Letter to the Editor

Qualitative Physician Competencies: Are They Neglected?

Dear Editor,

Most medical educators would agree that the qualitative competencies of a doctor, such as professionalism, are just as important as their knowledge and practical skills, which in turn, are more easily quantified. In this age where society demands our doctors to be competent beyond knowledge and practical skills domains, outcome-based education has never been more important. The US Accreditation Council for Graduate Medical Education (ACGME) lists 6 general competencies,[1] the UK General Medical Council lists 7 principles of professional practice[2] and the Royal College of Physicians and Surgeons of Canada lists 7 roles[3] desired in physicians which are used to structure medical training. What kind of competencies do we want our local graduating doctors to possess? The Yong Loo Lin School of Medicine (YLLSoM) Medical Curriculum Review Team has identified 6 desired physician competencies we want our graduates to excel in: knowledge, practical skills, professionalism, effective communication, self-directed learning and teamwork.

Recently, a few colleagues and I from YLLSoM performed a systematic review on whether problem-based learning (PBL) produces more competent doctors which was published in the *Canadian Medical Association Journal*.[4] We found that PBL during medical school had positive effects on physician competency years after graduation, but these are mainly in social and cognitive competencies. In particular, graduates from PBL curricula were better in coping with uncertainty, appreciation of legal and ethical aspects of healthcare, communication skills and self-directed continuing learning, all of which are considered qualitative competencies. The last 3 competencies correspond to 3 of YLLSoM's desired physician competencies (namely professionalism, effective communication and self-directed learning) and thus our findings support the continuation of PBL in our undergraduate curriculum.

However, how well does our current undergraduate medical curriculum train and assess students in other areas of desired qualitative competencies beyond the traditional quantitative domains of knowledge and practical skills? The establishment of a Centre of Biomedical Ethics, planned integration of medical ethics into all 5 years of the medical undergraduate curriculum, and introduction of an ethics vignette test and case study assignments in the fourth and fifth years should improve student learning of the competency of ethics and professionalism.[5] The Communication with Patients module aims to develop practical communication skills in our students. The PBL and Community Health Project modules' secondary aims include nurturing teamwork and collaborative skills, with peer assessments contributing to the final grade. Our current undergraduate curriculum appears poised to help our students develop desired qualitative competencies, but how about other qualitative competencies that are often neglected by other medical schools such as the appreciation of the cultural aspects of healthcare, responsibility and reliability, awareness of own limitations, attention to healthcare costs and patient education skills? In anticipation of Singapore's goal to become a regional medical hub, the need to train our medical students in cross-cultural communication skills beyond our 4 official ethnic groups grows stronger. Are we open to setting aside a portion of a module's score to recognise students who come prepared and participate actively in tutorials, as a reflection of their responsibility and reliability? Do we commend students when they admit not knowing answers to questions (reflecting awareness of one's own limitations) or encourage them to hazard a guess without eventually giving them the right answer, or worse, berate them for their ignorance? A new clinical facility in Canada has adopted an innovative model of medical education, where students from the faculties of medicine, nursing, dentistry and pharmacy train and work together.[6] Should we consider joint educational sessions with our fellow colleagues from the Faculty of Dentistry, Alice Lee Centre of Nursing Studies and Department of Pharmacy for our medical students to promote trans-disciplinary teamwork skills?

Some will argue that it is easier to objectively assess quantitative competencies such as knowledge and practical skills, and it is too subjective to give marks for qualitative competencies such as teamwork, professionalism and communication skills. Unfortunately, there is currently no validated method of assessing teamwork and experts have not agreed on how to define professionalism, let alone how best to measure it.[7] Although there are scales to rate communication skills in medical education and research,[8] the experiences that patients report often differ considerably from ratings given by experts.[9] Nevertheless, should the inherently qualitative nature of such valued physician competencies be a barrier to assessing them? Studies by Papadakis and colleagues[10,11] demonstrated that unprofessional behaviour in medical school predicted future disciplinary action as practising physicians. Teherani and colleagues[12] identified 3 domains of unprofessional

behaviour that were related significantly to later disciplinary outcome: poor reliability and responsibility, lack of self-improvement and adaptability, and poor initiative and motivation. Can we afford to continue focussing on a narrow range of easily-measured competencies and neglect other qualitative competencies which are needed in our physicians of tomorrow? A truism in education is that assessment drives learning. Perhaps the time has come for us to move beyond examining knowledge and technical skills, and begin examining our future doctors in other equally important competencies.

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