

# Programmatic Evaluation, the end of “all or nothing” in medical education.

## Evaluación Programática, el fin del “todo o nada” en la educación médica.

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### Editorial

**Abstract.** Programmatic evaluation is playing an increasingly central role in contemporary medical education, especially in institutions that have adopted competency-based training models. While not yet a universal standard, it has become one of the most influential and widely discussed approaches in clinical assessment. Over the past two decades, medical education has shifted from content-centered curricula to integrated professional competency frameworks. International organizations such as the Accreditation Council for Graduate Medical Education (ACGME), the CanMEDS of the Royal College of Physicians and Surgeons of Canada, and the General Medical Council (GMC) have promoted frameworks that describe physicians not only as clinical experts but also as communicators, collaborators, professionals, and lifelong learners. This shift has necessitated a profound rethinking of assessment systems. In this context, programmatic evaluation stands out as the most coherent methodological response to competency-based education. Its role is not simply to be “another technique,” but rather a structural framework that organizes all assessments within a training program. In many medical schools and residency programs, assessment is no longer conceived as a set of isolated exams, but rather as a longitudinal system for collecting and integrating evidence. Its influence is also felt in the educational culture. Frequent feedback, individualized monitoring, and collegial deliberation on student progress are gaining ground as quality standards. Furthermore, the scientific literature in medical education recognizes Programmatic Assessment as a model with high conceptual validity for evaluating complex competencies in real-world clinical settings.

**Keywords:** competencies, assessment, feedback

**Resumen.** La Evaluación Programática ocupa hoy un lugar cada vez más central en la educación médica contemporánea, especialmente en instituciones que han adoptado modelos de formación basados en competencias. No es todavía un estándar universal, pero sí se ha consolidado como uno de los enfoques más influyentes y discutidos en el ámbito de la evaluación clínica. En las últimas dos décadas, la educación médica ha transitado desde currículos centrados en contenidos hacia marcos de competencias profesionales integradas. Organizaciones internacionales como el Accreditation Council for Graduate Medical Education (ACGME), el CanMEDS del Royal College of Physicians and Surgeons of Canada y el General Medical Council (GMC) han impulsado marcos que describen al médico no solo como experto clínico, sino también como comunicador, colaborador, profesional y aprendiz permanente. Este cambio ha obligado a repensar profundamente los sistemas de evaluación. En ese contexto, la Evaluación Programática se posiciona como la respuesta metodológica más coherente con la educación basada en competencias. Su lugar no es el de una “técnica más”, sino el de un marco estructural que organiza todas las evaluaciones dentro de un programa formativo. En muchas facultades y programas de residencia ya no se concibe la evaluación como un conjunto de exámenes aislados, sino como un sistema longitudinal de recogida e integración de evidencias. Su influencia también se percibe en

la cultura educativa. La retroalimentación frecuente, el seguimiento individualizado y la deliberación colegiada sobre el progreso del estudiante están ganando terreno como estándares de calidad. Además, la literatura científica en educación médica reconoce la Evaluación Programática como un modelo con alta validez conceptual para evaluar competencias complejas en entornos clínicos reales.

**Palabras clave:** competencias, evaluación, retroalimentación

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For decades, medical education has been dominated by the final exam, months—even years—of learning condensed into a single, decisive test. One day, a few hours, a grade meant to summarize the competence of a future professional. This “all or nothing” model has been presented as synonymous with rigor and objectivity. However, in practice, it is merely a snapshot of a much more complex and prolonged process: the development of clinical competence (1). Traditional logic has treated learning as if it were a discrete event, when in reality it is a continuous, dynamic, and deeply contextual process (2). A final exam, however well-designed, measures what happens at a specific moment, under specific conditions, influenced by stress, chance, and personal circumstances. It can capture declarative knowledge, but it hardly reflects the integration of knowing, knowing how to do, and knowing how to be that professional practice demands (3). In an environment where competence is multifaceted—clinical reasoning, technical skills, communication, ethics, and reflective capacity—relying on a single test for final judgment is, at the very least, insufficient (4).

In contrast to this model, Programmatic Evaluation emerges not only as a technical alternative but also as a paradigm shift (5). Its premise is simple yet profoundly transformative: no single evaluation can, on its own, certify an individual's complex competence. Instead of relying solely on a single summative event, it proposes the deliberate and systematic accumulation of multiple sources of evidence over time (6). Written exams, clinical observations in real-world settings, simulations, mini-CEX, OSCE, reflective portfolios, self-assessments, and expert judgments become data points that, when integrated, allow for the construction of a robust and longitudinal competence profile (7).

The brilliance of this approach lies not in “assessing more,” but in assessing better. Each individual assessment may have a low impact, reducing the paralyzing anxiety associated with single tests, but the collection of observations allows for high-impact decisions—such as promotion or graduation—to be made on a much richer and more reliable basis (8). It is not about adding up grades, but about identifying consistent patterns of performance. The question is no longer whether the student “passes” an exam, but how they evolve, how they respond to feedback, how they integrate theory and practice, and how they perform in different contexts and at different times (9).

This model overcomes the false dichotomy between formative and summative assessment (1). Each evaluative interaction serves a dual purpose: it fosters learning through specific feedback and, at the same time, provides evidence for future decisions. Assessment ceases to be the end of the road and becomes the road itself. Mistakes lose

their punitive nature and are transformed into raw material for improvement (10). Students no longer study simply to "pass," but to progress toward excellence.

Far from diminishing rigor, Programmatic Evaluation reinforces it. A system that triangulates multiple sources, contexts, and evaluators is more difficult to manipulate than a multiple-choice exam. Moreover, it is fairer. It recognizes that students can have bad days, that stress can affect performance, and that true competence is demonstrated through consistency over time. It certifies trajectories, not snapshots (11).

However, adopting this approach demands a deep institutional commitment. It requires teacher coordination, data management systems, spaces for academic deliberation, and specific training in the interpretation of qualitative and quantitative evidence (12). Above all, it implies a cultural shift: moving away from conceiving of assessment as a final filter and embracing it as the driving force of learning and the guarantee of excellence.

Real clinical practice offers a compelling analogy. A physician is not judged by a single heroic act, but by the quality and consistency of their performance over the years. Professional competence is cumulative, contextual, and evolving (13). Programmatic Evaluation aligns education with this reality. It does not certify a snapshot; it certifies a complete picture.

Moving towards this model demands vision and courage. It implies abandoning the comfort of "all or nothing" to embrace the complexity of human development. But if we aspire to train professionals capable of facing unpredictable contexts, critically reflecting on their practice and continuously improving, we cannot continue evaluating them under the rules of a static world (14).

Programmatic Assessment is not just an innovative methodology; it is an ethical and pedagogical statement. It affirms that every diploma should reflect a demonstrated and supported trajectory of competence, not the result of a single day. Because professional excellence is not improvised in a final exam; it is built, observed, and confirmed, step by step, over time.

**Funding:** There has been no funding.

**Declaration of conflict of interest:** The author declares that he has no conflict of interest.

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