

Selectivity

This dimension has not, to our knowledge, been previously described with respect to physician competence, although it is surely not an original idea. It is the term that was chosen by the initial focus group to describe a set of skills that was frequently cited in the survey as characterizing the competent family physician: such a physician does not do things in a routine or stereotypical fashion but is very adaptable and selective in approach, modifying it to suit both the situation and the patient. Some of the ways in which a physician demonstrates competence in this dimension are as follows:

- Sets priorities and focuses on the most important
- Knows when to say something and when not to
- Gathers the most useful information without losing time on less contributory data
- Does something extra when it will likely be helpful
- Distinguishes the emergent from the elective and intervenes in a timely fashion
- Acts when necessary, even though information may be incomplete
- Determines the likelihoods, pertinence, and priorities in his or her differential diagnoses
- Distinguishes the sick from the not sick
- Selects and modifies a treatment to fit the particular needs of a patient and a situation

Selectivity could perhaps be considered a subset of all the other dimensions, but it was used frequently enough in the descriptions of competence to merit its own dimension. As we saw earlier, selectivity is found at the higher levels of competence, and it could be an extremely robust indicator of overall competence when used for assessment purposes. It could also be considered to be one of the operational levels that go to make up clinical judgment, and provides a way to assess this important concept.

This dimension of competence is one of two that are currently almost entirely defined by and within the key features of the priority topics. Each key feature suggests, explicitly or implicitly, the dimensions of competence, as well as the phase of the clinical encounter, and, hence, the specific cognitive skills that are characteristic of competence when dealing with the problem in question. Sixteen percent of the key features involve selectivity as an essential skill, most often (although not exclusively) associated with clinical reasoning skills. It may be sufficient to assess selectivity only in this context, but we could also envisage its assessment in other dimensions, if necessary. The concept surely applies. It would simply remain to develop a further operational definition of selectivity as it is expressed in the other dimensions.