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CONFERENCE ABSTRACTS 2012



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and seven distracting tasks. Candidates could consult a supervisor and order diagnostic information. At the end of the day, candidates reported on differential diagnoses and management plans. Each was assessed by two clinicians, a nurse and standardized patients on different facets of competence. The clinicians rated facets of competence and also indicated how much supervision they estimated this trainee would require on nine so-called "Entrustable Professional Activities (EPAs)", unrelated to the observed scenarios.

Summary of results: Thirty candidates from the Netherlands and thirty from Germany participated. Clinicians and candidates judged favorably about the assessment's authenticity and relevance for practice. The Cronbach's alpha of the EPA scoring form was .93, suggesting a high internal consistency.

Conclusions: Further analyses and studies should add to the validity of the assessment and its usefulness for measuring readiness for clinical practice.

Take-home messages: This realistic assessment appeared labor intensive but feasible, with a solid basis for reliable scoring.

3H/5 (11932)

The development and validation of clinical performance ratings of residents

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Background: The training of physicians requires trainees to develop a broad range of competencies: (1) ethics, (2) knowledge, (3) cognitive skills, (4) interpersonal skills, (5) communication and information technology skills, and (6) psychomotor skills. The traditional format of clinical performance ratings of residents did not cover all these competencies.

Summary of work: We developed a 16-item rating scale for the assessment of clinical performance of residents. The content of the rating scale was derived from the Thai qualifications framework for higher education, which mandates the demonstration of competencies in six domains among medical school graduates. Each item was rated on a four-point behavioral-anchored rating scale, where low ratings mean poor performance. We employed this rating scale at the Department of Surgery, Siriraj Hospital.

Summary of results: Ninety-nine residents were evaluated in 23 clinical services over nine months. We carried out a multi-faceted Rasch analysis of 640 ratings. All residents, raters, and items showed proper fit with the measurement model. The rating of "below standard" was rarely used. The obtained ratings showed internal consistency reliability of 0.94.

Conclusions: A 16-item clinical performance rating form could be employed to assess six competencies of surgical trainees reliably.

Take-home messages: Psychometric study is an important validity evidence of clinical performance ratings.

3H/6 (11138)

Variation among examination centers in short case examination

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Background: Variation of scores from the Royal College of Physicians Thailand (RCPT) short case examination among examination centers has been raised.

Summary of work: Data of short case examination as one part of RCPT board certifying examination in 2010 were retrieved. For each examination center, overall scores given by internal and external examiners were compared. Among patient categories selected for the examination in all examination centers, comparison between scores in each category were also explored.

Summary of results: There were 26 examination centers involved with 24 patient categories encountered. Stringent site as determined by lower scores from internal examiners were established in 11 examination centers, and vice versa 15 were lenient sites. Examination center with highest score from internal examiners had 4.8% difference of mean score from external examiners (higher), the center with lowest score from internal examiners had 4.9% difference (lower), but no statistical significance were reached ($p = 0.106$ and 0.088 respectively). There was 2 patient categories which yielded significant higher score and 1 patient category with lower score ($p = 0.004$, 0.047 , and 0.036 respectively).

Conclusions: In current RCPT short case examination, selected patient category appears to contribute variation in scores more than examiner subjectivity.

Take-home messages: Short case can be revitalized.

3I Short Communications: Curriculum Development

3I/1 (12668)

Early clinical exposure in medical education - Learning Opportunities in the Clinical Setting (LOCS)

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