#10CC01 (26672)  Enhancing quality of Comprehensive Examination step 1

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Background: Our medical graduates have to pass step 1-3 of the Comprehensive Examination for MD degree. Since 2003, all Thai medical graduates must pass the National Licensing Examination (NLE) for medical licensure. The passing rates of the NLE step1 (NLE1) of our students were lower than the Comprehensive Examination Step1 (Compre1). Intensive analysis revealed that NLE1 tested more application of the knowledge than the Compre1. Faculty development focusing on test construction was one of the strategies that we implemented to improve the passing rates of the NLE1.

Summary of Work: Since 2008, test items of the Compre1 have been set to more application of knowledge (80-90%) and evaluated by the test committee. The objective of this study was to determine the correlation between the Compre1 and NLE1. The cut-off scores of the Compre1 to ensure 100% passed of NLE1 using the scores of 924 medical students from 2009-2013 were also studied. Spearman’s rho was used for data analysis.

Summary of Results: A high correlation between Compre1 and NLE1 was found (r 0.857-0.906). The cut-off scores of the Compre1 to ensure 100% passed of the NLE1 varied from 51%-56.3%. The passing rates of our students on the NLE1 have been increasing and higher than the national rates since 2010.

Discussion and Conclusions: Improvement of test items construction enhances correlation of Compre1 and NLE1. Compre1 was highly correlated with the NLE1. The result of the Compre1 can be used to identify the students at risk for failing the NLE1.

Take-home messages: Continuous faculty development on test construction is effective to improve passing rates of NLE1.

#10CC02 (26703)  Evaluative Simulation: An Innovative Approach to Summative Assessment in an Anesthesia Residency Program

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Background: High-fidelity simulation is widely used as an educational tool for anesthesia residency training in North American medical schools. It is frequently discussed in the critical literature in terms of its effectiveness in improving resident skills, especially for high-risk situations. However, simulation has not yet been used as an assessment tool in anesthesia training, despite the fact that it can be an accurate measure of residents’ clinical competence.

Summary of Work: This research involves the implementation of evaluative simulation as part of the summative assessment for anesthesia residents at Memorial University of Newfoundland. The assessment currently involves four stations: 1) an oral exam; 2) a simulated situation that is evaluated through a checklist, a global rating scale, and the anesthesia non-technical skills (ANTS); 3) a simulation debrief (not assessed); and, 4) a written exam. Evaluated simulation has been implemented at Memorial University for the past four years.

Summary of Results: Preliminary evidence suggests that the results of the evaluative simulation are more representative of a resident’s clinical competence than either the oral or written exams. By measuring clinical competence, evaluative simulation fills a gap in the current assessment process in place at North American medical schools which tests knowledge (the written exam) and the application of knowledge (the oral exam).

Discussion and Conclusions: Evaluated simulation provides a more comprehensive assessment of anesthesia residents in preparation for their national exams. Further research is planned to compare the results of evaluative simulation with resident success at the national exam.

Take-home messages: Simulation is an effective means of assessment and may fill in current gaps for assessing competence.