

Table 7.1

### Parameters in the Assessment of Self-directed Learning, Competence and Performance

<b>Dimension/Domain Assessed</b>			
	<b>Self-directed Learning and Reflection</b>	<b>Competency (Knowledge, Skills, Attitudes)</b>	<b>Performance (Action or Behavior)</b>
<b>Measurement methods</b>	Observation; chart review; clinical debriefing; interviews	Multiple-choice questions; self or other-directed; oral examinations; observations; global rating scales; other measures	Observation; standardized patients; process data claims; utilization review, (laboratory, X-ray, or other), chart review; outcome data (morbidity/mortality figures; patient satisfaction, quality of life)
<b>Location</b>	Learner-centered (in practice setting or elsewhere)	Competency assessment sites	Practice
<b>Potentially interested parties</b>	Physician professional association; medical and educational facilities; CME providers		Insurance carriers; governments; quality assurance/peer review organization agencies

Fourth, perhaps most importantly, are questions linking assessment to educational interventions and learning strategies. Having identified learning needs and deficiencies, what are the best strategies to offer or provide CME? What are the relevant elements of motivation (explored in chapters 3 and 11), perception of the assessment process, and ownership over the remedial educational process?

### Practice Implications: Imbedding Assessment and Learning into the Clinical Environment

Several interrelated recommendations for both clinical practice and the practice of physician education deserve discussion. They are outlined in the table above.

First, self-analysis, self-reflection, and self-assessment must occur continuously within the physician's own practice site and within his or her own personal practice configuration. Can these skills be developed early and tested frequently, throughout the medical education continuum? While Schön's model has been referenced here,