

Summary of External Examiners' Reports for Academic Year 2018-19 General Overview

The AY2018-19 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

Summary of Key Positive Feedback

1. **Programme delivery** - The programmes were well integrated, coherent and clearly covers learning outcomes in terms of content, level and of appropriate balance. The teaching and learning ethos and facilities are excellent. The standards achieved were a measure of the excellence of the teaching programme and reflects the appropriateness of the teaching methods. The team-based learning approach, feedback mechanism and provision of detail psychometric feedback at examinations continued to be an exemplar of innovative teaching strategy, aided by excellent facilities.
2. **Quality Standards** - The standards met national benchmarks and qualifications framework in Singapore and in the countries that the External Examiners are familiar with. They commended that the School for constantly reviewing and improving on the quality of education.
3. **Quality of assessments** - The programmes were well mapped out with a clear blueprint of required assessments over the years, including topics to be assessed in various domains. The methods of assessment are robust, well balanced and carried out to the highest of quality.
4. **Students' performance** - The students' standard and achievement were at or even beyond peers on comparable programmes in other institutions in Singapore and other countries. The excellent performance of the students and the high standards achieved reflected the appropriateness of the school's teaching philosophy and method, as well as the commitment of the faculty to delivering a strong and robust medical education. The students were well prepared and the examination allowed them to demonstrate their proficiency.
5. **OSCE** - The External examiners commended that the OSCE facilities, administration, scenarios, examiners and simulated patients were of the highest quality. The conduct of the examination was also exemplary and is a role-model for how OSCEs should be run. The briefing of the examiners was well organised, with clear instructions given by the chief examiner. The external examiners were impressed by the level of guidance and standardisation, which assured them that the students were given a uniform level of assessment, which was a good practice for OSCEs. The marking schemes were well designed, standardized and calibrated with the examiners to ensure good validity and reliability. Examiners were dedicated, conscientious and assessed the students in a fair and consistent way. The use of technology for the examination and individualized feedback given were excellent and is useful for students' learning.
6. **Faculty and administration** - The academic and administrative leadership is strong and the enthusiasm, dedication and hard-work from the faculty and administrative team are excellent. The academic team were very open to discussion and are constantly reviewing and improving on the quality of education and assessments. The examination logistics were highly organised and professional in the conduct of the examinations. The student support is excellent. The entire education team is highly professional, motivated and dedicated to their work and continues to innovate. The external examiners commended the approach and amount of effort in handling each student's case.

Summary of responses to key suggestions for improvement

Written Examination:

Year	Area	Responses
1 & 2	Nil	Nil
3	Nil	Nil
4	Improve presentation of exam questions for review	In addition to presenting the questions by postings, we will also indicate which paper the questions have been allocated to.
5	Future-proofing question bank to minimise duplication of exam questions in subsequent years	<p>The exam question bank assigns an identity to every question and tracks the history of its use: this ensures that the item is not overly duplicated and alerts the Exam Team when it is time to retire the item.</p> <p>With two academic years whereby the supplementary papers are not used, the exam question bank has had the opportunity to grow steadily.</p> <p>From AY2019 onwards, item writers have kindly written exam questions in excess of what is needed e.g. for every three exam questions that are needed, an extra has been written, which again helps to build the bank.</p> <p>The Exam Team and Leads review the items and ensure that changes in investigations and management are appropriately reflected. Item writers are also reminded to avoid exam questions where investigation and management practice are not yet mainstream or evidence-based.</p>

OSCE:

Year	Area	Responses
2	Communication between students on the OSCE stations	We analysed students' performance statistically to detect differences in the performance between each group of students across each day. The same review process had been conducted in the past and will continue for future OSCEs for quality assurance.
2	Examiner's influence on grade given by simulated patients	We will emphasis to the examiners at the training and during the OSCE briefing that they should not influence the grades given by the simulated patients. Recalcitrant examiners will be counselled.
2	Professionalism of simulated patients	We will emphasis to the simulated patients at the training and during the OSCE briefing that they should remain in character throughout the examination time. Recalcitrant simulated patients will be counselled.
3	Use of Practical Skills Lab as an additional OSCE venue	We acknowledge that the Practical Skills Lab is not designed for OSCE purpose. Hence, several measures were taken prior to the summative exam, including (a) Trial run of the formative OSCE at the Practical Skills Lab (b) Collate feedback from both students and examiners after the formative OSCE (c) Making further adjustments to the set up in response to the feedback
3	Differing performance between some simulated patients	The simulated patients were trained and calibrated prior to the examination. We will continue to work on the training and calibration to ensure consistency.

3	Shorter task for the airway station	We acknowledged that some students completed the task well before time for the airway station. For future run of this station, we will include more items or increase the complexity of the task.
3	Avoid focusing too many stations on the genitourinary system	We have taken note of this and refined our exam blueprinting process to increase the breadth of presentations/conditions which will be tested for future exams.
4	Review the teaching for OSCE stations with high failure rates	We will review the teaching for the OSCE stations with high failure rates and have a debrief session with the students to go through the challenging areas.
4	Students' performance not clinically realistic	We will remind students to employ a more spontaneous approach in their patient's encounter rather than appearing rehearsed.
5	Examiners' calibration process	<p>In practice already: The calibrator receives the OSCE station 1 week before the OSCE</p> <p>New with effect from AY2019: Assistant Dean Year 5, the OSCE Leads or item writer will discuss with the calibrators within the 1-week period to identify the key points in the domains and item, and prioritise these key points during calibration: this ensures that the difficult / controversial points are discussed expediently so that consistency in marking by the examiners will be assured</p> <p>New with effect from AY2019: An examiner huddle during the first tea break will take place, facilitated by the calibrator for the station, so that examiners can discuss issues related to marking or calibration with fellow examiners, and adjust their marking/scores if necessary. This will also enhance consistency among examiners.</p>
5	Consider reducing the number of stations for sustainability	Currently we have no intention of reducing the number of stations. The Year 5 team benefits from learning from the Year 3 team. With Year 3 being the first clinical year, it will plan and experience the stress of conducting OSCE (at a similarly high standard) for the classes that are progressively bigger. In this way, the Year 5 team benefits from the lessons learned by the Year 3 team to ensure that good practice continues and what does not work will not be replicated.
5	Challenges in maintaining the high standard of OSCE and pool of consultant examiners and patients to accommodate the increasing cohort sizes	<p>We are working closely with the National Healthcare Group residency office to encourage senior residents i.e. registrars to attend OSCE examiner workshops and take up examiner duties. The response has been very encouraging.</p> <p>We are fortunate that many of the leads and tutors are engaged in recruiting patients and building the database, and that Tan Tock Seng Hospital has a large patient base.</p>
5	Examiners distracted from observation by assessment requirements	We will remind examiners that while ticking the boxes is important, it is only fair to the best students that the in-room time is dedicated to them including the opportunity to attempt the stretch question, and Examiners should focus on observing and assessing the students to ensure that the assessment is fair and their decision, justified.
5	Examiners distracted by mobile phones	We will remind and emphasis to the examiners at the training and during the OSCE briefing that they should not be

		answering or looking at text messages during the examination. Recalcitrant examiners will be counselled.
5	Reluctance of students to offer an apology to patients despite acknowledgement of their grievances	This has been conveyed to the class of 2018 during their Student Assistantship Programme (SAP) orientation to prepare them for SAP and PGY1, and to the class of 2019 during their Year 5 examination briefing.
5	Review teaching for abdominal examination	We will convey this aspect of abdominal examination to the leads and tutors for their attention and review. Thank you for offering to speak to our students: we will follow up with respect to arrangement for the teaching session.
5	Instructional videos to enhance examiners' training	Thank you for the suggestion about using a video to highlight to examiners the finer points of examining. We will work with the Year 3 and 4 teams to plan and produce the video.
5	Prompting of students who were on the wrong track	Thank you for this suggestion which we will discuss with the leads and a collective decision will be made.
5	Reluctance of students to ask about sexual history	The students will be reminded to be mindful of these points.
5	Standardise the position/posture of patients	We will re-emphasise and enforce this point of a uniform "starting state" to calibrators and examiners. If needed, the admin team will also help to remind examiners and reinstate the "starting state" in between students.
5	Recalibrate patients over course of the day to check for changes in signs due to effect of medication	This point has been noted and is peculiar almost exclusively to patients with Parkinson's disease. We will make appropriate provisions when such patients are needed in future OSCEs.
5	Omission of stretch questions despite adequate time remaining	In addition to reminder during the morning briefing and calibration, examiners will be reminded again during the first tea break examiner huddle, a new intervention to start in AY2019. The examiner huddle will be facilitated by the calibrator for the station, to allow examiners to discuss issues related to marking or calibration with fellow examiners and adjust their grading/scores if necessary. This will enhance consistency among examiners.
5	Include neurological examination	One of the physical examination stations in AY2019 relates to neurological examination.
5	Suggestion of scenarios for future OSCEs	Thank you for the very helpful suggestions. We will review our blueprint and incorporate them where appropriate.

Student Assistantship Programme (SAP)

Year	Area	Responses
5	Inherent subjectivity in the SAP assessment	Assessment of the SAP student has two aspects: (a) Real time face-to-face Case Based Discussion and overall SAP posting Pass/Fail decision (b) Grading of referral letter and discharge summary, which need not be face-to-face sessions between supervisor and student In practice already: Orientation for faculty and doctors who supervise and assess our SAP students For the grading of referral letter and discharge summary:

		<ul style="list-style-type: none"> • New with effect from AY2019: After the SAP has completed an audit will be performed: <ul style="list-style-type: none"> (i) 10% of the students' referral letters and 10% of discharge summaries (all of which will be anonymised) will be reviewed and graded by 2 independent assessors nominated by SAP leads (ii) The grading by the independent assessors will be compared with the original supervisors' grading to identify any major discrepancy (iii) The findings will be discussed and if necessary shared with the supervisors: this audit will identify supervisors who are too lenient or too strict. Engaging them pro-actively will reduce the variation in grading. <p>(c) For real time face-to-face Case Based Discussion and overall SAP posting Pass/Fail decision:</p> <ul style="list-style-type: none"> • In the pipeline: Conduct regular assessment standardisation workshops for supervisors that will help to reduce the variation / inconsistency in CBD grading and overall Pass/Fail decision.
5	Mandatory assessment on communication with patient / family	We will discuss with the SAP Leads the inclusion of a mandatory Mini-CEX for communication with patient / family.
5	Simple assessment of professionalism	We will include a Pass / Fail assessment of professionalism from AY2019 onwards.
5	Include question to assess qualitative aspect of the placement	We will discuss with the SAP Leads the inclusion of this statement, "Would you be happy to have this student on your unit as a PGY1 in the next rotation?" Such a statement is routinely included in the Multi-Source Feedback and/or the end-of-rotation assessment of our residents.
5	Mandatory "sign off" after on-call	This is a very good observation and suggestion. We will discuss with the SAP Leads on how to operationalize this post-call "sign off".

Teaching

Year	Area	Responses
1 & 2	Nil	Nil
3	Student presenting history and examination findings in a standardized manner	As these are Year 3 students who have just embarked on their clinical years, we believe that a systematic approach and consistent framework of presentation provides guidance and foundation upon which the students can build as they become more experienced and accustomed to clinical practice. The curriculum in the clinical years (Years 3, 4 and 5) is designed such that the students undergo graded learning, starting with basic skills and progressing to more complex skills to expand their clinical capabilities.
4	NIL	NIL
5	NIL	NIL

Others

Year	Area	Responses
1 & 2	NIL	NIL
3	NIL	NIL
4	NIL	NIL
5	Allowing students to undertake part of the programme at another institution	This is still being discussed and nothing concrete has been decided.
5	Solicit feedback on the programme from the graduates	A study has already started in 2018 that examines our graduates' views and coping, and the views of PGY1 programme directors and supervisors. The preliminary findings have been encouraging and when more details are available, we will share with our external examiners.