

Letter from the Editor

Parents as Teachers and Evaluators of Medical Student Professionalism

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Teaching and evaluating professionalism in medicine has become an increasingly important task in medical student and resident education.^{1,2} The publication of a report noting that unprofessional behaviors of physicians were “strongly associated with prior unprofessional behavior as a medical student” led to increased interest in the assessment of professionalism competencies of students, residents, and physicians.³ One element of professionalism reflects the patient/clinician relationship and communication. The many ways to evaluate student competency in this area include OSCEs, standardized patients, videotaping student interaction with patients, role playing, and direct observation of student interaction with patients. The USMLE Clinical Skills exam is one example of addressing medical student competence in communication skills using a high stakes exam. Failure in this exam would mean the inability to obtain a medical license.

Recent efforts have expanded student and resident evaluation to a “360 Degree” process,⁴ where everyone interacting with students and residents, including patients, evaluates student or resident competency. No studies, however, address the role of parents in both teaching medical students and assessing their competency in pediatrics, although some studies address the role of patients as teachers^{5–10} or their role and effectiveness of patients as evaluators of student competency.^{11–13} Researchers find the involvement of patient instructors valuable both to medical student education and to the patients themselves.¹⁴

Liu and colleagues, in this issue of *Ambulatory Pediatrics*, contribute an important finding about parents’ assessment of medical student communication skills.¹⁵ Their excellent work lays the groundwork for further research in assessing medical student professionalism. This study is a pioneer in the use of patient narratives to understand the complexity and perspectives of patients about student performance. Moreover, the science of assessment of student professionalism, communication, and relationship skills is still in its infancy with high stakes exams using standard-

ized patients that students prepare for. Standardized patients are used because their assessment of student competency is considered valid and reliable. “Real” patients also have thoughts and feelings about their interaction with health professions that should be used for assessment of student competency. Medical educators struggle with how to use patients’ comments and perspectives to evaluate student performance. Having a valid and reliable instrument is a standard educators strive for and opens a new realm in the science of student competency assessment.

Liu and colleagues reported on the basic development of the assessment. Using excellent qualitative research methods and analyzing more than 500 narrative comments on 412 medical students in the clinical years, they provide the medical education researcher with basic data to begin to develop instruments for new assessment tools. These evaluations can be incorporated into the student’s academic record.

Many of the themes arising from their analysis of the narratives were in the areas of communication and professionalism skills. Patients offered few negative comments, and the many positive comments describing student interactions were striking. This thematic analysis naturally leads to the development of instruments that can then be tested for reliability and validity. We applaud Liu and colleagues for presenting an exemplar of excellent qualitative methodology. Appropriate investigation of this issue could not have been accomplished without initially using qualitative methods.¹⁶ These methods base reality in the complex phenomena of human experience. We await further research that will establish these instruments to assess medical students’ professionalism and communication skills.

The medical profession and medical educators have defined most of the assessment criteria for professionalism and communication skills. However, academic teachers have perspectives from those of patients when evaluating communication skills.¹⁷ Evaluation criteria that originate from patient and parent perspectives will greatly help the assessment of student competencies. Medical educators often note that evaluation of student performance powerfully motivates change, reinforcement, and validation to students about their behavior – and could help identify those students who may be like those reported by Papadakis and colleagues before they are reported to the State Medical Boards for unprofessional behavior.

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