

Letter to Editor



Implementing Clinical Skills–Based Examinations in Iran’s Residency Entrance Assessment: An Urgent Need for Action

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Dear Editor

Nowadays, the community’s needs change rapidly, and to meet these evolving demands—particularly in the delivery of medical services—it is important to continually assess and upgrade our approaches based on community requirements. Advancing medical education is therefore a central driver of meaningful transformation in healthcare systems.

One effective way to advance medical education is by upgrading assessment and examination methods. These methods should not only align closely with learning objectives but also prepare trainees for real-world clinical responsibilities and licensing examinations. Furthermore, they should serve as a platform to clearly demonstrate the overarching goals of medical education, including clinical competence, professionalism, and patient-centered care.¹

Think about a critical question, “What happens if a doctor is unaware of the medical needs of the community and is unable to do the whole needed practices?”. Clinical setting examinations offer a solution to this problem by providing a more holistic assessment of candidates’ readiness for residency training and being a competent doctor. These assessment methods, evaluate candidates’ ability to apply their knowledge in practical clinical situations, make informed clinical decisions, and communicate effectively with patients. Compared with cognitive tests, CSEs more accurately reflect candidates’ preparedness for the real challenges of clinical practice that are the real needs of educators.

In Iran, residency entrance exams are based on the cognition of participation such as multiple-choice questions

(MCQ) without practical examination, which often leads to a significant disparity between theoretical knowledge and practical application. Such a gap may adversely affect patient care and the effective delivery of medical services. However, such claims about disruption must be supported by evidence. Studies show that while MCQs are efficient for assessing factual recall, they may overestimate clinical readiness and fail to reflect real-world clinical reasoning.²

In these circumstances, in order to avoid these problems and based on Miller’s assessment pyramid, the exams should move from cognitive toward behavioral methods, which assess the examinee’s action in a clinical setting and helps to choose the skilled individuals for entrance into residency programs. By using this assessment approach, trainees prepare themselves based on community needs, and at a glance, the examinee, knowing about the crucial skills, tries to educate these skills.³ Additionally, with education on essential curriculum skills, we will implement competency-based medical education which empowers trainees to provide services. Moreover, CBME induces accountability, quality improvement, and adaptability to evolving healthcare needs, and these outcomes of CBME increase the efficacy of behavioral exams, too.⁴

Despite its potential, the implementation of CSEs in Iran faces several challenges that require consideration.

- ensuring inter-rater reliability and objective scoring across different centers is vital
- CSEs require staff time, standardized-patient pay, consumables, physical space and equipment which needs high investment. Based on dependance of medical universities on government, there is the need



to provide of adequate budgets from ministry of health and medical education.

- A phased rollout could start with a few selected tertiary academic centers and then grow slowly after an evaluation. Hybrid models that mix MCQs with mini-CEX or OSCEs could also be used as transitional strategies
- Iran's unique constraints including faculty shortages and variable institutional resources are challenges of this approach. Empirical data on board certification exams and resident self-assessment surveys help to identify priority domains
- In addition, countries like USA that have used clinical skills stations in their licensing exams could be as sample for implementation and their Comparative analysis of their transitions can inform Iran's roadmap
- Faculty development is a cornerstone of this change. empowerment of educators in clinical assessment methods, calibration techniques, and feedback delivery must accompany the shift toward CSEs.
- The transition to CSEs necessitates the empowerment of educators in clinical assessment methodologies, calibration techniques, and the provision of feedback
- Specialties that have the most of clinical procedures like internal medicine, emergency medicine, and all surgery fields are candidates to pilot CSEs due to their procedural and decision-making focus.
- "Empowered residents" must be defined as individuals who demonstrate quantifiable clinical competence, diminished diagnostic errors, improved communication, and better patient outcomes
- Incorporating feedback from learners, patients, and faculty members will refine the assessment process

In conclusion, given the global shift toward competency-based medical education and action-oriented assessment, reforming residency entrance examinations to include clinical setting examinations is necessary. Such reforms would enable the selection of residents who demonstrate

knowledge, clinical reasoning, communication, and decision-making competencies. We encourage the National Medical Examination Board and medical universities to collaborate on pilot studies to facilitate this essential reform.

We hope this letter highlights the urgent need to change residency examination in Iran and supports the development of empowered competent residents and physicians who are capable of meeting communities' health needs

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we declare that we used *quillbot* for detection of grammatical errors and correction.

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