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Tutors' Perceptions Regarding Newly-Graduates' Competences: Are students Being Adequately Prepared by Medical Schools?

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ABSTRACT

Introduction and Goal: A systematic evaluation of newly-graduates' competences on the setting of clinical practice is crucial to allow for monitoring of the effectiveness of undergraduate training and to inform curricular changes. Tutors' perceptions are useful for that end.¹ In Portugal, all but one medical school have not systematically appraised the clinical quality of their *alumni*; existing literature deals exclusively with newly-graduates' self-perceptions.

Material and Methods: This study, the first on the topic, aimed at identifying tutors' perceptions concerning the competences of Portuguese newly-graduates' as well as gathering suggestions to improve curricula. A validated-anonymous-online-questionnaire based on the 'Tuning-Project Learning Outcomes/Competences for Undergraduate Medical Education in Europe' framework was presented to tutors of 2016 and 2017 first-year residents.

Results and Discussion: Respondents counted 54 tutors from 22 hospitals (est. 9% response-rate). The average aggregate competence was 3,1. Items regarding 'practical procedures', 'drug prescription', 'medical emergencies' and 'legal principles' were rated less than sufficient whereas 'ethical principles' and 'information/technology/ science' showed the highest results, with good level of competence. In 14 of the 70 items appraised, the majority of tutors considered residents' competence insufficient or inexistent. About 67% of respondents suggested areas for improvement, namely 'urgent/ emergent care, 'practical procedures', 'prescribing' and 'more clinical practice'. Despite response-rate limitation, results indicate that, according to tutors, residents are not well prepared in key areas of practice. These results are worse than those obtained with the same questionnaire in a 2015 study on Portuguese newly-graduates' selfperceptions, thus supporting the need for more feedback on residents' performance.

Conclusion: An investment in systematic evaluation of undergraduate training is pivotal to identify critical areas for curricular improvement. Thereto the existence of a common and practicable framework is essential, as is the creation of a central-comprehensive-database with linked information on interns and their medical schools, postgraduation venues and tutors.

Systematic monitoring of undergraduate training is essential to continuously improve the quality of medical education.

Both self-perception of graduates and perceptions of tutors can be used for this purpose.

A national consensus on a framework of competences for graduates is a major requisite to accomplish this goal.