

# AST EM StAMPS

## ASSESSMENT PUBLIC REPORT

### 2024A

#### Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced following each Emergency Medicine (EM) Structured Assessment using Multiple Patient Scenarios (StAMPS). It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the assessment. Past public reports are available on the [ACRRM website](#).

#### Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented eight realistic rural medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. StAMPS aims to test higher order thinking skills in a highly contextualised framework. Candidates are expected to explain how they would approach a given situation, demonstrating clinical reasoning, not only knowledge of facts in the emergency setting.

The 2024A AST EM StAMPS was held on 6 July 2024.

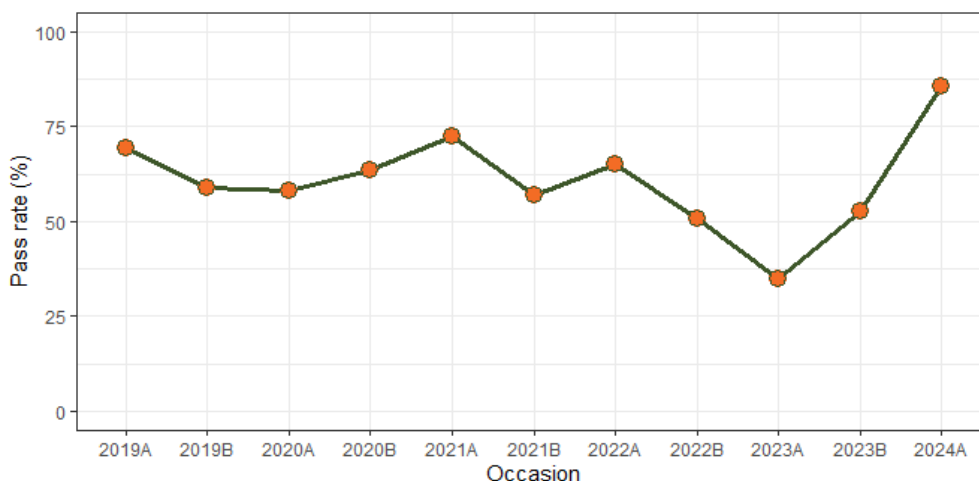
#### Overall Outcome

A total of 21 candidates sat the 2024A exam, with 18 of the candidates passing. The overall pass rate was 85.7%.

#### Assessment Statistics

The pass mark for 2024A was 196 out of a theoretical maximum of 336. Candidates who scored within 11 points of the cut score (i.e. 185 or higher) were formally reviewed.

For historical context, the overall pass rates for previous exams are illustrated in the plot below:



## Conduct of the Exam

The assessment was conducted and delivered according to the established processes for EM StAMPS via the College's online assessment platform.

Candidates were provided a 'Community Profile' that described the demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment delivery and marking for all candidates regardless of their actual practice location. The Community Profile used was unchanged from recent previous EM StAMPS exams. The current Community Profile is published on the [ACRRM website](#) and available to view by the general public.

Candidates were provided with 15 minutes of log in time prior to the start of the first scenario to accommodate for any technical audio-visual issues and/or allow troubleshooting. 10 minutes were scheduled between scenarios to ensure there was at least 5 minutes for reading time. Examiners remained on one continuous videoconference link throughout the assessment with an ACRRM room monitor online. Candidates moved between the virtual rooms.

Further information may be found in the [Handbook for Fellowship Assessment](#).

## Quality Assurance

Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the StAMPS modality. The Team Leads were available to assist in nuanced decision-making regarding candidate's scores when required.

The Team Leads also undertook independent and concurrent Quality Assurance (QA) scoring ensuring that each case and each examiner had paired data to assess inter-examiner variability/reliability. These QA scores are not included in the candidates' total scores and therefore do not affect the overall outcome, serving only a QA function. All candidates' scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and are then destroyed.

Additional QA checks were performed by a Lead Reviewer of the narrowest scoring Pass performances to ensure that these candidates were indeed meeting the standard to pass.

## Grading and Scoring Overview

Candidate performance is graded against a rubric and behaviour anchors on an 8-point linear scale. Each scenario offers the candidate the opportunity to earn up to 7 points on 6 items/domains which are scored independently.

1. Management in Part 1 that incorporates relevant medical and rural contextual factors
2. Management in Part 2 that incorporates relevant medical and rural contextual factors
3. Management in Part 3 that incorporates relevant medical and rural contextual factors
4. Problem Definition & Systematic Approach
5. Communication & Professionalism
6. Flexibility to changing context

## Curriculum Blueprint

The table below provides a brief overview of the 2024A scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt “met the standard” in each scenario.

### ACRRM Domains:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual, and professional framework
8. Provide safe medical care while working in geographic and professional isolation

### Add Scenario by Domain table here

Topics covered and percentage pass rate

Scenario		IPR
1	Narrow complex tachycardia and shock	66.7%
2	Fracture hip in multi-trauma	66.7%
3	Mental health assessment and sepsis	71.4%
4	Paediatric seizures and access	85.7%
5	Asthma and pneumothorax	57.1%
6	Haematemesis	90.5%
7	Anorexia nervosa	52.4%
8	Sexual assault	71.4%

## Candidate and Educator Guidance

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this assessment and educators who are supporting candidates. Brief individualised feedback is routinely provided, but this does not entirely capture the differences between success and non-success. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

It is noted that candidates who have significant current or recent EM experience appear to be significantly better prepared to sit the AST EM StAMPS exam.

Passing the AST EM StAMPS requires a candidate to demonstrate their ability to manage emergency presentations as outlined below:

- Demonstrate a structured approach to autonomously stabilise and initially manage all emergency patients across all Australian Triage categories.
- Competently provide definitive emergency medical care for most emergency patients and determine when additional support from experienced colleagues is required (which may be through distance telehealth technology).
- Interpret common EM investigations and be able to provide a contextualised differential diagnosis.
- Describe the technique of performing procedural skills described in the curriculum documents or EM Logbook.
- Provide continuity of care for patients in the Emergency Department pending admission to hospital, transfer to another facility, or awaiting discharge.
- Provide collegial support and clinical advice to colleagues in more remote settings via telehealth technology.
- Take a leadership role in the Emergency Department as the most senior doctor on duty.

Further information may be found in the Advanced Specialised Training Emergency Medicine Guidebook. In addition to the abilities required in the CGT curriculum for EM, doctors achieving AST in EM are required to be able to competently provide definitive emergency medical care including common emergency medicine procedural interventions for individual patients across all presentations including Australian Triage Category 1 and 2. ACRRM has a number of preparation activities available to candidates to prepare for this assessment including a StAMPS Assessment online module that is available to all members.

## Survey Feedback

Following the exam, examiners, candidates and invigilators are encouraged to provide feedback via an online survey. Feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate, invigilator and examiner experience for future exams.

Based on feedback received from the 2023B cohort of candidates and invigilators, the following themes were identified:

- ACRRM staff provided helpful and timely responses to queries ahead of the assessment.
- Attending the briefing session was useful for preparation however the College should consider more familiarisation sessions for the new AMS be made available.
- The AST EM StAMPS Community Profile and study groups were beneficial for preparation.
- The assessment appropriately covered the assigned curriculum and measured the expected clinical content with realistic scenario topics.
- There is strong preference for exams to be held on weekends and the ability to sit locally.
- Staff support and troubleshooting on the day prompt, patient and professional.

## **Evaluation**

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the AST EM StAMPS. ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is ongoing to review and update the 'Community Profile', assessor recruitment, training, professional development, feedback and to improve qualitative feedback for candidates.

Improvements include the removal of invigilators from October 2024 as part of a 12-month pilot. Further improvements to the examination software are in discussion to simplify the process for candidates and examiners to see exam material, and to further increase QA examiners on exam day to reduce post exam QA review requirements.

## **Acknowledgements**

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