



ADELAIDE MEDICAL
STUDENTS' SOCIETY
— EST 1889 —

AMSS Assessment Survey Submission

EXECUTIVE SUMMARY

Malcolm Borg, January 2018

Executive summary

In recent years, the Adelaide Medical Students' Society (AMSS) has annually collated feedback from years 1-5 of the MBBS program in the area of assessment. Given the focus of these surveys on the end-of-year assessments, feedback from Year 6 students was not sought. This submission is informed by two such "Assessment Surveys" of the MBBS students at the University of Adelaide collating responses made in November 2016 and 2017 respectively. The feedback from both surveys had yet to be presented to staff with the exception of certain aspects of the 2016 survey that were included in the recent AMC student submission.

We believe that our methodology, the large sample size offered by combining the responses to identical questions from the two surveys and our informed view of student opinions collectively allow this document to be taken as a sufficiently accurate reflection of student opinion. It is our intention that this survey submission offers practically useful feedback as well as suggestions for how to optimise various aspects of assessment.

There are a number of key strengths of the assessment employed by our Medical Program. In the pre-clinical years, students were positive regarding the assessment of most core subjects, the Fundamentals of Biomedical Science course and Year 2 electives. Clinical students regarded highly the learning objectives provided for the Year 4 Psychiatry, Human Reproductive Health and Paediatrics rotations. In addition, all year levels reacted positively to the changes to the OSCE format and timing and were generally positive regarding the OSCE as an assessment method.

There are primarily five areas where pre-clinical student opinion suggests additional attention may be required. The first is the perceived peripheral nature of the content assessed in the Multiple Choice Examinations. The second is the way in which epidemiology and public health knowledge is assessed in written examinations. Students perceive the associated questions to often focus on unnecessarily specific statistical data rather than broad concepts, an issue exacerbated by the perceived poor quality of teaching in this area. The third is the timing of the Clinical Reasoning Examination in its new format. The fourth is the format of the Basic Life Support and prescribing stations in the Year 3 OSCE which students consider to differ from the format of how they are taught to students. Finally, the teaching of the Year 3 Clinical Skills program at the Royal Adelaide Hospital was considered to be substandard by the vast majority of Year 3 students surveyed who were based at this hospital.

There are primarily four areas where clinical student opinion suggests additional attention may be required. The first is that students are ill-informed regarding the existence of certain available learning objectives and confused by the existence of and variance amongst these objectives. The second is the quality of the learning objectives of specific core rotations, notably the Year 4 Musculoskeletal Medicine rotation. The third is regarding numerous facets of the Multiple Choice Examinations including the perceived peripheral nature of content, its timing, the inclusion of spelling and grammatical errors and use of ambiguous wording and poor quality images. Finally, within the OSCE, students have chronically noted inconsistencies in the information provided by examiners and standardised patients amongst the various rotation colours which students perceive to unduly impact their assessment.

Hence, this submission favours the consideration and implementation of a number of interventions by the Medical School including:

Pre-clinical

- Review of the bank of multiple choice questions, perhaps by the Year 6 MedEd/SimEd students, to identify questions focusing on peripheral course content and align these questions more so with core course content.
- Review of the epidemiology and public health questions included in the bank of pre-clinical multiple choice questions, favouring the use of questions that test broad concepts that are well-taught in the curriculum. In conjunction with this process, students would benefit from more engaging epidemiology and public health teaching.
- Removal of 1-2 short answer questions from the total number of such questions in the Clinical Reasoning Examinations to provide students with sufficient time to apply effective reasoning.
- Alteration of the Year 3 Clinical Skills and Simulation programs to teach prescribing and Basic Life Support in the manner that will arise in the Year 3 OSCE.
- Improvement of the Year 3 RAH-based Clinical Skills program. This could be achieved through provision of additional course content and resources, similar to what is available at the Queen Elizabeth and Lyell McEwin hospitals. In addition, the provision of a few weeks of standardised teaching to all sites regarding the examinations new to students, in a manner similar to Year 1-2 clinical skills, would be looked upon favourably by Year 3 students as a whole.

Clinical

- Combining the available learning objectives into the relatively well-known location of the core rotation handbooks.
- Utilising the student-staff co-created Musculoskeletal Medicine rotation learning objectives in place of the current rotation objectives.
- Reformation of the Medical Home Unit learning objectives in a similar manner to that of the proposed Musculoskeletal rotation learning objectives.
- Review of the current process for image quality review, ensuring images utilised in the end-of-year examinations are of sufficient quality to be used e.g. advising examiners to only use large images as per google image tools, review of images following printing.
- Review of the bank of multiple choice questions as per the pre-clinical questions to reduce the student-perceived predominance of peripheral core content.
- Consideration to the return of 15-30 minutes' review time as previously implemented and supported by academics in medical examinations.
- Review of the process by which written examinations are screened for errors by a defined group of staff authorised to alter examination questions.
- Development of a process whereby each OSCE, reported inconsistencies amongst examiner and standardised patient instructions in varying rotation colours are collated and utilised to alter the associated OSCE stations and pre-empt these issues in future. This could be achieved with the assistance of the recently initiated student-staff led review of exam-related issues.
- Access to the online SMTS material should be provided to year 5 rural students. As metropolitan students have also previously expressed a wish to have access to the online materials provided by the rural school, bi-directional access to metropolitan and rural school content on CANVAS should be considered.

Of note, students place great importance on receiving feedback on their performance in the end-of-year examinations that permits them to identify their mistakes and reform. Although outside the scope of the data generated from this survey, clinical students wish to receive more detailed feedback regarding their performance in the end-of-year examinations. In contrast, pre-clinical students benefit greatly from the detailed feedback they receive regarding their end-of-year examinations.

I sincerely thank the staff of the Medical School for taking on-board the feedback from this submission and would be very happy to provide any additional information that may be desired.

I am also grateful for the efforts of other students who were involved in the collation of this report, as listed below:

- Patrick Kennewell: 2018 Junior Education Officer
- Emily Hammond: 2017 Year 3 Education Representative
- Simon Cousins: 2017 AMSS President
- Victoria Langton: 2017 Year 4 Education Representative
- Simon Riddell: 2017 Year 1 Education Representative
- Thomas Gransbury: 2017 Vice President of Education



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