

LEE KONG CHIAN
SCHOOL OF
MEDICINE



Imperial College
London

REDEFINING MEDICINE, TRANSFORMING HEALTHCARE

Summary of External Examiners' Reports for Academic Year 2017-18

General Overview

The AY2017-18 External Examiners' reviews for Years 1 to 5 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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1. Summary of Key Positive Feedback

- 1.1 **Programme delivery** - The programme was well-integrated, coherent and has a good variety of pedagogy. The learning outcomes were appropriate and comprehensive. The contents were appropriate and balanced. Teaching methods were adequate and focused on learning objectives. The provision of feedback in reports, team-based learning and examinations was good practice and conducive for students' learning.
- 1.2 **Quality Standards** - The standards met national benchmarks and qualifications framework in Singapore and in the countries that the External Examiners are familiar with.
- 1.3 **Quality of assessments** - The quality of the assessments is robust and high, and designed to assess outcomes appropriately.
- 1.4 **Students' performance** - The standards achieved by the students were excellent and comparable or above other medical schools at similar stage of training. This reflected the standard of teaching and well-structured approach.
- 1.5 **OSCE** - The organisation of the OSCEs was exemplary and well executed. Clinical examinations were of high quality. Examiners were dedicated and conscientious. Excellent use of technology to aid grading and feedback at OSCEs with tablets, which are user friendly and efficient. Paper-based backup was available as contingency. There are a good mix of simulated patients and real patients. The purpose-designed and built OSCE venue and facilities are world class, which provided a controlled environment for examinations.
- 1.6 **Faculty and administration** - The academic leadership is strong and the enthusiasm and dedication from the faculty, and administrative team are excellent.

2. Summary of responses to key suggestions for improvement

2.1 Written Examination

Year	Area	Responses
1 & 2	Nil	Nil
3	Domination of questions from certain disciplines	We acknowledge there is a greater emphasis on acute and general medicine in recognition of these being essential foundational knowledge needed for safe clinical practice, on which learning in the later years is based.
4	Review post-hoc item analysis guidelines for item review and for question removal	We will review our guidelines for post hoc item analysis as well as the criteria for question removal. We agree that questions should not be removed post hoc just because they are difficult.
4	Additional training on item writing	Future item writing workshops will focus on improving the quality of exam questions, and suggestions including sharing high-performing questions and reviewing poorly performing questions can be incorporated.

2.2 OSCE

Year	Area	Responses
1 & 2	Standardise technique in the skills station	Students have been taught to re-cap needles using the one-hand technique during their Practical Skills teaching sessions. We will ensure that this training is reinforced.
3	Technique with history taking approach may underdiagnose	<p>The students are taught a structured approach to history taking and physical examination in their early years. This forms the foundation on which they build their clinical skills. Clinical analysis and decision-making are progressively taught as they acquire content knowledge, through multiple case discussions in the classroom and at the bedside.</p> <p>As the Year 3 students are still in their early stages of clinical training, they have a limited set of illness scripts and are still honing their skills in clinical analysis. Hence, some may adhere to a certain set pattern because of familiarity.</p>

Year	Area	Responses
		With exposure to more patients and clinical presentations over the course of their study, it is likely that the students will continue to develop and expand on their illness scripts. This will enable them to compare differences and recognise nuances, thus sharpening their analytical skills. In addition, we do not specify the discipline (Medical or Surgical, etc.) or the system assessed for the OSCE station. This will nudge the student to think broadly when they approach a patient or a situation, instead of focusing on specific conditions or diagnoses which fall under a particular system or discipline.
4	Unrealistic symptoms from simulated patients	We will involve more real patients in OSCE stations, where appropriate. We will also take note of the training of simulated patients to ensure authenticity.
4	Association between simulated patients and examiners' scoring	We will explore the correlation of examiners' and simulated patients' scores.
4	Examiners' expectation on student performance	We will reinforce training for examiners and ensure that the examiners' expectations of student performance are appropriate to the year of study.
4	Domains' function and utilisation	The domains are designed to fit the focus of the individual stations. There are domains which are common across all stations (e.g. communications).
4	Include the UK's Medical Licensing Assessment (MLA) framework to LKCMedicine	LKCMedicine is not required to have a curriculum or assessment system aligned with Imperial's but we will certainly be kept up to date about the changes taking place at Imperial and in the UK, and we could choose to adapt our assessments accordingly.
4	Preparedness and sustainability on increasing cohort size on OSCEs and Scholarly Projects	We have discussed this and decided to introduce longer 15-minute OSCE stations to allow us to examine important topics in depth. We have also modelled the current OSCE format for up to 150 students (cohort size during steady state) to ensure sustainability.

Year	Area	Responses
		We will consider the sustainability of Scholarly Projects in the current format, and consider changes in timetabling.
4	Monitoring of students at their workplace	We monitor the students' performance and interactions with patients during the academic year through workplace-based assessments such as DOPS and Mini-CEXes and there had been no issues.
5	Use of jargon at the history taking stations	The term "menses" is commonly used in Singapore by members of the public.
5	Emphasise the use of layman language	We will reinforce this in our teaching to ensure that our students avoid jargon during their encounters with patients.
5	Physical examination technique for neck palpation in an examination station	Thank you for the feedback. We will relay these comments to the tutors and faculty who teach physical examination.
5	Examiners' calibration	We will develop a checklist that can be used by the Calibrator for each station to go through the calibration in a more systematic manner.
5	Modification to a communication station	The station will be revised to feature a shorter stem.
5	Format of timing in the stations	We will standardise the timings for the tasks with effect from AY2018-19.
5	Collection of statistics on the use of stretch questions and students' performance	This will be implemented with effect from AY2018-19.
5	Enhance the level of the stretch questions	We will craft higher level stretch questions with effect from AY2018-19.
5	Prompting the students by examiners	The decision for examiners to prompt students has been deliberated carefully, balancing a standardised approach with the temptation to viva. We believe prompting should be in accordance with the examiner instructions.
5	Group and train the examiners for different OSCE assessments	We believe this approach may be feasible when our pool of examiners is big enough.
5	Variation of responses from simulated patients at a particular skills station	We will ensure that the training of simulated patients takes into consideration an appropriate range of responses.

Year	Area	Responses
5	Effects of the dramatic expression by simulated patients on students at a communication station	We will revise this item to downplay the “relative’s” emotions for this and other similar items.
5	Practicality of a particular skills station	<p>The decision to include this skills station in the Summative OSCE was deliberated extensively, cognisant that competence of this skill is a requirement of both MBBS (Singapore National Medical Undergraduate Core Curriculum) and PGY1 (National Training and Assessment Framework for PGY1). We also recognise that OSCEs are best suited to assessing skills that are not easily measured using other methods.</p> <p>The alternative would be to assess this skill as a DOPS for which students must be signed off as competent prior to graduation. We will give this consideration.</p>
5	Quarantine of students at high-stakes examinations	We agree and will quarantine the students for the Year 5 OSCEs with effect from AY2018-19.

2.3 Student Assistantship Programme (SAP)

Year	Area	Responses
5	Impact of students’ exposure to only General Surgery or Orthopaedic Surgery	We acknowledge that there are differences in the practice of peri-operative care between General Surgery and Orthopaedic Surgery. However, we believe that exposure to either of these specialties in SAP would provide adequate preparation for PGY1. We are currently evaluating the preparedness for practice of our graduates during PGY1 and this may inform changes to SAP. For the time being we do not plan to change the SAP format.
5	Streamline the learning objectives for the 3 SAP posting to distinct interpretations	The overall learning outcomes for SAP are standardised for all 3 postings. The lead and the faculty team have carefully deliberated the specific learning objectives for each posting. The decision was made to accommodate the differences in the objectives and phrasing to ensure clarity for the faculty within each posting. For the students, posting orientation is held on

Year	Area	Responses
		first day of the posting during which the lead will explain the objectives to ensure that the students understand what they need to achieve.
5	Inclusion of referral letter writing for Family Medicine SAP	We agree. With effect from AY2018-19, students in the Family Medicine SAP will have the opportunity to write referral letters. These will be assessed using the same assessment grid that has been developed for Medicine and Surgery SAP referral letters.