WPA template for undergraduate and graduate psychiatric education

VII.   Competency assessment in medical student education

Assessment plays an important role in ensuring the quality of medical graduates.   It should be designed to reflect the levels that students are expected to reach. However, there is no single tool that can be used to assess all the learning objectives and competencies. One of the most common tools used is periodic direct observation by faculty of a student's interaction with the patient with or without rating scales. An emerging evaluation method is a 360º evaluation, in which evaluation is conducted by all those faculty, peers, and staff involved in care of the student's patient. Matching the assessment methods with the competencies being learned is essential (1). Using several other commonly used methods, Table 2 illustrates this approach.

Table 2 Core clinical skills and common medical student assessment methods during clinical rotations in psychiatry (2)

Clinical skill	Assessment method
Cognitive assessment	Stimulated chart recall, oral examination
Mental state examination	Standardized patient examination, chart review of student notes
Assessment of functional status	Stimulated chart recall, standardized patient examination, oral examination
Communication skills	Standardized patient examination, direct observation
History taking	Record review, objective structured clinical examination (OSCE), direct observation

Stimulated chart recall – Uses a student's patient record in an oral exam-like format to explore decisions made.

Standardized patient examination – The student provides care to a standardized patient (a well person or an actual patient trained to simulate an illness in a standardized way) as if he/she were a real patient and is evaluated by a trained observer.

Objective structured clinical examination – A multi-station exam of simulated clinical tasks. The student performs the task and is evaluated concurrently by a trained observer.

There are several critical issues related to the assessment of competencies. An important issue is whether some competencies should be assessed at multiple times or whether a "one-time" assessment will suffice (3). This is a complex issue because both knowledge and skills tend to decay if they are not used (reinforced) or if they have a high degree of condition specificity (e.g., a student may be competent to perform a mental status examination for a patient presenting with symptoms for anxiety disorders, but not competent in performing a mental status examination for a patient presenting with delirium or cognitive disorders). Skills that are considered to be essential for competence, such as performing a mental status examination, should be assessed in at least two different contexts. Assessment of performance of clinical skills, however, is generally time consuming and constrained by the availability of patients with the desired variety of presenting problems.

In high-resource institutions, technology has a vital role in assessing competencies. As an example, multidimensional electronic infrastructure has been developed in some American medical schools. Third and fourth year medical students use an electronic competency management system (ECMS) to register for all competency experience; students are required to upload their final projects (powerpoint presentation, video interviews, papers they have written, etc.) into ECMS. The faculty evaluates the final projects and submits feedback to the student via ECMS. The appropriate competency director reviews the projects and feedback and gives the final approval, which is recorded in the student's ECMS file, as well as on the student's competency transcript. ECMS thus functions like an electronic portfolio (4).

In other developed countries such as the UK, there is a consensus statement on the content of communication curricula in undergraduate medical education, which includes computer–based and electronic communication (5). Students are required to have sufficiently competent

information technology skills and be familiar with computerized patient records to ensure patients' electronic records are well maintained. So, there should be no difficulties in assessing competencies of medical students through electronic infrastructure provided by the faculty. Moreover, using an electronic reporting system for student-patient-faculty encounters during a psychiatry clerkship can be of significant value in assessing what students are seeing, doing, and learning on the required experience (6).

In low-resources institutions with highly limited access to technology, the assessment method should be based on close supervision and face-to-face interaction between students and staff.

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