ideally, the assessment of competences (what the student is able to do) should provide insight into actual performance, as well as generate new knowledge and improve performance.^{1,2}

The recent shift of focus from the process of education to the required outcomes has led to an increased emphasis on newer competencies. There are several schemes for describing the major domains of proficiency (for example, the ACGME competencies are medical knowledge, patient care, communication skills, professionalism, systems-based practice, and practice-based learning and improvement).³ All learning objectives should be included in the assessment. Clinical teachers must be familiar with George Miller's pyramid, which illustrates clearly the different levels of assessment. Use of the lowest level (simple knowledge) should be confined to the earlier stages of the curriculum, with a gradual increase in teaching and assessment of clinical activities.⁴ The demand for training of reflective health professionals, based on ethical and responsible principles, has led to the search for developing tools for students' assessment of qualities such as professionalism, team-work, and expertise that have been difficult to quantify.²

Van der Vleuten (1996) describes five criteria for determining the usefulness of a method of assessment: reliability (the degree to which the measurement is accurate and reproducible), validity (whether the assessment measures what it should measure), impact on future learning and practice, acceptability, and costs.⁵ Several new methods of assessment have been implemented since the 1950s and they have focused on clinical skills (taking a history from a patient and performing a physical examination), communication skills and professionalism.⁶ The use of multiple observations and different assessment methods can overcome some limitations of individual assessment methods. The important issue is not so much the individual methods themselves, but the utility of the assessment programme as a whole.^{2,4}

Students and residents most commonly receive global ratings at the end of a rotation, which is a very subjective way of observing trainees. Among the work-based methods, the miniCEX, the direct observation of procedural skills and case-based discussion seek structured checklist for a better quantification for assessing clinical competences. Assessments by peers, other members of the clinical team, and patients can provide insight into trainees' work habits, capacity for teamwork, and interpersonal sensitivity, at a multisource ("360-Degree") feedback in clinical settings.^{2,4}

Simulations involving mannequins can be used to assess how individuals or teams work.² Standardized patients are often incorporated into objective structured clinical examinations (OSCEs), which consist of a series of timed "stations", providing teaching and learning in a safer environment for patients and students.

In Brazil, education for health professions has received increasing attention, thanks to the diffusion of recognized teaching strategies. Opportunities for discussion and research on teaching clinical skills were made possible by workshops promoted by the Brazilian Association of Medical Education (ABEM), dissemination of postgraduate programs and programs of specialization in education for health professions such as FAIMER (Foundation for the Advancement of International Medical Education and Research). The practical implication of these initiatives can be observed through the assessment of clinical skills in selective medical residency process and the REVALIDA (Revalidation System of Medical Diplomas).

Examinees need to know what is expected of them and they also need to receive feedback that helps them improving professional practice. Assessment in education health professions guides learning, provides feedback on educational efficacy to institutions and teachers, and protects patients.

REFERENCES

1. Troncon LE. Avaliação do estudante de medicina. *Medicina (Ribeirão Preto)*. 1996;29:429-39.
2. Ronald ME. Assessment in Medical Education. *N Engl J Med*. 2007;356:387-96.
3. Norcini J, Anderson B, Bollala V, Burch V, Costa MJ, Duvivier R, et al. Criteria for good assessment: consensus statement and recommendations from the Ottawa 2010 Conference. *Medical Teacher*. 2011;33:206-14.

4. Hays R. Assessment in medical education: roles for clinical teachers. *The Clinical Teacher*. 2008;5:23-7.
5. Van Der Vleuten CP. The assessment of professional competence: developments, research and practical implications. *Adv Health Sci Educ*. 1996;1:41-67.
6. Norcini JJ, McKinley DW. Assessment methods in medical education. *Teaching and Teacher Education*. 2007;23:239-50.



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