



Self-assessment and the CME Provider

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Evidence indicates that there are many physicians who would benefit from CME conferences and courses, but are not attending because they do not realize their own knowledge and skills deficits.

In a recent *Journal of the American Medical Association* paper, Davis, *et al* reviewed the literature on physicians' capacity for self-assessment of knowledge and skills compared with observed measures of competence.¹ The findings demonstrated that physicians have difficulties assessing their own abilities, particularly their limitations. Interestingly, the poorest performers were the most inaccurate at self-assessment; they tended to grossly overestimate their abilities. The more competent practitioners were more accurate and the most competent physicians tended to underestimate their performance. These findings are supported by several other reviews of self-assessment, including work by Eva, *et al* at McMaster University and the University of Toronto.²

It is particularly concerning that the most incompetent physicians are blissfully unaware of the gaps in their knowledge and greatly overestimate their abilities, thinking they are

doing a good job when in fact the opposite is true. It seems that the knowledge needed to produce a good clinical performance is linked to the knowledge needed to evaluate the accuracy of one's performance.

Poor self-assessment skills are not exclusively a physician phenomena, but are a characteristic of all adult learners. Why does this happen? There are several theories, including a natural tendency to regulate our self-esteem by:

- unconsciously denying our deficits,
- memory biases,
- poor understanding of standards,
- poorly defined nature of competence and
- lack of available feedback.

Can self-assessment skills be improved?

Probably not. However, there is some evidence that for very specific learning domains, (e.g., management of hypertension) providing physicians with clear benchmarks of what good management of this disease is, leads to more accurate self-assessment in that domain. Unfortunately, accurate self-assessment skills in one domain do not transfer to another.

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Editorial

What are the implications of these findings for practicing physicians?

For more competent physicians, it means that they can likely decide for themselves when deficits occur in their knowledge and skills and make the necessary steps to address them through continuing professional development. However, even for these physicians, there will be clinical skill areas where their capacity to accurately assess their abilities will be compromised. There are very few of us without knowledge and skill deficits. The less competent or incompetent physicians, where there are more serious consequences, need some way of comparing their performance with clinical benchmarks. These benchmarks could take the form of:

- self-assessment knowledge tests, (e.g., multiple choice questions),
- easy access to clear clinical practice guidelines that are linked to a physician's practice profile,
- access to competent peers with whom to talk and
- the use of electronic health records that give physicians continuous feedback on clinical decision making.

Another strategy is the use of academic detailing combined with a practice audit. For example, to improve prescribing practices for particular diseases, a pharmacist or another physician meets with physicians in their offices. Together they review the physician's charts and compare prescribing practices to clinical guidelines or benchmarks. At the same time, the detailer has an opportunity to tailor continuing education to the specific needs of that physician. There are several random controlled studies that highlight the efficacy of this learning format but unfortunately this is not routinely available for physicians.³

What are the implications of these self-assessment findings for medical school CME offices?

For traditional courses and conferences that are organized by these offices, the addition of learning tools that can facilitate the self-assessment of clinical skills would be helpful. This could include clinical practice audit tools, succinct and user-friendly clinical practice guidelines and the opportunity to compare one's performance in clinical domains with other physicians and with standard benchmarks (self-assessment

tests and low and high fidelity clinical simulation sessions incorporating feedback to the physician). I believe that provincial Ministries of Health should offer new funding formulas that provide physicians with opportunities to assess and improve their practice performance, in addition to programs that are organized by provincial Colleges. I am convinced this would be a cost saving program for the health care system and ultimately, it is our patients who would be the beneficiaries.

Accurate self-assessment may not be possible, but good teaching and learning delivered close to the place where physicians care for their patients should be.

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