

Certificated clinical competencies are required for Internist career, not only *impact factor* score

Ilario Stefani, Antonino Mazzone

Internal Medicine, Hospital of Legnano (MI), Italy

Definition of professional skills is of paramount importance in current health care; clinicians are now to operate in a world in rapid and constant change, which requires a modification of the abilities and skills to ensure the provision of quality health care, to meet the health needs. The *medical expertise* is not only guaranteed by academic degrees or professional training certificates; quality of care should be defined on the basis of explicit indicators.

Clinical competence is the result of technical knowledge, ability and capacity of the professional, and the managerial, relational and operative qualities of each individual specialist in his specific care context. It presupposes an optimal balance of some components - knowledge, skills and know how to be - in a multidimensional perspective and complex interaction between cognitive and practical decisions for the problem solving, relationship and socio-organizational dynamics.¹

What emerges from these assumptions is the complexity of the assessment of internist professional competence that needs valuation models (as FADOI-BOCCONI Project) to pursue a concrete and based on objective judgment professional certification, applicable to the context of university, accredited public and private hospital, aimed at creating an individual portfolio, and their actual use for the purposes of career

paths in company health within a regional or national system.

This is the frame of reference in which we examined an element such as the impact factor (IF) as a tool for the evaluation of scientific research or individual and collective processes of qualification.

Eugene Garfield, founder and principal shareholder of the Institute for Scientific Information, the impact factor inventor, affirmed it not to be used to evaluate scientific research.² Garfield writes: *The source of much anxiety about journal impact factors comes from their misuse in evaluating individuals, e.g. during the habilitation process.*³

Does IF measure quality of the papers published in a magazine? It seems hard to tell *a priori*. It will be higher when items are accompanied by many quotes, and, in particular, quotations of works released in the previous two years; it will be low if writer for that magazine or similar magazines quotes or cites few older articles. It is necessary to consult one or more experts in order to decide in which way and to which extent the IF of a journal is an indication of its quality, for each subject area.

If we take in account the participation of an Internist, with very few cases, to a multicenter international study, later published in a prestigious journal with an high IF and repeatedly mentioned, what reward in terms of competence can be concretely recognized to this Internist?

Without focusing on the validity of the objective value of the IF in the evaluation of a scientific work, which has already been the subject of extensive discussion in the academic world,⁴ it is clear that, in the professional judgment of complexity that emerges from clinical competence, the popularity of this indicator in the sphere of medicine in Italy, where the IF scores are even used for the benchmarking of university competitions, is at least unjustified and the use of this instrument is quite limiting.

To be an internist today study, knowledge, technical skills and professional, managerial, and relational qualities, result of a systemic thoughtful culture are required and shall be supported by the experience gained in the real-world clinical practice. A significant

Correspondence: Antonino Mazzone, Internal Medicine, Hospital of Legnano, via Papa Giovanni Paolo II 1, 20025 Legnano (MI), Italy.
E-mail: medicina2legnano@ao-legnano.it

Key words: Editorials; professional skills.

Received for publication: 11 June 2015.
Accepted for publication: 11 June 2015.

This work is licensed under a Creative Commons Attribution NonCommercial 3.0 License (CC BY-NC 3.0).

©Copyright I. Stefani and A. Mazzone, 2015
Licensee PAGEPress, Italy
Italian Journal of Medicine 2015; 9:303-304
doi:10.4081/ijm.2015.613

example of this is represented by the relationship between *guideline adherent care* and *quality care*.⁵ Guidelines available cover a scenario reduced as compared to the entire spectrum of clinical reality, often much more complex than presumed, so the uniqueness of the individual case could not be taken into account. However, patients can make adequately informed decisions consciously different from what their proposals based on those guidelines. In such situations the multidimensional and complex interaction between cognitive and practical decisions for the solution of problems, relationship and socio-organizational dynamics, typical of clinical competence, express fully its professional value.

The evaluation of these elements requires different approach integrating aspects of the Internist's professionalism, not attributable to a single indicator however, requiring an objective judgment.

Commitment to professional competence constitutes an obligation under both the code of medical

ethics and the agreement of medical professionalism, with obvious ethical and legal consequences. The definition of an evaluation and certification process represents now a necessity as well as a challenge for scientific societies.

References

1. AA.VV. [Special issue on clinical competence]. Ital J Med 2011;5(S2):S1-S112.
2. Garfield E. How can impact factors be improved?. BMJ 1996;313:411-3.
3. Garfield E. The impact factor and using it correctly. Der Unfallchirurg 1998;48:413.
4. Seglen PO. Why the impact factor of journals should not be used for evaluating research. BMJ 1997;314:498-502.
5. Chen RC. Guideline-adherent care vs quality care in cancer patients: twins or distant cousins? Comment on "Deviations from guideline-based therapy for febrile neutropenia in cancer patients and their effect on outcomes". JAMA Intern Med 2013;173:569-70.