The Utility of a new clinical assessment of final year medical students – the patient perspective

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Background: The OSCE whilst reliable lacks validity in assessing clinical encounters. We introduced a new summative assessment, the Modified Objective Structured Clinical Examination Record (MOSLER), four short clinical encounters in which final year medical students are observed taking a focused history and physical examination then discussing diagnosis and management. We have previously reported the high reliability of the MOSLER.

Summary of Work: We report the patient assessment of the validity, acceptability and educational impact of the MOSLER. Data were gathered using a nine point Likert scale from 140 participants. Free text comments were subject to thematic analysis.

Summary of Results: The MOSLER is valid and acceptable to patients (median Likert scores of 9). 89% would participate in future assessments and 86% would recommend the role to friends and family (86%). From thematic analysis the top three themes were: 1. Altruism; 2. To support future doctors; 3. Embedding patient perspective. Patients reported an unexpected educational impact from participating in the MOSLER, gaining greater understanding of their condition and treatment.

Discussion and Conclusions: Validity and acceptability are at least as important as reliability at the threshold of starting clinical practice. The areas of utility of the MOSLER reported here score highly from the patient perspective. The educational value of taking part appears to extend beyond the candidate, as many patients expressed personal benefits they had gained.

Take-home messages: MOSLER has very high levels of acceptability and validity from the patient perspective. Patients report educational benefits of being involved in MOSLER assessments.
7F3 (20931)
A two-step simulation-based model for an integrated final examination of professional nursing competence – students’ perceptions

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Summary of Results: The vast majority of students perceived the patient case construction, content, degree of difficulty and relevance according to national requirements. Students are asked to reflect on and evaluate their own contribution, strengths and weaknesses in solving the cases, and to comment on case construction, content, degree of difficulty and relevance according to national requirements. The vast majority of students perceived the patient cases to be of great relevance according to national requirements. Students are asked to reflect on and evaluate their own contribution, strengths and weaknesses in solving the cases, and to comment on case construction, content, degree of difficulty and relevance according to national requirements. The vast majority of students perceived the patient cases to be of great relevance according to national requirements.

Discussion and Conclusions: Confidence that they have fulfilled the requirements and are able to integrate theoretical and clinical knowledge.

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Charting inspiration: Development and evaluation of a tool to measure health professional student learning in the affective domain

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Background: Learning in the affective domain, according to Bloom and Krathwohl’s famous taxonomy, is a critical component of the education of health professionals. It describes learners’ development of an integrated values framework consistent with that of their chosen profession, but has been notoriously difficult to assess and verify. The Griffith University Affective Learning Scale (GUALS) was trialled in the summative assessment of journals from medical students participating in subsequent iterations of the extended simulation program, which provides intensive realistic experiences of junior doctor life.

Summary of Results: In the pilot study 130 student journals were each rated by two independent assessors (with the higher of the two scores being used for summative purposes during the validation). Scores on the scale were normally distributed and showed good psychometrics, with a mean inter-rater difference of 0.3 points on a 7-point scale and an intra-class correlation coefficient of 0.86. Results from a larger sample of journals will be presented.

Discussion and Conclusions: The tool appears to be sufficiently reliable for summative use.

Take-home messages: The GUALS shows promise as a fair and reliable method for the summative assessment of affective learning in the journals of health professional students experiencing intense clinical experiences in both simulated and real-care settings.
**7F5 (21677)**

**Assessment of professionalism: Development of a bad behaviour checklist**

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**Background:** The ACGME requires residency programs in the US to report biannually on their residents’ standing on six competencies. One of the most important of these is professionalism.

**Summary of Work:** In this study, we describe an institutional-level effort to develop a checklist of “bad behaviours” that measure professionalism. After identifying key bad behaviours in workshops, we determined their relative egregiousness by having workshop participants indicate their level of concern if a resident engaged in each behaviour 1, 2, 3, 4 or “5 or more” times during a six-month period (0=not concerned; 5=very concerned).

**Summary of Results:** The behaviours with the highest concern ratings included: (1) displaying obvious signs of substance abuse, (2) demonstrating abusive behavior towards coworkers, and (3) failing to act truthfully with patients and families. For practical purposes, our final checklist includes only the 19 bad behaviours with the highest concern ratings.

**Discussion and Conclusions:** This study demonstrated that unprofessional behaviours vary in their level of egregiousness. This information is vital for programs identifying unprofessional behaviours upon which to focus remediation efforts.

**Take-home messages:** This study demonstrated that careful delineation of the professionalism construct domain is an important prerequisite for creating reliable and valid assessment tools.

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**Development and Validation of the Medical Professionalism Behavior Assessment Tool**

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**Background:** Assessment of professionalism behaviors has become a priority for undergraduate and graduate medical education. The Medical Professionalism Behavior Tool (MPB) was developed by clinicians, educators, education researchers and residents.

**Summary of Work:** Originally developed from the NBME’s Assessing Professionalism Behaviors with inclusion of skills specific to cultural competency, the MPB was a modified, 25-item evaluation tool, which was then reduced to 15 items with retention of cultural competency skills. The MPB was used by medicine residents in annual seminars as part of a self-reflective exercise where they rated themselves and then discussed with another resident areas they wanted to improve. These data were entered into a spreadsheet making the responses anonymous, and were subjected to statistical analysis. The MPB was reviewed by 11 of 13 residency program directors at the University of Virginia (UVA) for content validity.

**Summary of Results:** All of the residency program directors thought the MPB captured behaviors relevant to evaluation of professionalism in clinical medicine. Statistical analysis of the internal consistency (reliability) and construct validity associated with the MPB yielded strong results with Cronbach’s alpha of 0.84; thus providing good statistical evidence of reliability and validity for MPB use in formative and summative assessment.

**Discussion and Conclusions:** The MPB is a valid and reliable tool for use in assessment of professionalism behaviors in the clinical learning environment.

**Take-home messages:** The strength of the MPB is that it is 15 items, has statistical validity and reliability, reflects behaviors central to medical professionalism as described in The Physician Charter, and incorporates behaviors specific to culturally competent care.