

LEE KONG CHIAN
SCHOOL OF
MEDICINE



Imperial College
London

REDEFINING MEDICINE, TRANSFORMING HEALTHCARE

Summary of External Examiners' Reports for Academic Year 2016/2017

General Overview

The AY2016/2017 External Examiners' reviews for Years 1 to 4 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.

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Years 1 and 2

1. Key Positive Feedback

- Strong performance of both cohorts, indicative of the appropriateness of the teaching methods used.
- Decisions around the pass/fail boundary are robust and decisions on progression are appropriate, reflecting the content and teaching in the curriculum.
- Team Based Learning (TBL) approach as an exemplar of innovative teaching.
- Reflective practice and scientific writing assessed during both years through in-course written assignments.
- Good practice in standard setting for the written examinations (Ebel) and for the OSCE (borderline regression).
- Good conduct of the OSCE, with dedicated, conscientious examiners, appropriate briefings (for examiners, simulated patients and students), well-designed mark schemes and effective use of eOSCE system.
- Multiple opportunities for qualitative feedback to students regarding OSCE performance (faculty feedback), written assignments (faculty feedback) and TBL (peer feedback).

2. Key Suggestions for Improvement

No.	Area	Response
1	Skills for independent life-long learning: Identify additional opportunities in the curriculum for students to develop these skills.	In Years 1 and 2, students currently have opportunities for self-directed learning in TBL classes, science practicals write-ups and reflective writing assignments. The on-going curriculum review for Years 1 and 2 may identify additional opportunities for students to develop relevant skills.
2	Anatomy teaching: Consider further integration of anatomy teaching with physical examination.	The School does currently integrate aspects of surface anatomy in the anatomy practicals and teaches living anatomy using ultrasound. We will explore whether anatomy teaching could be more systematically integrated into the teaching of physical examination during Clinical Methods classes, and whether surface anatomy teaching can be enhanced during gross anatomy practicals
3	Interval between main	For both the Year 1 and Year 2 examinations, the interval

No.	Area	Response
	examination results release and supplementary examination: Consider a longer interval to reduce the burden on students required to take supplementary examination.	between results release and supplementary examination will be increased from 1 week to 2 weeks in the new academic year.

Year 3

1. Key Positive Feedback

- High standard of student performance, indicative of the appropriateness of teaching methods.
- Quality of feedback reports provided to the students.
- Good conduct of the OSCE, including briefings (for examiners, simulated patients and students), calibration of examiners and simulated patients and use of the eOSCE system.
- Well-trained OSCE examiners and simulated patients.
- Excellent External Examiner induction process.
- Excellent administration support.

2. Key Suggestions for Improvement

No.	Area	Response
General		
1	Whether the feedback reports provided to the students after the examination was perceived as useful by the students.	The University conducts a student experience survey on examinations and assessment and LKCMedicine students have responded favourably on the feedback provided for assessments.
Written Examination		
2	Improved standardisation of SBA writing style.	Closer attention will be made to consistency of SBA writing style, including at examiner training workshops and during peer review.
OSCE		
3	Station types: Recommended to an increase in the number of history-taking	We will adjust the number of stations as recommended.

No.	Area	Response
4	<p>and clinical examination stations, with a corresponding reduction in communication and skills stations.</p> <p>Mark schedule: Although the mark schedule for each OSCE station included a variable number of domains, communication was included as a domain for every station. There was therefore a potential for over-weighting of communication in those stations with a smaller number of domains.</p>	<p>We will review the weight of communication assessment within the mark schedules and make adjustments. We acknowledge that communication may have been overly weighted in stations with fewer domains.</p>
5	<p>Consistency of physical signs in stations involving patients: there was some lack of consistency in one of the stations.</p>	<p>We will be mindful of this when recruiting real patients for future clinical examinations. Whilst it may not be possible to recruit patients with the same physical signs, we will endeavour to ensure that the physical signs are of a similar difficulty level.</p>
6	<p>Scenario realism in stations involving SPs: Realism could have been improved in some stations.</p>	<p>We will give close attention to the appropriateness of SP's dress, use of moulage and the use of photos or videos (where necessary) to enhance realism.</p>

Year 4

1. Key Positive Feedback

- Students performed to a high standard, attributable to high quality teaching.
- The OSCE was commended for being clinically realistic, with excellent scenarios, appropriate marking and superb simulated patients.
- Good conduct of the OSCE, including briefings (for examiners, simulated patients and students) and use of the eOSCE system.
- Excellent administration.
- Excellent external examiner induction and support.

2. Key Suggestions for Improvement

No.	Area	Response
Written Examination		
1	Sharing of examination items	Normally between 5% and 10% of the SBA questions are taken from Imperial.
2	Clarify criteria for question removal during post hoc item analysis.	Post hoc item analysis is an important part of the examination quality assurance process. Our intention is to remove only the questions deemed to have affected the quality of the examination. We will ensure that existing guidance documenting the principles of post hoc item analysis is expanded to include criteria for question removal.
OSCE		
3	Involve real patients for Paediatrics stations: Use of real patients (rather than videos) to enable more authentic clinical examination.	The decision not to engage children as patients in the Year 4 OSCEs is in keeping with practice at Imperial College and reflects concerns about causing distress to patients. We will consider approaches to assessing clinical skills in simulation eg through use of audio clips, videos and simulated patients. Real adult patients are used in the Year 3 and Year 5 OSCEs.
4	Domains: Review approach to domain marking, particularly with regard to consistency across different stations and benchmarking with Imperial.	A standardised set of domains is generally used for each type of station (e.g. a history taking station has 4 standard domains, namely information gathering, history taking, findings and presentation to examiner). Additional domains are added based on the requirements of the clinical scenarios, if necessary. We will discuss further with Imperial regarding our approach to domain marking and consider whether changes should be made.
5	Difficulty level of certain stations: Review the difficulty level of certain stations	We will re-design the affected stations to be at a more appropriate level for Year 4.