



ACEM Examination Bulletin – December 2017

Welcome to the final Examination Bulletin for 2017. The year has been a busy one; a total of 1760 candidates have been examined across the Primary and Fellowship Examinations. The College is indebted to the many Fellows who have contributed to the development and delivery of these examinations as well as the numerous hours they have assisted trainees with their examination preparation.

Fellowship Examination Numbers

As communicated in the August Examination Bulletin, the College has held three, rather than two, sittings of the Fellowship Clinical Examination (OSCE) at the Australian Medical Council National Testing Centre (AMC-NTC) in both 2016 and 2017. The extra sittings held in July (traditionally the OSCE has only been held in May and November only) were scheduled to help accommodate the increasing number of trainees approaching completion of the training program and to help meet the expected extra demand due to the introduction of Regulation B5.5.3 relating to a maximum number of three attempts at each of the examinations from 2018.

The November 2017 OSCE was fully subscribed, as expected, with 180 candidates sitting the examination. In total, over 380 candidates have been examined at one of the three OSCE sittings this year. Despite the extra examination held in July and further capacity added to the November OSCE, thirteen candidates who registered for the November OSCE were not able to be accommodated. Whilst each of these candidates still had some training time/requirements to complete, the College is very aware that trainees plan their work, family and study lives ahead, and understands that not being able to sit when and as planned is less than ideal.

To this end, the Examination Subcommittee (ESC) and the Council of Education (COE) have spent considerable time looking at the format of the current OSCE, which has been held over three days since November 2016. Feedback from trainees, Fellows and examiners has been considered, along with the statistics, logistics and feasibility of continuing to run the examination over three days, given the College's trainee and Fellow numbers. Feedback received included the added stress and inconvenience for trainees in being examined and quarantined over three days, the extra leave time required and the additional cost of accommodation to trainees if travelling from interstate or overseas. Feedback from examiners included a similar increasing difficulty in obtaining the necessary leave from hospitals to examine, and the extra time and pressure involved in being away from family and work commitments.

After consideration of all factors, including the desire to maximise the opportunity for eligible trainees to be able to sit the Fellowship OSCE at the time of their choosing, as well as the College's commitment to continue to produce a high quality, robust, reliable, defensible and fair examination, COE has approved changes to the format of the OSCE, to be implemented from the May 2018 Fellowship Clinical Examination. These are described below.

Changes to the Fellowship Clinical Examination (OSCE) from May 2018

Duration and number of stations

The Fellowship Clinical Examination (OSCE) is currently one hundred and eighty (180) minutes in duration and consists of fifteen (15) stations – twelve single and three 'double' stations, conducted over three consecutive days. Single stations have been of ten minutes duration, which includes three minutes of reading time, followed by seven minutes of assessment. Double stations have been of twenty minutes duration, consisting of four minutes of reading time and sixteen minutes of assessment.

From May 2018, the Fellowship OSCE will be one hundred and thirty-two (132) minutes in duration and consist of twelve (12) single stations, conducted over two consecutive days. Each station will be of eleven minutes duration, which will include four minutes of reading time, followed by seven minutes of assessment. It is envisaged that the extra minute will allow examiners more time to write constructive feedback and candidates more time for analysis on their next case.

To pass the Examination, candidates will now be required to attain the passing score for the examination, and achieve a 'Just at Standard' or above in a minimum of eight (8) of the twelve stations. As per current practice, the passing score for the examination will be the 'cut score' plus one (1) Standard Error of Measurement (SEM).

Type and format of stations

The examination will continue to consist of a variety of clinical stations based on scenarios that candidates would expect to see as part of their work in the Emergency Department – history taking, physical examinations, communication, procedural skills, simulations, resuscitation, teaching, managing the ED, team work, case synthesis, creating management plans and interpreting investigation results. However, any simulation or resuscitation station will now be tested in a single, rather than a double station.

The examination will continue to include stations that involve the candidate interacting with and/or talking to actors or role players, who may play the role of simulated patients, team leaders, nurses, medical students, etc. or to FACEM Confederates or examiners, who may play the role of junior or senior colleagues.

Of the twelve stations, there will be a minimum of one of each of the following type of stations:

- History taking
- Physical examination
- A challenging communication situation: patient/relative/staff member
- Team Based Simulation
- Teaching/advice to junior staff
- Standardised Case-Based Discussion

The Standardised Case-Based Discussion (SCBD) station is a slightly different type of station and will involve the candidate having direct interaction with an examiner. There may be up to 3 of these stations in each examination from 2018.1. In these stations, the candidate will be asked to outline their approach to assessment and/or management of the clinical situation presented and to outline their reasoning or rationale behind their decision making, where asked or required. The candidate will be asked to respond to further information as additional information is provided. The purpose of these stations is to allow enhanced depth of assessment within the domains of Medical Expertise, Prioritisation and Decision Making.

These stations are similar to stations in previous OSCEs where candidates have been asked to discuss or explain a particular case that has occurred in the Emergency Department to an examiner or other FACEM confederate, who has acted as a FACEM colleague. In the SCBD stations however, candidates will be discussing and answering standardised questions directly to an examiner about the clinical case presented as opposed to a FACEM role player who may ask a candidate to 'discuss a case they have seen'. The case is designed to explore a candidate's knowledge and reasoning through direct questioning. The reading material outside the station will clearly indicate what is expected of the candidate. As per other OSCE stations, the station will be marked independently by examiner(s) in the room.

In summary, from May 2018, the Fellowship Clinical Examination will consist of twelve (12) single stations, conducted over two days. The types of stations will remain the same, although a resuscitation or simulation station will now be undertaken as a single, rather than a double station, and a new type of station (Standardised Case-Based Discussion) will be introduced. Candidates will be required to achieve a 'Just at Standard' or above assessment, in a minimum of eight (8) stations and to also achieve the examination passing score in order to pass the examination.

The result will be that in a six day examination period, the College will be able to increase the maximum number of candidates, if necessary, that can be assessed at a single examination sitting, from 180 to 270.

The two documents entitled 'Information about the Fellowship Examination – Clinical (OSCE)' and 'Preparation for the Fellowship Examination – Clinical (OSCE)' are being updated on the website to reflect the changes.

Fellowship Examination enhancements introduced in 2017

Throughout 2017, enhancements to all examination processes have continued to occur.

For the Fellowship Clinical Examination (OSCE), quality improvements have included:

- the introduction of longer rehearsal and workshopping sessions to ensure greater concordance of assessment from individual examiners
- the move from consensus marking to independent marking

- the use of volunteer new FACEM ‘mock’ candidates in trialling stations, to ensure higher quality assurance of stations
- the introduction of a calibration session for examiners after the first round of candidates in each station, to ensure greater concordance of examiner marking
- providing more comprehensive written feedback to candidates who have been unsuccessful
- providing written feedback to examiners on their marking patterns
- the publication of more comprehensive reports on the OSCE stations used in examinations.

Enhancements to the Fellowship Written Examination have included:

- the consolidation of the SAQ paper so that it contains a maximum of 360 marks
- the development of new sample SAQs for the website
- the introduction of a ‘Marking Centre’ approach for examiners marking the February and August 2017 SAQ papers
- the introduction of independent double marking for each SAQ and
- refinement of the standard setting process used for both the Fellowship and the Primary Written examinations.

MCQ workshops have also been held in three states for Fellows interested in learning how to write new and review existing MCQs, to enable the College to continue to add to and improve the number and quality of questions in the banks. Further workshops will be held in 2018.

Feedback to unsuccessful candidates

The quality of feedback to unsuccessful candidates continues to evolve and improve. Each candidate who was unsuccessful in the July 2017.1B and November 2017.2 OSCE received a feedback letter that included their domain scores for each of the 15 stations, the pass/cut score for the overall examination, and an indication of how far below the examination passing score they were. In addition, candidates also received examiner written comments for stations where their performance was rated to be ‘Just at’ or ‘Below’ the standard expected as indicated by the global rating. Feedback about any serious errors, which if made in actual practice would have the potential to cause significant harm to the patient, was also provided.

This type of feedback involves considerable time to collate as individual hand written comments from examiners are required to be transcribed from mark sheets and checked for accuracy. The College is continuing to investigate alternative methods and processes to provide meaningful feedback that can be achieved in a shorter turnaround time.

Trainees are strongly encouraged to reflect on their individual performance, identify those areas needing further development and to discuss their results with their DEMT, and/or a mentor who is supporting them in their training.

Cultural Competence/Safety and the Domain of Health Advocacy

The domain of *Health Advocacy* in the *ACEM Curriculum Framework*, has three main areas - screening patients for risk factors of vulnerability such as child abuse, elder abuse and domestic violence; advocating for ED patients such as explaining to other doctors why patients need a certain treatment if those doctors disagree; and cultural competence/safety. The Medical Board of Australia and the Medical Council of New Zealand have indicated to all Colleges the desire and need for their training programs to ensure a strong and robust approach to the delivery of training in cultural competence/safety, and its assessment.

Trainees can thus be expected to be assessed on these areas as per the other domains of the ACEM Curriculum Framework. Trainees, DEMTs, supervisors and examiners should reference the *Fellowship Examination Recommended References and Study Guide for the Domain of Medical Expertise*, as well as the eLearning modules and resources *Assessing Cultural Competence* and *Indigenous Health and Cultural Competency*, all of which can be found on the ACEM e-learning website.

Changes to the Primary Examination (VIVA) from March 2018

Candidate quarantine time

Candidates undertake their VIVA examination in the morning or the afternoon of their scheduled day and are sometimes quarantined for up to 2 hours after their examination. From March 2018, the same set of VIVA questions will be used in the morning and the afternoon of one day, so candidates may be quarantined before and/or after their examination. The amount of time spent in quarantine may therefore be longer for some candidates. It is considered however, that this measure will further enhance the consistency of questions used and the overall integrity of the examination.

Enhancement to the VIVA mark sheet

Currently, the four VIVAs are each marked out of 10 and candidates are required to obtain 20/40 marks (50%) across the four VIVAs and pass a minimum of two out of four stations.

Revisions to the current mark sheet are being introduced, so that each VIVA will be marked out of 25 rather than 10. The clinical building block and the four subject topics of pharmacology, physiology, pathology and anatomy will each be scored out of five using a mini-global assessment scale. Candidates will be required to obtain 50/100 marks (50%) across the four VIVAs and pass a minimum of two out of four stations.

Whilst there is no change to the pass mark or number of stations needed to pass this examination, it is considered that the change to the mark sheet will enable enhanced feedback to be provided to candidates.

Court of Examiners

In response to a second call to FACEMs for Expressions of Interest to join the Court of Examiners in 2017, a further fourteen new examiners have been appointed since the August newsletter:

Dr Deepak Doshi	Dr Easwaran Krishnan	Dr Ioana Vlad
Dr Phyllis Fu	Dr David Lord Cowell	Dr Mark Wadsworth
Dr Nadine Huddle	Dr Laksh Markuli	Dr Craig Wallace
Dr Mohan Kamalanathan	Dr Shane Martin	Dr Laura Wee
Dr Anna Korin	Dr Pourya Pouryahya	

This takes the total of new examiners appointed in 2017 to 24. All new examiners have undertaken comprehensive orientation and training activities, during either the July or November OSCE periods, including multiple calibration activities across a variety of domains, clinical scenarios, topics, competencies and stations. The College will continue to train a number of new examiners moving forward, in order to be able to meet candidate numbers and assist with sharing the time and workload commitment that is involved in being an examiner.

A number of examiners have decided to retire from the Court. The College sincerely thanks the following Fellows for their long commitment as an examiner:

Dr Trevor Jackson	Dr Michael Ragg	Dr Debra O'Brien
Dr Chanh Huynh	Dr Chris Gavaghan	

Release of Examination Results

Examination results generally take at least six weeks to be collated and ratified. Candidates then receive notification from the College at least 24 hours before the results are to be released. In a change in process introduced to enhance candidate privacy, all candidates now access their individual examination results by logging onto the *ACEM Online Portal*. Results are no longer published in the Fellowship Examination section of the ACEM website.

Examination Calendar for 2018

Examination dates for 2018 have been set and have been published on the College Calendar, which can be found at: <https://acem.org.au/Education-Training/Specialist-Training-Assessment-and-Exams/Fellowship-Examination.aspx>.

On behalf of the Chair of the Council of Education (Censor-in-Chief) and the Chair of the Specialist Training and Assessment Committee (Deputy Censor-in-Chief), the ACEM Examinations and Education and Training teams wish you the best for a happy and safe upcoming festive season.