REVIEWS

Why is it essential to teach clinical interviewing in psychiatric training? Proposal for a workshop implemented at the Universidad de Valparaíso

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ABSTRACT

Diagnosis in psychiatry relies primarily on the clinical interview, but instruction in interview techniques is often relegated to the informal curriculum and acquired incidentally. This article presents a structured curriculum model for training adult psychiatry residents in psychiatric interviewing. In this article, we describe the Psychiatric Interview Workshop, a weekly, year-long activity implemented at the Universidad de Valparaíso (Chile), which is based on deliberate observation, constructive feedback, and theoretical enrichment. The workshop methodology combines reading a guidebook, initial instructor modeling, and supervised active practice. In each session, a resident conducts a clinical interview with a real, volunteer, clinically stable patient in the presence of peers and the instructor. Observation is guided by a standardized Observation Checklist. Subsequently, a Constructive Feedback Protocol is applied, focusing strictly on interview technique, promoting discussion and the search for alternative solutions to difficulties. The workshop is presented as a formal teaching strategy that, in our opinion, ensures the explicit and systematic acquisition of interview techniques. The strengths of the model lie in its ecological validity (practice with real patients), duration (one year), instructor modeling, and the use of standardized, task-oriented feedback. This model contributes to the limited evidence regarding structured methods for teaching the psychiatric interview. Remaining challenges include the incorporation of an objective summative practical assessment, measuring the workshop's impact on student performance and satisfaction, and adapting the literature to the local sociocultural context.

KEYWORDS Medical education, Psychiatry, Interview

INTRODUCTION

Unlike other medical specialties, the diagnostic process for psychiatric disorders relies almost entirely on clinical interviews with the patient and their family members. The use of biological tests, such as blood biomarkers, neuroimaging, and other modalities, is highly valuable for differential diagnosis of medical and neurological conditions. However, the diagnosis of psychiatric disorders is still based on the medical history and mental status examination, making it essential for the psychiatrist to develop an adequate interview technique [1].

Teaching the psychiatric interview poses a pedagogical challenge, as it involves transmitting skills that extend beyond theoretical instruction. In this regard, it is important to distinguish among several curricular dimensions: the formal curriculum, as stated in the educational institution's official documents; the informal curriculum, the actual, concrete way in which the study plan is put into practice; and the hidden curriculum. The latter occurs outside what is stated and planned, encompassing information, attitudes, and skills that can add positive value to training or may have negative implications [2]. In this regard, the instruction in interview techniques in many traditional psychiatry residency programs falls somewhere between the informal and hidden curricula [3]. We mean that, in many cases, the learning of psychiatric interview techniques can occur accidentally while attention and effort are directed toward developing the ability to recognize psychopathological phenomena, make diagnoses, and propose and implement management plans. This is the case with some published teaching proposals in psychiatry, in which the teaching of interview techniques is omitted as a separate section [3].

The Specialization Program in Adult Psychiatry at the University of Valparaíso (Chile) lasts six semesters and is

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MAIN MESSAGES

- Psychiatric diagnosis relies on the interview, but its teaching is often informal, making a structured model necessary.
- This article describes an educational innovation implemented in the Adult Psychiatry residency program at the University of Valparaíso.
- This model contributes to the limited evidence regarding structured methods for teaching the psychiatric interview.
- The limitations of this article include the lack of analysis regarding the program's impact on the academic process and the therapeutic process of the participating patients. Furthermore, professionals in the field of education did not participate in the structuring of the workshops, whose perspective would have enriched the proposed methodology.

structured around theoretical seminars and clinical rotations, admitting four physicians annually. Although its origins date back to 1976 [4], it was not until 2020 that the Psychiatric Interview Workshop was offered as part of another clinical rotation. Its objective is to develop a training program designed to equip participants with the tools and skills necessary to conduct a clinical interview. As of 2026, the Psychiatric Interview Workshop has been incorporated into the new specialist training curriculum as an independent academic activity, a development that will emphasize the importance of explicit, intentional, and planned learning of this competency.

The objective of this article is to present the Psychiatric Interview Workshop as a structured, formal approach to teaching and learning strategies. Therefore, this article describes an educational innovation implemented in the aforementioned specialty program.

METHODS

In this article, we describe the Psychiatric Interview Workshop implemented in the Adult Psychiatry training program at the University of Valparaíso, which addresses the fundamentals of observation, feedback, and enrichment processes, and then details the activity, working guidelines, and its evaluation. Concurrently, a narrative review was conducted through a search for relevant articles in PubMed, EBSCO, and PsychInfo, as well as key textbooks. This provided theoretical support for the proposed pedagogical structure and enabled discussion of related experiences to inform the discussion of relevant aspects of each section.

This analysis did not require review by an ethics committee because, although patients and residents participate in the workshop, the content of the publication refers to the teaching innovation activity, its theoretical foundation, and its comparison with other experiences, and not to the content of the participation of patients and residents in it, without referring at any time to any sensitive data.

RESULTS

Are there grounds to justify an observation process?

Observation is a fundamental phenomenon in psychiatric practice. It involves the careful examination and detailed verification of multiple aspects of the interviewee, such as psychomotor skills, thought processes, affect, sensory perception, and neurocognitive aspects. However, the observation we discuss in this manuscript concerns the psychiatric interview conducted by residents in training. Evertson and Green [5] propose that observing what happens around us is a daily and continuous activity, heavily influenced by the observer's personality and the effect they exert on what is observed. Consequently, the interviewer's subjectivity will always play a role in the psychiatric interview [1]. While the subjective aspect is valuable, it can introduce biases that can be mitigated with an appropriate interview technique. Observation as a tool for formal analysis must be deliberate, systematic, and specific to a question. The local context, embedded within broader levels (historical, research-related, political, among others), decisively influences the outcome of the observation and must be considered when planning the observation, analyzing its results, and making decisions in light of the findings. In this sense, the recording instrument defines what will ultimately be observed and is therefore of vital importance. The observer must choose, construct, or adapt an instrument, a method, a process, and an observation program that are appropriate to the research question, the context surrounding the phenomenon, and its nature—which, in this case, pertains to aspects specific to the interview technique. Regarding the design of observation guidelines for performance improvement, Fuertes [6] states that the guidelines should be based on the selection of variables, the focus of observation, the moments to be recorded, and how the information collected will be recorded, analyzed, and communicated in response to what is observed. The guideline must capture the information necessary for the observation.

Are there grounds for justifying a feedback process?

Traditionally, the feedback process has been understood as the one-way transmission of information from a supervisor to a subordinate, focusing on aspects of the latter's performance [7]. However, over time, feedback techniques have become more complex. Some of the best-known techniques are the "sandwich model" or "praise-criticism-praise" [8] and Pendleton's feedback model [9], but there is a wide variety in the published literature. The systematic review by Weallans et al [10] analyzed the various empirical feedback models in the context of post-licensure and postgraduate medical education. The authors reported 21 feedback models for clinical supervision based on different

principles. The fundamental components were supervisees' self-assessment, discussion of areas for improvement and suggestions, and development of an improvement plan. It is important to note that, in the authors' view, a low proportion of the published models is based on empirical data. For their part, Canabal and Margalef [11], in addition to highlighting the importance of feedback in the learning process, propose a concept of feedback that is not merely "feedback" but, above all, "feedforward," suggesting that adequate feedback shapes the future. Learning-oriented feedback is forward-looking and constructive, supporting the development of self-directed learning, self-reflection, and self-assessment. The authors suggest four types of feedback:

1. Task-centered feedback, which provides information on achievements, correct answers, and errors.
2. Task-process-focused feedback, which refers to information about the degree of understanding, cognitive processes, and strategies used.
3. Self-regulation-focused feedback, which provides information to develop autonomy, self-control, and self-directed learning.
4. Person-focused feedback, which highlights personal development, effort, and commitment to the learning process.

Task-focused feedback would be the most useful type, always including suggestions for continuous improvement, with clear and specific messages oriented toward learning. This type of feedback avoids the risk of frustrating students, lowering their self-esteem, and pitting them against one another. Feedback should definitely not be limited to a grade.

Are there grounds that justify an enrichment process?

Adding textbook readings on clinical interviewing contributes significantly to developing interviewing skills and to proposing perspectives on addressing its complexities. Not all aspects published in the literature are directly applicable to interviews with our patients, due to cultural barriers and potential differences with the psychological model to which each author adheres. Although the Psychiatric Interview Workshop is an eminently practical activity, the literature review allows for a deeper understanding of the interview technique and enriches the discussion surrounding each interview. This theoretical input is necessary to define key skills and operationalize the behaviors and attitudes that the interviewer is expected to develop.

DESCRIPTION OF THE PSYCHIATRIC INTERVIEW WORKSHOP

Below we present the structure of the Psychiatric Interview Workshop, based on the processes described above.

What are the objectives of the psychiatric interview workshop?

This academic activity is categorized as a "workshop" because it constitutes a space where the main activity is practical and participatory. Knowledge is constructed through participants' input, with the teacher-student relationship established through the completion of a shared task. In our proposal, we base the teaching of the psychiatric interview on a process in which a clinical interview is conducted and observed by those present, who provide feedback to the interviewer, and the entire group enriches the learning experience with theoretical reflection.

The Psychiatric Interview Workshop is held during the first year of psychiatry training, once a week, and consists of 150 minutes of classroom instruction and 60 minutes of independent study. The objectives of the activity are:

1. To practice clinical interviewing under the observation of an instructor and peers, who will provide assertive and respectful feedback.
2. To develop the capacity for deliberate, systematic, and specific observation.
3. To foster the ability to provide task-focused and learning-oriented feedback.

WORKSHOP METHODOLOGY DESIGN

Sessions 1 through 4

In the first session, the characteristics of the Psychiatric Interview Workshop are presented, and residents are instructed on the use of the observation checklist (Table 1) and the feedback protocol (Table 2). The workshop includes a guidebook, a text dedicated to psychiatric interview techniques that facilitates theoretical exploration. Each week, residents must read a chapter or a section of a chapter according to a schedule established at the beginning of the workshop. At the start of the session, a brief summative assessment is conducted, and the reading is discussed. Generally, residents raise disagreements with some of the text's proposals or inconsistencies between the theoretical framework and what they observe in their clinical practice. This promotes open discussion and the resolution of doubts. In sessions 2, 3, and 4, the psychiatric interview is conducted by the instructor to demonstrate the process and reduce anxiety associated with the presentation.

Session 5 and beyond

The workshop continues to follow the structure outlined in the guidebook. In each session, a resident conducts a clinical interview with an in-patient selected by one of their peers, in the presence of the instructor and the other residents. Patients participating in the Psychiatric Interview Workshop do so voluntarily and are informed that the activity is educational and non-clinical. First, a resident explains the activity to the patient and confirms their consent. Then, upon being taken to the interview room, the interviewer repeats this process. Although

Table 1. Observation Guidelines for the Psychiatric Interview Workshop.

Item		Performance or attitudes

1	**Use of general technical resources**	• **Perform the opening (2 to 3 minutes):**
		  • Greeting, informed consent, general information
		• **Main discussion:**
		  • Ask an open-ended question and allow for free speech (5 to 10 minutes)
		  • Then, complete the history of the current illness (15 to 20 minutes)
		  • Ask about relevant history, flexibly following a thematic script (10 minutes): substance use, suicidal ideation, personal medical history (including treatments and adverse drug reactions), family psychiatric history, and other factors relevant to the reason for the visit
		  • Conduct a targeted assessment of the patient's cognitive function if necessary
		• **Conclude the session:**
		  • Announce the end of the interview 5 to 10 minutes in advance
		  • Is there any important topic that hasn't been addressed?
		  • Of everything we've discussed today, what is the most relevant—what do you really need help with?
		  • Thank the patient for their participation

2	**Techniques**	• Manages the time allotted for the interview and uses a recording tool • Asks open-ended, closed-ended, and directive questions as needed • Does not prompt responses • Uses techniques to encourage the patient to tell their story, helps them organize their account, and facilitates recall • Makes transitions smoothly and at the appropriate time
3	**Rapport, Support, and Challenges in Cooperation**	• Maintains a supportive attitude characterized by empathetic curiosity and a "non-judgmental" approach • Addresses potentially threatening issues assertively • Handles complex situations by obtaining a history to the extent possible, such as with a crying patient, a reticent patient, a patient who talks too much, a hostile patient, a seductive patient, a malingering patient, a delusional patient, a disorganized patient, and others.

4	**Identification of psychopathological conditions, formulation of diagnostic hypotheses, and implementation of strategies to confirm or rule out these conditions**	• **Psychopathological phenomena:**
		  • Identifies specific psychopathological phenomena and investigates them (immediately or later) to confirm or rule them out, assessing the presence of associated phenomena
		• **Diagnostic hypothesis:**
		  • Formulates a syndromic diagnostic hypothesis within the first few minutes
		  • Implements a strategy to confirm or rule out that hypothesis
		  • Includes possible differential diagnoses or comorbidities

5	**Transference and countertransference**	• Remains calm during the interview
		• Manages the interview appropriately
		• **Transference:**
		  • Recognizes the patient's cognitive-emotional reactions toward the interviewer
		  • Distinguishes between cognitive-emotional transference reactions and those related to what is actually happening in the interview
		• **Countertransference:**
		  • Recognizes his own cognitive-emotional reactions to the patient
		  • Distinguishes countertransference cognitive-emotional reactions from those related to what is actually happening in the interview
		• Manages these reactions in a way that facilitates (or at least does not hinder) the interview

Source: Prepared by the authors of this study.

Table 2. Protocol for Constructive Feedback.

To be a reliable observer and provide feedback that is constructive and useful for your interviewing technique, we recommend keeping the following characteristics of constructive feedback in mind:
1.It is descriptive rather than evaluative.
2.It is specific rather than general.
3.It focuses on observed performance, not on personality or the individual.
4.It includes enough information for the person to use or act upon.
5.It takes into account the needs of the person receiving the feedback.
6.It considers what is said and done and how it was said and done, not speculating on the reasons why.
7.It is directed toward performance that the person can change.
8.Rather than giving advice, it involves sharing information or experience.
9.It requires respect and confidentiality.

Source: adapted by the authors of the manuscript from Berquist and Phillips [12].

the patients interviewed may have severe psychiatric disorders, those with obvious clinical decompensation are excluded.

While the interview is taking place, those present observe and record the interviewer's performance using the observation checklist (Table 1). These checklists are for personal use and are not reviewed by the supervising instructor, but their use is requested to inform subsequent feedback.

Once the interview is completed, the patient is transferred back to their unit. Following the guidelines, the interviewer discusses their performance, the difficulties they encountered, and the strategies they used to address them. Both the other residents and the supervising instructor contribute observations following a feedback protocol (Table 2), which fosters a productive discussion. At all times, the supervising instructor ensures that the discussion focuses on the interview technique rather than on clinical aspects. When difficult situations are identified in the interview that could have been handled more effectively, everyone is asked to suggest alternative solutions to resolve similar situations in the future. Finally, residents are asked whether any aspect of the material reviewed in the text could be useful in this interview.

As described, the activity itself is a continuous formative assessment, where in each session the interviewer receives highly personalized feedback from the group and the instructor. Feedback is key to this training process.

Table 3 provides a summary of the Psychiatric Interview Workshop.

DISCUSSION

In this article, we have presented a proposal for teaching the psychiatric interview based on the processes of observation, feedback, and enrichment. Specifically, the workshop is designed to train psychiatric residents by developing interview skills through a combined model of theoretical study, instructional modeling, and observed practice, with formative feedback as the cornerstone of the process. The Psychiatric Interview Workshop relies on two fundamental tools: the observation checklist and the constructive feedback protocol. Published evidence on similar experiences is scarce, and even less so on the measurement of the impact of clinical training workshops such as the one presented in this article.

The psychiatric interview is the fundamental diagnostic and therapeutic assessment tool in the discipline. However, the teaching of this technique as such is often omitted from the formal curriculum of psychiatry training programs. Furthermore, due to the wide variety of techniques, comprehensive psychological models, and individual styles, standardizing it poses a significant challenge. Lenouvel et al. [13] conducted a scoping review to describe methodologies for teaching mental status examination and psychiatric interviewing. Of the 61 articles, which varied in methodology, they concluded that most techniques included introductory classes or seminars with audiovisual material on psychiatric interviews and role-playing exercises. None compared the effectiveness of the different proposed methods; therefore, we lack sufficient empirical evidence to guide the teaching of interview techniques. Meanwhile, Novais et al [14] published a systematic review on strategies to improve communication skills with patients, focusing on undergraduate students. Most of the studies used simulated patients, and role-playing was also common. There were no differences between in-person and virtual simulations [14]. Our workshop is intended for postgraduate students in their first year of specialization in adult psychiatry. While we believe that practice with simulated patients or virtual environments can be very useful for those without practical experience, psychiatry residents are physicians with clinical experience in patient care, whether from their undergraduate training or general medical practice. For this reason, they are considered to possess the basic competencies to handle real patients. An additional advantage of interviewing real patients is that it provides greater ecological validity to the activity, as it closely resembles sychiatriactual practice of practice, allowing for the acquisition of skills in a realistic, contextualized manner [15,16]. Furthermore, the use of simulated patients faces challenges such as a lack of realism in an actor's portrayal compared to real patients, which may fail to elicit empathy, compassion, or transference processes in the same way as real patients [17,18]. However, a simulated patient allows the interview to be interrupted, immediate feedback to be provided, and the procedure to be repeated, incorporating the new approach [19]. The systematic review with meta-analysis by Piot et al [20], which studied the use of simulation for teaching

Table 3. Objectives, activities, and structure tailored to each session.

Sessions	Objectives	Activities	Dynamic
Sessions 1 to 4	Induction and modelling.	Introduction, theoretical foundations, interview structuring, and anxiety reduction.	**Session 1:** workshop overview, observation checklist, feedback protocol, and guide. **Sessions 2 to 4:** initial summative evaluations; the instructor conducts the interviews, and the residents follow the observation checklist and feedback protocol.
Session 2 and subsequent sessions	Theoretical learning (enrichment).	Theoretical exploration and discussion.	Residents read excerpts from a guidebook on a weekly basis. At the beginning of each session, they review the guidebook and discuss any disagreements or discrepancies between theory and clinical practice.
Session 5 and subsequent sessions	Observed practice and feedback.	Active practice of interviewing and ongoing assessment.	A resident interviews a hospitalized patient (who has volunteered and is not clinically unstable) in the presence of the group and the instructor. The other residents and the instructor observe and record the resident's performance using the observation checklist (Table 1).
Session **5 and subsequent sessions**	Analysis and interviews	Analysis and improvement of technique.	The resident-interviewer reflects on their performance. Next, the group and the instructor provide feedback using the Protocol (Table 2), focusing strictly on interview technique. Alternative solutions to challenges are proposed, and the technique is linked to the weekly reading.

Source: Prepared by the authors of this study.

psychiatry to medical students, postgraduate residents, and physicians, showed evidence of "moderate" to "very low" quality with high heterogeneity, concluding that simulation-based training in psychiatry education is effective. However, the design of this systematic review was not specifically oriented toward teaching interview techniques.

Any ethical concerns regarding the participation of real patients in this workshop are resolved, as these are volunteer patients from whom informed consent was obtained on two separate occasions and who have a treating team that has already completed the diagnostic process. This prevents any potential influence of poor interviewing technique on the patient's clinical presentation. Furthermore, all individuals who voluntarily seek care in the clinical setting where this workshop is held have signed an informed consent form stating, among other things, that this is a teaching and care center and that they may receive care from professionals in training.

Many studies incorporate a theoretical component to be reviewed before or after the activity [14]. Most include introductory seminars or lectures to teach psychiatric interviewing and mental status examination. In addition, several incorporate knowledge assessments and digital materials, including video-recorded interviews and virtual scenario-based learning (artificial intelligence) [13,19]. The use of interview videos, virtual interviews, and similar resources yields higher student satisfaction and better learning outcomes than lecture-based classes combined with assigned reading. Furthermore, it allows students to acquire basic skills before seeing real patients, fostering greater self-confidence [13]. From the outset, our workshop has incorporated the reading of textbooks on clinical interviewing as part of what we call the "enrichment process." This is useful for acquiring specific content and for promoting critical and reflective discussion based on texts written from different cultural frameworks and specific psychological models.

The duration of the Psychiatric Interview Workshop is a strength. Because it takes place weekly over the course of a year, there is sufficient time for the reflective process required to consider how a patient is clinically approached. Furthermore, the parallel acquisition of knowledge through the training's theoretical seminars enriches the interview technique. Conversely, the high number of interviews conducted over the course of a year allows students to encounter a variety of individuals with different diagnoses, which contributes to training in psychiatric theory, even though this is not the workshop's primary objective.

Published evidence indicates that feedback is incorporated in most cases, provided by both participants and facilitators/instructors [13,19]. The findings of Lenouvel et al. [13] highlight the importance of primary feedback provided by clinical supervisors, focusing on an empathic attitude, the acquisition of self-knowledge, transference and

countertransference, and critical awareness of stigma or prejudice. In our proposal, feedback is at the center of learning and is developed through a guided, specific observation process. Delivering it in a standardized manner increases the likelihood that it will be well received. Some studies are based on Kolb's model [14], which consists of four stages: concrete experience, reflective observation, abstract conceptualization, and active experimentation. Student-centered feedback allows for a transition to active experimentation, restarting the cycle; our proposal aligns with this cycle. From this theoretical perspective, Hierlihy and Latus [19] emphasize the importance of making the student aware of their inability to conduct the interview as a basis for feedback to help the student address a shortcoming they themselves perceive. From an assessment perspective, most studies reporting on teaching and learning experiences related to the interview include an objective assessment of learning, typically a objective structured clinical examination (OSCE) [14]. In our workshop, the summative assessment of performance is primarily theoretical and is conducted through a series of brief quizzes on the guide text during each session. However, no practical summative assessments are conducted, which presents an opportunity for improvement in the proposed workshop. Assessing the specific impact of our workshop on clinical practice is complex, as students simultaneously participate in clinical rotations with patients, supervision sessions with clinical tutors, and theoretical seminars; therefore, their progress in the interview will be influenced by multiple factors.

Lenouvel et al. [13] highlight the importance of students' anxiety when conducting interviews in front of an audience. This situation has been observed in our students, usually during their first interviews. Initial modeling, the small group of students, peer feedback, and the feedback protocol are measures aimed at reducing anxiety and enhancing learning opportunities.

The Psychiatric Interview Workshop is a formal activity explicitly aimed at the systematic development of psychiatric interview technique. It centers on student performance and feedback based on specific, targeted observation within a realistic, ethical, and ecological setting. It takes place over the academic year in at least 35 sessions, with a minimum of 7 supervised interviews per student. In terms of content, by setting aside psychopathological aspects that are extensively covered in other workshops and theoretical seminars, time is devoted exclusively to the interview technique and all that it entails. Among the weaknesses of the proposed training program, it should be noted that no objective strategies have been incorporated to assess each student's progress, nor have variables such as student satisfaction with the activity or the subjective perception of progress been evaluated. Furthermore, it seems necessary to develop an initial diagnostic process to support residents with limited exposure to clinical interviewing in their professional careers. Regarding this article, limitations include the lack of analysis of the program's impact on the academic process and on the therapeutic process of the participating patients. Additionally, pedagogical professionals did not participate in structuring the workshops, whose perspectives would have enriched the proposed methodology.

Looking ahead, the incorporation of a practical summative assessment, the measurement of the activity's impact on students—both in terms of their performance and their satisfaction—and, finally, the creation of a local bibliographic resource to adapt the interview technique to a national sociocultural context, remain ongoing challenges. It will also be interesting to empirically study the impact of this academic activity on participants for future publications.

CONCLUSIONS

In this article, we present the Psychiatric Interview Workshop conducted with first-year residents in the Adult Psychiatry Specialization Program at the University of Valparaíso. We hope to contribute to the limited body of local and even international evidence on structured methods for teaching and learning the psychiatric interview technique, given that it remains the most important diagnostic method in psychiatry.

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¿Por qué es esencial enseñar entrevista clínica en la formación en psiquiatría? Propuesta de un taller implementado en la Universidad de Valparaíso

RESUMEN

El diagnóstico en psiquiatría se basa fundamentalmente en la entrevista clínica, pero la enseñanza de la técnica de entrevista a menudo se relega al currículo no formal, siendo adquirida de manera incidental. Este artículo presenta un modelo curricular estructurado para la formación de residentes en psiquiatría de adultos en entrevista psiquiátrica. En este artículo, describimos el Taller de Entrevista Psiquiátrica, una actividad semanal de un año de duración implementada en la Universidad de Valparaíso (Chile), que se fundamenta en observación deliberada, retroalimentación constructiva y enriquecimiento teórico. La metodología del taller combina la lectura de un texto guía, modelamiento docente inicial y práctica activa supervisada. En cada sesión, un residente realiza una entrevista clínica a un paciente real, voluntario, clínicamente compensado, en presencia de sus pares y el docente. La observación se guía mediante una pauta de observación estandarizada. Posteriormente, se aplica un protocolo de retroalimentación constructiva centrado estrictamente en la técnica de entrevista, promoviendo la discusión y la búsqueda de soluciones alternativas ante dificultades. El taller se presenta como una estrategia formal de enseñanza que, en nuestra opinión, asegura la adquisición explícita y sistemática de la técnica de entrevista. Las fortalezas del modelo radican en su validez ecológica (práctica con pacientes reales), extensión temporal (anual), modelamiento docente y la aplicación de una retroalimentación protocolizada orientada a la tarea. Los desafíos pendientes incluyen la incorporación de una evaluación sumativa práctica objetiva, la medición del impacto del taller en el desempeño y satisfacción de los estudiantes y la adaptación bibliográfica al contexto sociocultural local.

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