

Beyond clinical skills: assessing prudent ethical competence for underserved populations

Carlos Acosta-Batista¹

¹Primary Care - Research Initiative (PCRI), Florida, USA

Correspondence to: Carlos Acosta-Batista, Research, Primary Care Research Initiative. Miami Lakes, Florida. United States; phone: (786)395-6656; email: carlos.acosta@trichometric.org

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To the Editors,

We commend the Connecticut Area Health Education Center (CT AHEC) program, described by Wu and colleagues,¹ for establishing an interdisciplinary clinical skills boot camp focused on training professionals for underserved communities. The goal of ensuring students start with similar critical competencies is admirable, and the reported moderate-to-large effect size in knowledge improvement is notable.

However, Primary Care practice in environments of inequity demands a metric that transcends basic clinical knowledge (e.g., body mass index screening or blood pressure measurement). Competency in this field is defined by prudence—the reflective judgment needed to balance beneficence with the realities of limited resources and complex social needs. While training rightly emphasizes health inequities and interprofessional competencies, the manner a professional mobilizes ethical knowledge is key to effective care delivery.

We propose that initiatives like CT AHEC incorporate a rigorous assessment of ethical competence to complement the evaluation of knowledge and perceived relevance. Our research among Primary Care faculty has shown, through a Bayesian analysis, a measurable disconnection between knowledge of ethical principles and prudent performance.² This conceptual gap compromises the social accountability of training programs.

To ensure North American programs like AHEC fully meet mission, a robust method to quantify ethical competence is required. Adopting a robust inference approach is a necessary step to train providers who are not only clinically competent but ethically prepared for the complex realities of underserved populations. This robust evaluation could be integrated into the future assessments the program plans regarding skill demonstration and professional commitment.

Conflicts of Interest: None

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