

Residents' Self-perceived and Objectively Measured Clinical Competence

Rania Zaini

Abstract

Introduction

All clinical training programmes are designed to fulfil specific defined core clinical competencies. National regulation bodies defined core competencies to be attained by clinical trainees at different level of training; this includes undergraduate students and residents. Studies recommend implementing variety approach in the assessment of clinical competencies; this includes perspective of self-assessment and external evaluation. Reflection helps trainees in developing skills and reviews the effectiveness of training.

Aim :

This study aims to measure trainees' self-perceptions of the level of core clinical competencies before and after the mock –OSCE that designed as part of the preparatory course for final Internal Medicine (IM) Board exams. In addition, the study investigated any possible significant differences between students' self-assessment and their actual observed performance.

Method:

An online four-point Likert scale survey was designed to measure trainees' self-perception of ten core clinical competencies, ranged from (clear fail, borderline, pass, clear pass). Also eight stations mock OSCE was designed. Each station consists of many clinical competencies, which was tagged in the electronic evaluation form.

Results.

About 45 final year Internal Medicine residents participated in the Internal Medicine (IM) Board Preparatory Course. All candidate were invited to participate in the study, about 30 (66.6%) IM residents agreed to participate in the study and completed the post and pre exam self-assessment survey. The majority of respondents were female 17 (57%), and passes the IM Board Mock OSCE 22 (73%). Respondents' self-assessment of their clinical competencies showed confidence to pass the exam of all clinical competences. Also respondents' self-assessment did not change before and after the mock OSCE. Yet there is a significant difference between the self-assessment and the observed external evaluation in the following clinical competencies (prioritising and interpret investigation, clinical Diagnosis, patient management). Most respondents fail the previous clinical competencies.

References (maximum three)

Conclusion:

Respondents' self-perceptions did not changed before and after the Mock OSCE. Female respondents showed lower perceptions of their clinical competencies comparing to male peers. Yet this is not statistically significant. Trainees' reflection on clinical competencies was not clearly accurate with the observed preceptor external evaluation. Reflective training must developed trainees reflection skills and self-assessment.

- Bahreini M, Moattari M, Ahmadi F, Kaveh MH, Hayatdavoudy P, Mirzaei M. Comparison of head nurses and practicing nurses in nurse competence assessment. Iran J Nurs Midwifery Res 2011; 16(3): 227–34.
- Meretoja R, Isoaho H, Leino-Kilpi H. Nurse competence scale: development and psychometric testing. J Adv Nurs 2004; 47(2): 124–33
- Katowa-Mukwato P, Banda S. Self-perceived versus objectively measured competence in performing clinical practical procedures by final year medical students. Int J Med Educ. 2016 Apr 30;7:122-9. doi: 10.5116/ijme.5709.2a7e. PMID: 27132255; PMCID: PMC4860286.