Assessment Public Report

Core Generalist Training Structured Assessment using Multiple Patient Scenarios

CGT StAMPS 2022B

Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced following each Core Generalist Training (CGT) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Past public reports are available on the ACRRM website.

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented realistic rural medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. The StAMPS assessment 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.

The 2022B CGT StAMPS exam was held on 22 - 23 October 2022.

Overall Outcome

A total of 115 candidates sat the 2022B exam, with 63 of the candidates passing. The overall pass rate was 54.8%.

Assessment Statistics

The pass mark for 2022B (both exam days) 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. A total of 15 candidates scored in this range and were reviewed.

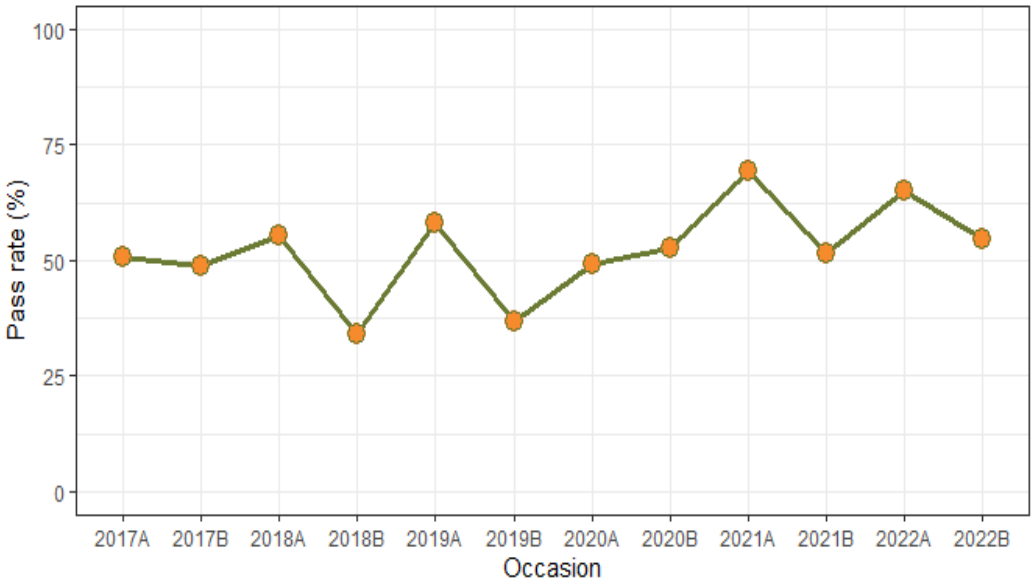
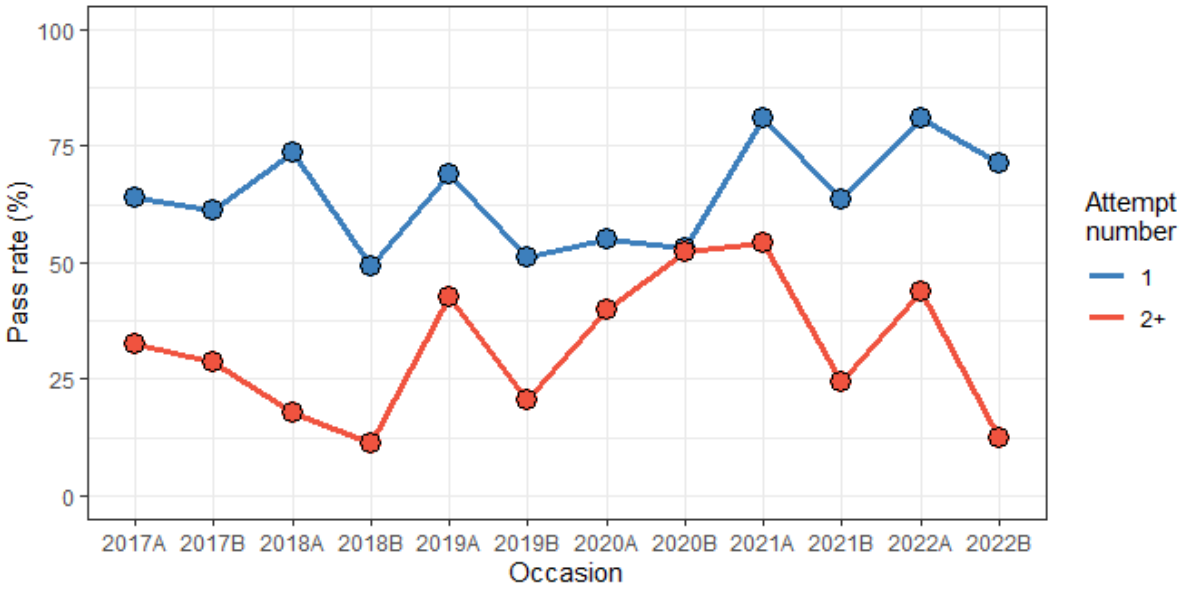


Figure 1: Historical Pass Rates between 2017 – 2022

Figure 2: Pass rates by number of attempts



For historical context, the overall pass rates for previous exams are illustrated in the plots above.

Conduct of the Exam

The assessment was conducted according to the previously established processes for CGT StAMPS delivery via the Zoom 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 CGT StAMPS exams. The current Community Profile is published on the ACRRM website and available to view by the general public.

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

Further information may be found in the Handbook for Fellowship Assessment.

Quality Assurance

Three 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.

Each Team Lead also undertook independent and concurrent scoring ensuring that each case and each examiner had paired data to assess inter-examiner variability / reliability. These QA

scores were not included in the candidates' total scores and therefore did not affect the overall outcome, serving only a Quality Assurance function. All candidates' scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and then are destroyed.

Given the revised scoring system in use, an additional Quality Assurance check was performed by the Lead Reviewer and team of Review Examiners of the narrowest scoring Pass performances to ensure that these candidates were indeed meeting the standard to pass. Review of the scenario recordings of a total of 15 candidates confirmed that these candidates either met the required standard or did not.

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

Scenarios were written and standardised by the Lead Writer, with review and approval at every stage by the Lead Examiner and Lead Reviewer. As a quality measure, the new scenarios in this exam underwent review by a Delphi panel of four examiners (selected to optimise diversity) who were asked to recommend changes, grade difficulty, and outline an expected satisfactory answer.

Curriculum Blueprint

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

The table below provides a brief overview of the 2022B scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt "met the standard" in each scenario.

Curriculum Area	Domains Assessed							
	1	2	3	4	5	6	7	8
SATURDAY								
1 Neonatal resuscitation	✓			✓			✓	✓
2 Cystocoel	✓	✓					✓	✓
3 Paediatric UTI	✓	✓	✓				✓	✓
4 Suicidal ideation	✓	✓	✓	✓		✓	✓	✓
5 Prostatic symptoms	✓	✓			✓	✓	✓	✓
6 Post Caesarean care	✓	✓	✓				✓	✓
7 Leptospirosis	✓	✓		✓		✓	✓	✓
8 Delirium	✓	✓	✓	✓			✓	✓

Curriculum Area	Domains Assessed							
	1	2	3	4	5	6	7	8
SUNDAY								
1 Motor vehicle accident	✓			✓			✓	✓
2 Cervical screening	✓	✓			✓	✓		✓
3 First weeks of life	✓	✓			✓		✓	✓
4 Schizophrenia	✓	✓	✓				✓	✓
5 Coeliac disease	✓	✓				✓	✓	✓
6 Menorrhagia	✓	✓	✓	✓			✓	✓
7 Silicosis	✓	✓	✓				✓	✓
8 Dementia	✓	✓	✓				✓	✓

Candidate and Educator Guidance

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this exam and educators who are supporting candidates. Brief individualised feedback is routinely provided to training providers and medical educators. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

Passing the CGT StAMPS assessment requires that a candidate demonstrates the competency of a Rural-Remote Medicine Specialist practicing independently, managing professional and geographic isolation, across all the Rural Generalist contexts (including primary care, inpatient medicine, aged care, emergency care, and community/population health). Therefore, it is recommended that CGT StAMPS be attempted when the candidate is at Fellowship level across all domains.

Rural and Remote Medicine specialists are at their core, General Practitioners. Therefore, consideration of the whole person and the context in which they live, beyond biomedical issues alone, is essential. Among unsuccessful candidates, psychosocial aspects of cases were often neglected or covered superficially. Medicolegal and ethical aspects were also commonly missed. For example, in all Australian States and Territories, a health professional has a duty to notify if the practitioner believes the patient who possesses a firearm to be a risk to themselves or the public. Some candidates also provided limited explanation of their obligations under the Mental Health Act. A clear risk assessment and safety plan is essential and must be documented.

One case required the recognition of unprofessional behaviour of a junior colleague towards a patient and considered intervention by the candidate (as the senior doctor in the community). The expectation is that the candidate should demonstrate leadership of the community health system. This includes a responsibility to investigate and resolve systems issues.

There were frequently seen errors or gaps of knowledge among unsuccessful candidates. Neonatal resuscitation is an important component of the curriculum and candidates should be fluent with the guidelines, as they are for Adult Advanced Life Support. Candidates who are most likely to encounter neonatal resuscitation in the practice are encouraged to undertake formal training in this.

A number of candidates neglected to refer a patient with possible coeliac disease for endoscopy (maintaining gluten in the diet in the lead up to that). Some candidates did not recognise that a very high PSA value, if there is no other likely alternative explanation, reflected probable malignancy and needed urgent further investigation and referral. A few did not recognise that the detection of HPV alone did not imply cervical cancer, but an increased risk requiring further investigations. It was pleasing to see that many candidates were up to date with recent changes to cervical screening guidelines in Australia.

Strong candidates were thorough and comprehensive in their approach. For example, the management of menorrhagia not only involved correcting an anaemia and assessment for causes, but also advice and medication to temporarily improve bleeding while further investigation was occurring and exploration on how the symptoms were impacting on the patient's life.

Good candidates avoided jumping to conclusions. It was particularly concerning when some candidates explicitly stereotyped their patient, e.g., "I would consider alcohol excess or domestic violence in this First Nations patient" or "they are a mother of three so they must be stressed or depressed." Alcohol use and domestic violence should be a consideration for all patients regardless of racial background. Doctors should be mindful of the psychological wellbeing of their patients regardless of whether the patient has children. Similarly, candidates should remain open-minded regarding diagnosis; virtually all presentations described could be due to a variety of causes. It is critically important to have a structured approach, a clear problem list or differential diagnosis, precise specific statements with justification. Too often candidate answers were cursory and lacked detail. Phrases like "a full set of obs to make sure everything is OK" has little value.

Answers relating to counselling of a patient, particularly on sensitive matters, must take into account health literacy, language, cultural or gender differences. Scattergun investigations (an excessively broad panel of tests with little justification) should be avoided as it is not good medical practice. Where there is time available in the scenario, good candidates demonstrated holistic care beyond the presenting problem, such as preventative health for a patient, e.g., lifestyle intervention or cervical cancer screening.

Despite clear messaging that candidates must be familiar with the community profile and answer questions accordingly, some candidates continued to order investigations or interventions (e.g., CT angiography or urodynamic studies) which are unavailable in the community, without discussing the logistical implications or the justifications for this decision.

There were some strange suggestions that seemed impractical, such as the conduct of a K10 or an Edinburgh Postnatal Depression Scale in an immediate post-op setting or asking for a social worker to be present during the consultation. Candidates are advised that while the scenarios are by nature artificial, they are based on real-life cases, and answers need to reflect the practicalities of rural and remote practice rather than "ideal" or "theoretical" approaches.

While it was good to hear certain phrases used such as “multidisciplinary team” it is important for candidates to follow this up with an outline of who needs to be involved and how they will contribute to the care of a patient. “Safety net” is another common phrase that has little meaning unless the candidate outlines how they would ensure a patient is kept safe and returns for appropriate follow-up.

Examination technique is not a scoring criterion. However, a small number of unsuccessful candidates who seemed to have reasonable knowledge were unable to convey this in an effective and time-efficient way with “signposting” (headings). Unfortunately, candidates cannot be awarded scores for things that were not said. Therefore, it is important that candidates highlight the key issues early in their presentation. A key symptom indicating potential lack of knowledge was circular and repetitive answers. It is therefore wise if candidates have run out of useful things to say, to pause and allow the examiner to provide a prompt to assist the candidate, which may redirect to other areas of knowledge. Not listening to prompts and not answer the question being asked is a prognostic sign of a poor performance.

Survey Feedback

Following the assessment, 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 examinations.

Based on feedback from the 2022B cohort, the following themes were identified:

- The support and assistance provided to candidates and invigilators by the Assessment team is adequate and appreciated, including during flooding prior to the exam.
- The exam was well organised and the College’s online processes are efficient.
- The online delivery remains to be the preferred delivery mode for candidates as it does not require candidates to travel to undertake exams.
- The College consider providing increased support to registrars to find an invigilator.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CGT StAMPS. Quality improvements implemented for 2022B have allowed CGT StAMPS to be delivered in a paperless manner for both candidates and examiners. Feedback has been sought regarding the community profile which will undertake review and be updated as appropriate. ACRRM remains committed to improving the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Medical Educators.

Acknowledgements

ACRRM would like to thank everyone who contributed to this assessment including the other Lead Clinical team members, Scenario Writers/Delphi panel, Examiners, Examiner Team Leads (QA), Review Examiners, ACRRM staff, invigilators and organisations who provided the venues.

The College would also like to thank the Registrars who participated and the Medical Educators who assisted in preparing them for this assessment.