

Scoring Pediatrics Residents: A Step Toward Reforming Medical Education and Improving Pediatric Health Care in Iraq

Because residents are expected to be competent in order to provide the community with basic health care, and often have the most frequent contact with patients, then residents can also serve as the primary means for the early identification and management of various health problems.

In Iraq, medical education consists of 6 years of medical school, at the end of which the student is offered a MB ChB degree. After graduation, there is a mandatory 12 months of full-time residency at a university or government hospital. During this year, graduates rotate through 4 major specialties, including internal medicine, obstetrics and gynecology, surgery, and pediatrics, as well as minor specialties. After completing residency, there are at least 2 years of obligatory service in an underserved area, after which the physician has the option to work as a general practitioner or a senior house officer. Furthermore, for training in pediatrics, a minimum of 2 years as a senior house officer is required. Candidates for pediatrics training undergo a competitive process of an oral interview, a written application, and a review of their scores in pediatrics in undergraduate study.

The Accreditation Council for Graduate Medical Education's Outcome Project has sought to effect change in residency programs by concentrating education on competency domains, enhancing assessment of resident performance, and aggregating the use of educational outcomes to improve resident education.¹ One of the aims of the Outcome Project is to have regular assessment of residents. There are many assessment tools used to test pediatrics residents' competence (TABLE), and the ideal way to evaluate residents is to employ different tools to assess various competencies.

In daily practice, approximately 50% of patients seeking medical advice in Iraq are in the pediatric age group,² and Iraqi final-year medical students have recently shown increased willingness to pursue pediatrics as a career.³ However, there are gaps in their pediatric clinical competencies.⁴ In fact, to date there is no scoring system in Iraq to assess pediatric competencies, such as history taking, acquisition of basic clinical skills, procedural skills, written communication, clinical problems solving, and physician-child/parent interactions, during the core residency year.

Therefore, I suggest that it is time to implement an assessment tool that could assess the aforementioned skills, has been accepted for its sensitivity and specificity, and is applied to residents before completing their pediatrics residency periods. Its implementation will help those directing medical teaching to better evaluate their clinical curricula. Also, residents who have scores in these assessment tools will be more competitive as candidates for postgraduate positions. Simultaneously, I also recommend the inclusion of pediatrics residents in training courses abroad to advance their learning. The outcomes on residents, faculty, and patients should be formally evaluated in future studies.

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TABLE
Examples of Assessment Tools Used to Test Residents' Competencies

No.	Assessment Tool	Tested Competency
1	Continuity Structured Clinical Observation (CSCO)	Opening the interview, history taking, relationship skills, personal manner, physical examination, and negotiation or management
2	Pediatric Mini Clinical Evaluation Exercise (PaedMini-CEX)	History taking, communication, physical examination, critical judgement, initial management, and professionalism
3	Mini Milestones Assessment (Mini-MAS)	History taking, physical examination, clinical reasoning, communication with families, communication with physicians and other health professionals, and collaboration
4	Resident Assessment Questionnaire (ReAQ)	Professionalism, patient care, interpersonal and communication skills, medical knowledge, practice-based learning and improvement in patient care
5	Simulation Team Assessment Tool (STAT)	Pediatric resuscitation

Currently, plans call for the inclusion of different assessment tools into pediatrics residency, with their implementation expected to occur in the near future. Ultimately, this would result in well-trained postgraduate students, proficient pediatrics specialists, and improved pediatric health care in Iraq.

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