

Summary of External Examiners' Reports for Academic Year 2015/2016

General Overview

The AY2015/2016 External Examiners' reviews for Years 1 to 3 of the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme at LKCMedicine were positive. LKCMedicine and Imperial are both pleased that the teaching and assessment methods for the MBBS programme were considered by external experts to be appropriate, up-to-date and innovative. This report gives a summary of the key responses by the External Examiners on the examination processes, academic quality of the programme as well as curriculum content and delivery.

Years 1 and 2

1. Key Positive Feedback

- Performance of both cohorts was strong, reflecting the content and teaching in the curriculum.
- In-course assessments (ICAs) for formative rather than summative purposes was welcomed; written assignments were of high quality.
- Conduct of the OSCE, including briefings for examiners and students and use of the iPad, was efficient and effective.
- Assessment of the OSCE stations across concurrent circuits was consistent.
- Simulated patients were well briefed, and performed consistently across different candidates. Their assessment of candidates was accurate and fair.

2. Key suggestions for Improvement

No.	Area	Response
1	ICAs: Defining the permitted number of re-submissions for ICAs and use of Turnitin as a plagiarism checker.	In keeping with the formative nature of ICAs, no restriction will be placed on the number of submissions. However, satisfactory completion of all ICAs will remain a pre-requisite for entry to summative examinations. Regarding plagiarism, students are briefed on this as part of their comprehensive professionalism course (PELLS), and Turnitin is used as a plagiarism checker for Scholarly Projects in Year 4.
2.	Written examination: Providing a copy of post-hoc item analysis reports for the written examinations in advance of the Sub-Board of Examiners' Meeting.	Post-hoc item analysis will be provided to External Examiners (if requested) prior to Sub-Board of Examiners' meeting.
3.	OSCE – academic considerations: assessing ability to summarise a history; assessing integration of content knowledge with physical examination using hybrid simulation;	We will avoid OSCE stations which are overly short. Regarding assessment of history-taking skills, this reflects the Clinical Communication curriculum which in Years 1 and 2 does not require students to summarise a history or integrate content knowledge

No.	Area	Response
	assessing the ability to adapt history-taking according to context; avoiding short OSCE stations.	with physical examination. These skills are taught and assessed in Year 3 onwards, which we believe is appropriate.
4.	OSCE – operational considerations: reducing interval between OSCE sessions.	The 30-minute interval between OSCE sessions is desirable to allow sufficient time to clear up and prepare for the next session. This also allows time for examiners to finalise their grades, provide feedback and take a short break before the next session. We will consider reducing the duration of the lunch break from 90 to 60 minutes.

Year 3

1. Key Positive Feedback

- Students performed to a very high standard across all assessments. The School was commended for providing excellent teaching in a well-designed curriculum.
- The formative in-course workplace-based assessments were appropriate and reflected the clinical exposure of the students. The standard of the written examination papers was high but fair. The OSCE stations were clear and well-written.
- Conduct of the OSCE was highly efficient, including use of iPads, and briefings for examiners and students. The calibration sessions prior to the start of each OSCE session were well organised.
- OSCE examiners were enthusiastic, highly committed and well trained. The involvement of senior hospital leadership as OSCE examiners was commended. Students received high quality feedback on their performance.
- Simulated patients were well-briefed and their performance was consistent across all circuits.
- The External Examiner induction programme was comprehensive and helpful.

2. Key suggestions for Improvement

No.	Area	Response
Written examination		
1	<p>Provide a copy of the post-hoc item analysis report to External Examiners in advance of the Sub-Board of Examiners' meeting</p> <p>Exclude poorly performing questions when finalising the pass mark, and from subsequent examinations</p>	The suggested improvements will be actioned.
OSCE - academic considerations		
2.	Balance of domains within OSCE - provide a greater emphasis on history taking and physical examination by reducing the number of communication skills stations	We will shift the balance of domains within the OSCE in favour of history taking and physical examination.
3.	Patient selection according to mother tongue – some patients may not be comfortable communicating in English and this may disadvantage students who cannot communicate in the mother-tongue language of the patient.	All patients participating in OSCEs speak English; hence there is no need to change recruitment practices.
4.	<p>Examiner conduct - examiner training should emphasise the following:</p> <ul style="list-style-type: none"> a. Calibration of each station prior to the start of the examination in accordance with the documented instructions b. Allowing students to complete their summary of findings before asking any questions c. Being consistent in the checking of the students' identification at the start of each OSCE station 	During examiner briefing sessions we will emphasise the points raised about examiner conduct.

No.	Area	Response
	d. Not conducting a mini viva	
OSCE – operational considerations		
5.	Provide examiners with OSCE station information prior to examination	We will not provide examiners with OSCE station information prior to the examination because this may compromise examination security
6.	Provide greater clarity to students during their briefing about the role of the External Examiners	We will emphasise to students during the OSCE briefing that the role of External Examiners is to monitor the OSCE process rather than assess student performance.
7.	Ensure emergency procedures are in place to provide care for patients in the event that any patient becomes unwell during the OSCE	We will ensure that SOPs are in place to provide care for patients in the event that a patient feels unwell or an emergency arises
8.	Reduce the number of OSCE stations as it would be difficult to sustain as student numbers increase	We will reduce the number of OSCE stations for all OSCEs.
9.	Ensure simulated patients are appropriately dressed to allow adequate exposure – pyjamas do not allow adequate lower limb exposure during neurological examination stations	We will provide a sarong for patients having lower limb examination and review the dress requirements for all patients and simulated patients in OSCEs.
Improvements to learning and teaching		
10.	Students should be reminded to present a summary of findings before diagnosis and/or justification for diagnosis Students should be reminded to adhere to aseptic technique	This feedback will be relayed to the Leads for Clinical Communication and Practice Skills, to ensure that sufficient emphasis is given to the teaching of these skills during the curriculum