

Workplace-Based Assessment: A Neglected Tool in Dental Education

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In dentistry, a graduate student is expected to perform a wide range of clinical procedures on patients. This requires the acquisition of fine psychomotor skills.¹ Therefore, provisions should be made in the dental curriculum on imparting sound psychomotor skills to its learners. This has been addressed by the incorporation of preclinical and clinical training of students in the curriculum. Once the students master the preclinical skills in skill labs, they are subjected to clinical training on patients. The minimum competence expected of an undergraduate student has already been laid down by the regulating body. To acquire the expected competence, the learners undertake the allocated clinical work or quota to master the skills. Unfortunately, during this process students are seldom assessed holistically while performing on real patients because the learning event lacks any formal formative assessment. Learners are only assessed at the end of the learning cycle in an artificial setting which does not reflect the way they will perform while doing patients in real life daily. It is believed that assessments conducted under test conditions are not a true reflection of what doctors carry out in their routine practice.² There is evidence that competence does not reliably predict performance in clinical practice.³ Several studies have shown discrepancies between what doctors can do in high stake-controlled examination situations and actual practice situations.⁴ This has led to the differentiation between performance and competence. Competence is the ability of the candidate to do something successfully while performance refers to what a candidate does in clinical practice.⁵ Ideally assessment of competence (i.e. what a student can do) should assess the actual performance (i.e. what a student does routinely) when the learners are not observed.⁶ According to Miller's pyramid, the highest level of performance is "Does" i.e.,

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how an individual performs in a real-life setting. It not only involves the assessment of psychomotor skills but also communication skills, management skills and professionalism.⁷ Therefore, if we want our graduates to deliver optimum care to their patients, they should be assessed in their routine practice during their clinical years rather than at the end of the training cycle. Assessment of performance requires observation of learners in their workplace. This calls for the introduction of workplace-based assessment (WPBA) in the dental curriculum.

WPBA methods target the uppermost tier of Miller's pyramid. They are used for collecting information about doctors' performance in their everyday practice.² This assessment consists of a set of tools to evaluate trainees' performance in clinical settings.⁸ The characteristic of WPBA is the provision of direct supervision of students' performance in a real workplace environment with immediate feedback. It enables the learners to recognize their strengths and shortcomings. Early identification and remediation of the weaknesses empower the students to steer their learning towards the desired outcome. It also fosters self-directed learning which is essential for continuing professional development. The tools of WPBA include mini clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case bases discussion (CBD) and multisource feedback (MSF).⁹

Despite its merits, the implementation of WPBA meets with difficulty. Its successful implementation requires the realization of its importance by all the stakeholders and their commitment to standards of patient care. Lack of time in a busy clinical environment followed by a limited number of assessors is a major problem reported with this method.¹⁰ These problems can be addressed by making WPBA part of the weekly timetable and increasing the number of assessors by training senior registrars as assessors.

WPBA if implemented in its true essence will not only improve the psychomotor skills of the learners but also their communication and management skills along with

professionalism. Therefore, the dental institutions of Pakistan should strive for the delivery of WPBA in undergraduate training to produce clinicians who are equipped with all the essential attributes of a professional practitioner.

DISCLAIMER

None.

CONFLICT OF INTEREST

None to declare.

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