

Title: Introducing a new test in medical school

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Context and setting: The clinical reasoning is a core competence in medicine; many experts and institutions have recognized this.

The Faculty of Medicine of Universidad de Chile wants to do explicitly the development of clinical reasoning.

For this we need to evaluate the clinical reasoning development; this information will serve to guide clinical teachers in methodologies and students know how to advance in the development of this competence.

What was tried: There is a tool for assessment the clinical reasoning: SCRIPT Concordance test (SCt), with evidence of validity; it compared the result of the candidate's clinical reasoning with experts. Each case-problem quickly evaluates relevant diagnostic hypotheses and properly channeling research and treatment strategies.

To introduce this test in the Medical School we had expert advice support. The steps followed were the next:

- Students level was choose.
- Talk and convince the authorities.
- Talk and convince the clinical class coordinators.
- Project submitted to the ethics committee for approval.
- Build the SCt with 48 items in 10 different topics (4 or 5 for each topic)
- Explain the SCt to clinical teachers and show the validity evidence.
- Validate the SCt with “experts” (clinical class coordinators and clinical teachers.)
- Explain the SCt to students and show the validity evidence.

What lessons were learned: Authorities and Clinical class coordinators were practical, acknowledge there was a problem: the students present not good clinical reasoning; they had some background on this. The proposal appears to be a good solution. Not will observe damage to students or teachers and it is a cheap solution; should be try.

With the Ethics Committee was more complex, had no experience with research in medical education; in the hospital they care the wellness of patients; in the Faculty they care the wellness of experimental animals. The Medical Education Department named a special commission; the amount of research in medical education is on the rise and now is essential an ethics commission. The project revision is in course.

Next step was to create the SCt, this was a hard and intense work. The researcher had worked theoretically with SCT; it was the first time in develop a comprehensive and oriented SCt for a defined level of students. Other colleagues helped the researcher at this step.

The students were informed about the tool because it is important that they know it, at least theoretically, and what the teachers expect of them.

Clinical Teachers are very busy, and they have a lot of work: teaching, attending patients, filling forms and more. But they know the problem, the patients' complaints are known, and they want to change the situation. Again, the proposal appears to be a good solution to the clinical teachers and they decided to try. When they answer the SCt, they feel more confident. They work like validators and not like creators; this is more comfortable.

Conclusions: In this time, in which knowledge is generated quickly, the community needs to be aware of new tools to help improve medical education. But change is always resisted; to introduce a new assessment tool has meant hard work.

Only when there is a known issue and the innovation is well grounded new tools can be introduced.

J.M. SHUMWAY & R.M. HARDEN, AMEE Guide No. 25: The assessment of learning outcomes for the competent and reflective physician, *Medical Teacher*, Vol. 25, No. 6, 2003, pp. 569–584