



Getting Assessment TIPS in Singapore

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The APMEC series is now known worldwide

Following the success of the 1st Asia-Pacific Medical Education Conference (APMEC) held in December 2003, a second APMEC was organised and hosted by the Medical Education Unit, National University of Singapore, from 7–10 December, 2004. The theme for the conference was ‘Assessment TIPS – Trends, Issues, Priorities and Standards’. The APMEC series is now known worldwide, and more than 250 medical educators from 21 countries came to Singapore to share their expertise and experience. The high quality of the 2nd APMEC was greatly enhanced by a distinguished invited panel of internationally renowned plenary and keynote speakers.

WORKSHOPS

The first two days saw participants actively involved in several practical sessions in workshops conducted by acknowledged experts, including Ronald Harden, Susan Case, David Newble, Margery Davis and Georges Bordage.

PLENARIES

David Newble opened the conference by outlining a set of principles that are necessary to produce high quality assessments. He referred to developments at the University of Sheffield which have translated these principles into a comprehensive assessment strategy.

George Bordage discussed the ‘key features’ approach to assessing clinical decisions and clinical skills.

Margery Davis presented the key points and current trends in the portfolio assessment process for medical students and trainee doctors, and offered practical advice for those wishing to introduce this form of assessment in their own medical schools.

Ronald Harden gave a historical overview of three decades of the Objective Structured Clinical Examination (OSCE). He concluded that the use of OSCE alongside written assessments, and supplemented by portfolios, would

Acknowledged experts conducted several practical and hands-on workshops



Figure 1. Senior administration members at a plenary session (L to R): Professor Tan Chorh Chuan, Professor John Wong, Dr Koh Dow Rhoon and Dr Khoo Hoon Eng (author).

continue to be an important tool in student assessment. With the development of computing and the use of simulators, OSCE would evolve further in the future.

Geoff Norman talked about Generalisability theory (G theory), developed by Cronbach. G theory allows investigators to examine multiple sources of variance – for

example, rater, item and station in an OSCE – to provide an insight into the sources of measurement error in the assessment methods used in medical education.



Figure 2. Members of the Indonesian delegation and friends enjoyed the 2nd APMEC Conference.

The first symposium was on the selection of medical students



Figure 3. A welcome break for refreshments during the conference.

KEYNOTE SESSIONS

In his talk on global standards in medical education, Andrzej Wojtczak discussed attempts to identify internationally accepted global core competencies that all medical graduates must acquire, and how these can be assessed. The Institute for International Medical Education (IIME), an offshoot of the China Medical Board of New York, funded a project using a network of senior medical education experts from different countries to agree definitions for 60 global learning objectives grouped into seven broad domains. These 'global minimum essential requirements' (GMER) were considered to be vital for all medical graduates. At present, several countries are using GMER as a basis for making changes in their curricula, and others want to implement the GMER competency examination in their medical schools.

Abu Bakar Suleiman's topic was the maintenance of standards in private medical education, and

he explained how one private medical school in Malaysia has taken the lead in complying with the accreditation process started by the Malaysian Medical Council.

Ronald Harden talked about e-learning, arguing that if this is to achieve its full potential, assessment should be part of the learning experience, customised to the ability level, personality and learning style of each student. He emphasised that assessment in e-learning did not necessarily have to be undertaken online.

Ross Scalese presented some innovative ideas on the use of simulators in assessment. For example, many simulator systems can be combined with standardised patients to provide comprehensive patient encounters during the assessment process.

Susan Case shared her experience with computer-based testing (CBT) and spoke about the steps involved in developing a full CBT programme. The advantages of CBT

are that it is well-researched and easy to use; assessors are comfortable with the basis for estimates; judgements are related directly to student performance; and extra resources such as assessors and time are not required. However, a large sample size is required, and more than one assessor may be involved per station in a high-stakes examination.

Devra Cohen gave an overview of the movement towards the use of standardised patients in assessing the performance of future physicians, and how this has had an impact on medical training across the world.

David Newble identified key areas in setting defensible standards for written and clinical examinations. This is very important in high-stake assessments, where teachers have to balance the need to be fair to students against the need to protect the community from practitioners who might not have reached, or maintained,

Participants praised the warm hospitality of the conference



Figure 4. Sharing and learning together at a workshop with Margery Davis.

acceptable levels of competence or performance.

N. G. Patil evaluated assessment in problem-based learning (PBL). The use of tutor observation, mini case studies, clinical PBL and reflections recorded in students' logbooks may be able to test what PBL hopes to achieve, namely team work and information gathering. However, they may be only partially successful in assessing critical analysis and thinking, or the cultivation of life-long learning.

In the last, extremely well-attended, keynote session, Georges Bordage talked about the evaluation of scientific manuscripts, and gave several practical tips on how to improve the chances of submitted manuscripts being accepted by reviewers. The manuscript should:

- address an important problem;
- give a critical and up-to-date review of the literature;
- state the problem clearly;
- have an optimal design;
- have a sufficient and unbiased sample;

- use the most appropriate instruments;
- contain reliable and honest data analysis (work with a statistician at the design stage);
- tell a strong 'story' with sufficient data and accuracy; and
- state the implications of the findings.

The final tip was to get a friendly critique on the flow/logic, relevance, grammar and any typographical errors, and then edit it again before submission.

SYMPOSIUM

The first symposium was on the selection of medical students. Speakers from four different countries discussed their own medical schools' experiences: George M. Chandy (India); Carolyn Gerber (Singapore); Geoff Norman (Canada); and David Powis (Australia).

The second symposium featured representatives from the Asia-Pacific region sharing information about assessment prac-

tices in use in medical schools in their respective countries.

RESEARCH PAPERS

Medical students and their teachers shared some of their research into medical education. The wide range of topics included IT in assessment, assessing clinical competencies, clinical teaching and assessment, PBL, student selection, standard setting, and student assessment of courses. The best speakers were given awards.

SUCCESS

At the end of the conference, the participants were asked for feedback, and responded that they had enjoyed the expertise and wealth of experience of the invited speakers, the friendly environment, the networking opportunities among international experts, the chance to meet similar educators from all over the world, and the very practical and applicable aspects of the talks. They also commented on the well-planned programme, the warm hospitality and the size of the conference, which allowed everyone to participate.

While the organisers may take some credit for the planning and execution of the programme, in the final analysis the success of the 2nd APMEC was due to the large number of enthusiastic participants. To continue the momentum generated among medical educators worldwide, and particularly in the Asia-Pacific region, the 3rd APMEC will be held in February 2006. We look forward to another successful conference.

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