

## Assessing the Competence of Oral Surgery Trainees: A Systematic Review

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**Abstract :** Background: In more recent years in dentistry, a greater emphasis has been placed on competency-based education (CBE) programmes. Undergraduate and postgraduate curriculums have been reformed to reflect these changes, and adopting a CBE approach has shown to be beneficial to trainees and places an emphasis on continuous lifelong learning. The literature is vast; however, very little work has been done specifically to the assessment of competence in dentistry and even less so in oral surgery. The majority of the literature tends to opinion pieces. Some small-scale studies have been undertaken in this area researching assessment tools which can be used to assess competence in oral surgery. However, there is a lack of general consensus on the preferable assessment methods. The aim of this review is to identify the assessment methods available and their usefulness. Methods: Electronic databases (Medline, Embase, and the Cochrane Database of systematic reviews) were searched. PRISMA guidelines were followed to identify relevant papers. Abstracts of studies were reviewed, and if they met the inclusion criteria, they were included in the review. Papers were reviewed against the critical appraisal skills programme (CASP) checklist and medical education research quality instrument (MERQSI) to assess their quality and identify any bias in a systematic manner. The validity and reliability of each assessment method or tool were assessed. Results: A number of assessment methods were identified, including self-assessment, peer assessment, and direct observation of skills by someone senior. Senior assessment tended to be the preferred method, followed by self-assessment and, finally, peer assessment. The level of training was shown to affect the preferred assessment method, with one study finding peer assessment more useful in postgraduate trainees as opposed to undergraduate trainees. Numerous tools for assessment were identified, including a checklist scale and a global rating scale. Both had their strengths and weaknesses, but the evidence was more favourable for global rating scales in terms of reliability, applicability to more clinical situations, and easier to use for examiners. Studies also looked into trainees' opinions on assessment tools. Logbooks were not found to be significant in measuring the competence of trainees. Conclusion: There is limited literature exploring the methods and tools which assess the competence of oral surgery trainees. Current evidence shows that the most favourable assessment method and tool may differ depending on the stage of training. More research is required in this area to streamline assessment methods and tools.

**Keywords :** competence, oral surgery, assessment, trainees, education

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