Similar and Different: What Works as International Medical Education

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Background: More than 2400 medical schools worldwide face similar challenges, have shared standards, struggle with communication technologies, and confront increased workforce mobility. These conditions both promote cohesion among medical educators and generate rich local, regional variations and cultural differences that reveal innovative and useful strategies about what works in medical education under variable conditions.

Summary of Work: It becomes important to examine the variability and interdependence among these conditions to better understand medical education as an expression of the underlying assumptions and constraints at play. One hundred and ninety two authors from 34 countries shared short, focused case studies across selected themes in medical education.

Summary of Results: A rich collection of practice and theory in the form of an international handbook offers a comparative approach to medical education with a view of the adaptive responses of institutions and programs to variable conditions.

Discussion and Conclusions: Similarities and difference among these case studies yield insight into what works and, more importantly, the assumptions that form and inform what works and why.

Take-home messages: There is no single best approach to medical education. Inquiry about what works under the given conditions, i.e., is fit for function is a wide open arena for research in medical education.

An exploration of crossborder medical curriculum partnerships: balancing curriculum equivalence and local adaptation

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Background: Worldwide, medical schools have entered into crossborder curriculum partnerships (CCPs) to provide equivalent curricula and learning experiences to groups of geographically separated students. Paradoxically, this process also involves adaptation of curricula to suit local contexts. This study has focused on challenges faced by medical crossborder curriculum programme directors and strategies they employed to overcome these.

Summary of Work: We conducted a qualitative study on six CCPs using document analysis and semi-structured interviews with 13 programme directors from 12 medical schools. Interview transcripts were coded iteratively, followed by cross-case analysis.

Summary of Results: The challenges faced by CCP programme directors are fourfold, springing from differences in health care systems, legislation and political interference, teaching and learning environments, and partnership. Deliberate strategies, such as intensifying interactions between partners in all academic echelons, can help to overcome these. Partnerships vary in their setup and collaboration strategy.

Discussion and Conclusions: Partnerships with more solid integration of academic operations appear robust in terms of ownership and provide, besides financial, also academic advantages to both institutions. However, more research is needed on the long-term effects on quality of graduates and impact on the host health care system.

Take-home messages: The paradox of a crossborder medical curriculum partnership is that the curricula of both partners can at the same time be equivalent as well as locally adapted.
Preliminary psychometric properties of a novel test designed to assess application of medical knowledge in European countries

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Background: The European Board of Medical Assessors (EBMA) has developed the European Knowledge Test (EKT), a voluntary written exam created to support medical students and graduates in Europe by optimal measurement of application of medical knowledge. Students develop insight into their learning needs through an interactive online feedback tool. EKT is not a licensing exam, although the difficulty is set at the level expected of a recently graduated physician. This study describes the preliminary findings of the first EKT pilots in terms of validity and reliability.

Summary of Work: Medical students from six European countries participated. The EKT was composed of 200 scenario-based items. Different analytical methods were applied: classical test theory, Rasch model analysis and measurement alignment. Assumptions such as unidimensionality and local independence were met.

Summary of Results: Cronbach’s alpha coefficient was 0.90. Conditional reliability estimates based on the Rasch model had similar values (mean = 0.89; standard deviation = 0.01). A high degree of validity of the EKT is suggested by the low amount of parameter drift across the two pilot phases, the low number of non-invariant items across groups, as well as the high number of items with positive discrimination and adequate fit to the Rasch model.

Discussion and Conclusions: Preliminary results indicate that EKT can be a useful assessment tool for European medical students and schools.

Take-home messages: The inclusion of students from more schools and countries will enable a more representative reference group and further exploration of the psychometric properties and the educational utility of the EKT.

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Pilot Pathway for Internationally GME Trained Physicians to Be Certified By the American Board of Internal Medicine

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Background: Most physicians certified by the American Board of Internal Medicine (ABIM) have successfully completed accredited graduate medical education (GME) in the US or Canada. To achieve ABIM initial certification, internationally trained physicians must successfully repeat residency or fellowship in an ACGME accredited program, or complete eight years of service as faculty at a US medical school.

Summary of Work: The New Faculty Pathway Pilot (NFPP) was launched to provide internationally GME trained faculty physicians a new pathway to ABIM initial certification. This pilot requires physicians to be faculty for three years at a residency/fellowship program or medical school. The physicians must also complete Maintenance of Certification (MOC) activities designed to incorporate the 6 ACGME/ABMS core competencies.

Summary of Results: 27 physicians have participated in the pilot, with 25 successfully achieving initial certification in Internal Medicine and/or a subspecialty with 40 certificates attempted and 37 obtained. From 2009-2014 for the IM exam, the first time taker pass rate was 82% (n=22) for NFPP, compared to 65% (n=26) for the 8 year pathway and 86% (n=38,170) for all diplomates.

Discussion and Conclusions: Physicians completing NFPP achieved certification outcomes similar to those who trained in the US/Canada and exceeded those in the prior pathway for those with international GME training. The NFPP shows promising results using competency based MOC activities to establish initial certification eligibility for physicians with international GME training. Further study of NFPP will be needed to determine if competency-based MOC activities are appropriate proxies for US residency training.

Take-home messages: ABIM initial certification is possible without decrease in certifying examination pass rates using competency based eligibility criteria for physicians who completed international GME training.
An Investigation of Pacing on the International Foundations of Medicine® (IFOM®) Clinical Science Examination for Examinees Testing in Multiple Languages

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Background: The NBME® International Foundations of Medicine® (IFOM®) program provides medical schools internationally with tools for measuring examinees' understanding of the medical sciences. The IFOM Clinical Science Examination (CSE) assesses the medical knowledge and understanding of clinical science considered essential for the provision of safe and effective patient care. The IFOM CSE is administered in multiple languages under standardized conditions.

Summary of Work: This study investigated item latency and item performance data for a form of the IFOM CSE that was administered in International English, Spanish, and Portuguese. Analyses were conducted by item administration sequence separately for each language. Word counts and number of omitted items were also examined.

Summary of Results: Results were similar for the different language groups and suggest that examinees had some pacing issues during the first section that resulted in reduced item latencies and lower performance for items administered at the end of the section. Item latency and performance was much more consistent for the second section for all language groups.

Discussion and Conclusions: Examinees were impacted by pacing issues during the first section, regardless of language. Pacing improved for the second section as examinees became more familiar with the format and timing of the examination.

Take-home messages: Given the pacing issues on the first section and improvement in pacing on the second section, it is recommended that medical schools provide students with practice opportunities prior to taking IFOM CSE using assessments that emulate the format and timing of standardized assessments like IFOM CSE.

Global Medical Education: Towards the Free and Safe Movement of Physicians

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Background: Nearly 200 resource-strapped country regulatory bodies attempt to assess the quality of medical education of over 2,400 schools worldwide, as well as personal fitness to practice, working toward the ultimate goal of protecting the public, while promoting the global movement of well-trained doctors.

Summary of Work: With over 12,000 graduates, St. George’s University School of Medicine (SGUSOM) has witnessed a variety of approaches by different jurisdictions during institutional reviews. Inquiries made include curriculum content, curriculum structure, hours/weeks/duration or location of the course, number of credits, and clinical training hours/hospital/assessments.

Summary of Results: SGUSOM graduates have practiced in over 50 countries, and continue to seek registration in these as well as other countries. SGU has documented the methods used by many medical regulatory bodies in disparate systems that stress the resources of the regulatory body, the medical school, and the physician seeking licensure that do not, in this process, adequately assess the medical education program.

Discussion and Conclusions: Does this attention to random minutiae properly assess the competency of institutions to provide quality medical education, and ultimately achieve the goal in protecting the public?

Take-home messages: A validated accreditation model is proposed, which would allow for regulatory bodies to recognize/accept “foreign” medical schools meeting standards deemed appropriate by the accrediting body. After meeting this baseline international standard, graduates of such schools would seek to satisfy the examination and other licensure requirements in that jurisdiction. This approach would relieve resources needed for institutional review, while still allowing jurisdictions to protect the public, as well as facilitate the much-needed global movement of well-trained physicians.
Equal, global, local: discourses in Taiwan’s international medical graduate debate

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Background: With the globalisation of medicine, the role of international medical graduates (IMGs) has expanded. Nonetheless, the experiences of native-born IMGs remain under-researched. In Taiwan, public controversy has unfolded around IMGs educated in Poland, calling into question the meanings of equality in policy and medicine.

Summary of Work: The authors performed a critical discourse analysis of how stakeholders in the IMG debate use equality in their arguments, assembling an archive from online interactions, government reports and news articles. Coding focused on stakeholders’ uses of equality to generate broader discourses.

Summary of Results: International and domestic Taiwanese students conceived of equality differently, referencing both ‘equality of opportunity’ and ‘equality of outcome’ within localisation and globalisation frameworks, respectively. The dominance of localisation discourse is reflected in hostile online rhetoric towards Poland-educated IMGs.

Discussion and Conclusions: Rhetorical disagreements over equality in medical education trace shifting state policies, from earlier attempts to remove barriers for IMGs to the present-day push to regulate IMGs for acculturation and quality assurance. As comparisons with Canada and the USA illustrate, complex patterns of global physician migration pose challenges for global and local medical education.

Take-home messages: Future research could investigate the discursive formation and evidential basis of policies regulating international medical education.