S3

New education policies in obstetrics and gynaecology – 2008/09

C.Savona-Ventura
Department of Obstetrics & Gynaecology, University of Malta Medical School

Aims: Interventional changes were introduced in the educational targets in obstetrics and gynaecology during the Vth year of studies. These changes envisaged a greater emphasis on a clinical orientation of the teaching objectives with the introduction of problem-based lectures, a marked increase of small-group teaching sessions and greater emphasis on the clinical attachments. An audit of the effect of these changes on educational policies and emphasis on overall student attitudes and performance was carried out.

Methods: The analysis was based on two tools: [1] an anonymous survey of student perceptions on the various educational tools; and [2] an analysis of student performance in the final year assessment.

Results: The students' perception of the new course emphasis and teaching ethos used was generally positive. The response rate to the anonymous questionnaire was 66.7% [40 of 59 students]. The various teaching methods used throughout the study unit designated OBG4000 were assigned a mean percentage score. The highest mean score of 92.5% was assigned to the outpatient sessions. The lowest mean score of 67.5% was assigned to the attachment with the emergency on-call team. Other aspects of the clinical attachment programme scored 77.5-90% [operating sessions 77.5%; ward round attachments 80%; Specialist Health Centre attachments 82.5%]. The taught component scored a mean score of 80-90% [lecture program 80%; tutorials 90%]. The revamped clinical logbook was assigned a mean score of 82.5%.

The increased clinical emphasis of the re-organised OBG4000 study unit structure has its effects on the final marks obtained in the end-of-year assessment. The written part of the assessment that was designed to assess the application of attained knowledge to clinical situations showed a clear Gaussian distribution curve with the majority of students [53.3%] obtaining a C+/B-grade. There were 3 students who got an A-grade while two students obtained a D+-grade. There were no A+, F or D-grades. In contrast, the clinical assessment showed a definite skewed distribution towards the higher grades with 40% of students obtaining an A-grade. The overall grades obtained showed a Gaussian distribution slightly skewed higher grades with seven students [11.7%] obtaining an A-grade.

Conclusions: The greater emphasis to clinical teaching is not only appreciated and welcomed by the students; but also has had a positive effect on preparing the students more effectively to deal with patients in the clinical situation. The teaching ethos of the last year of course study units [OBG4000] should aim at consolidating the theoretical knowledge learned during the earlier theory-based study unit [OBG4010] conducted during the fourth year of studies, and further allowing the students to learn to apply this knowledge in the clinical setting.

S4

Assessment of clinical skills among undergraduate medical students

C.Farrugia Jones [1], J.Cacciottolo [1], T. Piscopo [1], G.Laferla [2]
[1] Department of Medicine, University of Malta Medical School
[2] Department of Surgery, University of Malta Medical School

Aims: To evaluate a new teaching program in clinical skills aimed at undergraduate medical students after one year of exposure to targeted clinical teaching.

Methods: The criterion-based examination is conducted over 30 minutes, with candidates being observed taking a brief history and performing a clinical examination. Assessors are experienced clinicians, members of the Departments of Medicine and Surgery. The marking sheet provides detailed information on every aspect of the examination and is at a later date made available to students as feedback. A mock test is held a few weeks before the actual assessment in preparation for the latter.

Results: In 2008, 66 candidates were assessed (47% males; 18% non-Maltese), and, 77 students were assessed in 2009 (57% males; 23% non-Maltese). All candidates in both cohorts passed the test by achieving a minimum mark of 15 out of a possible 30. The mean mark was 69% in 2008 , and 71% for 2009. The majority of examiners were physicians: 67% in 2008 and 56% in 2009. There was no statistical difference in performance between Maltese and non-Maltese in communication skills (means of 7.07 and 7.04 (out of 10) respectively in 2008 and 7.24 and 7.27 respectively in 2009. On comparing performance in the written and clinical assessments both cohorts showed a Gaussian distribution. A statistically significant difference ($p<0.0004$) was observed in performance in the written component between the 2006/2007 and 2008/2009 cohorts (mean marks: 51.7 and 59.3 respectively).

Conclusions: The new teaching program and assessment method is proving to be successful not only in facilitating acquisition of clinical skills but also in focusing learning and improving knowledge base. It is also beneficial to the Medical School as it has improved interdepartmental co-operation.

S5

Consistency between examiners in the final anatomy exam 2008-2009

I.Stabile , R.Micallef Attard
Department of Anatomy, University of Malta Medical School

Aims: The final anatomy examination at the end of year 2 is composed of 2 written exam papers consisting of eight sections, each of which contains EMQs,True/False questions and Short Response Questions. Each section is set and marked by two examiners. An external examiner reviews all papers before the exam. Each section is marked blind twice i.e., the second examiner is not aware of the marks of the first examiner based on a model answer. In most but not in all cases, the two examiners have both taught the material being examined. After all marks are compiled, significant discrepancies between examiners are reconciled. In all other cases the marks of the two examiners are averaged and a final mark is issued.The purpose of this study was to explore

the consistency between the two internal examiners in their marks in the Short Response Questions.

Methods: The marks for each section of the 2008 and 2009 final examination were compared and analysed using descriptive statistics.

Results: In 2008, two sections of the paper exhibited a wide variation in marks with only 26% and 20% respectively having marks that were either equivalent or differing by up to 20%. Moreover the spread of difference between the two examiners' marks was widest for one section with 17% of cases having between 21 and 30% difference between examiners, 9% between 31 and 40%, 9% between 41 and 50%, 9% between 51 and 60%, and a remarkable 15% of cases had between 100 and 300% difference between the two examiners' marks.

In 2009, a different section of the paper exhibited significant differences between examiners' marks. In this case only 29% of papers were found to have marks that were either equivalent or differing by no more than 20%. In 10% of papers, the difference between the 2 examiners' marks ranged from 100-140%, and in a further 16% it ranged from 150 to 300%.

Conclusions: Although wide differences between examiners' marks were only noted in three sections over 2 years, in all the remaining sections, the majority of papers exhibited unacceptably large differences between examiners' marks.

T1

Symptom management by a community palliative care team – a one-year follow-up evaluation study

J. Abela
Community Care Team, The Malta Hospice Movement

Aims: To evaluate the care provided by the community palliative care team (CPCT) at The Malta Hospice Movement.

Methods: The evaluation included all new cases referred to the CPCT during 2008 and 2009. A ten week time frame was used each year. The audit tool used was a modified version of the popular Support Team Assessment Schedule (STAS). STAS was chosen after comparison with other audit tools showed it to be reliable and extensively validated; quick to deliver and easy to use; able to be delivered by staff and applicable to the community setting. The modified version is available on http://www.kcl.ac.uk/ schools/medicine/ depts/palliative/qat/stas.html and was created for the first evaluation in 2008, following a literature search. The modified STAS was delivered at referral, and subsequently every two weeks for a total of three assessments. The STAS was delivered by the same nurse. The scores for individual items as well as overall mean scores were used to monitor the reduction in physical distress of patients. Data from 2008 was then compared to data from 2009.

Results: In 2008, 56 new patients were referred, of which 34 completed three assessments. In 2009, 64 new cases were referred, of which 42 completed the three assessments. The most common diagnosis in both evaluations was GIT cancer. There were significant reductions in STAS mean scores from the first to the third assessments in both evaluations [(2008 - 1.7; p=0.039) (2009 - 2.33; p=0.01)]. There was non-significant reduction in individual item scores. Interestingly, in 2008 males showed greater score reductions than females, which situation was reversed in 2009. In 2008 & 2009, there was a consistently higher score for patient insight when compared to family insight. Symptom prevalence remained constant.

Conclusions: Patients referred to the CPCT were homogenous throughout the two evaluations, as regards diagnoses, reason of referral and gender distribution. The overall mean STAS scores were reduced in both evaluations, due to a variety of factors. The consistent discrepancy in patient and family insight may suggest the need to improve communication of diagnosis and prognosis. Other areas for improvement and further study include timing of interventions, amount of interventions and expansion of services at community level.

T2

Translating and Testing the Reliability of the Adult Primary Care Assessment Tool into Maltese

F.Azzopardi, P.Sciortino
Family Medicine, Mosta Health Centre

Aims: To translate and test the reliability of the Primary Care Assessment Tool in Maltese.

Methods: Permission to use the Adult Primary Care Assessment Tool (PCAT) was obtained from the Johns Hopkins School of Public Health and Hygiene. Forward and backward translations were then carried out by bilingual persons proficient in translations. The translated versions of the PCAT were then reviewed so that a final consensus translation in Maltese was obtained. Pilot testing was carried out on 3 patients by convenience sampling. The tool was then administered to a random sample of sixty-eight patients. All interviews were conducted by telephone. Re-test administration of the tool was carried out 2 to 4 weeks later. Test-Retest Reliability was established by working out Cronbach alpha and Intraclass correlation coefficient (ICC) for each item between initial and retest administration results. Cronbach alpha together with Spearman-Brown coefficient and Guttman Split-Half Coefficient were worked out to study Internal Consistency.

Results: Out of a total of 68 randomly identified individuals, a total of 45 (66.2%) answered the tool on both test and retest administration. The average number of days between test and retest administration was 12.58days. First time interviews took an average of 23.50 minutes to carry out. Retest administration of the tool took an average of 12.58 minutes. Results showed that most questions were reliable on test-retest administration with a Cronbach alpha result above 0.7. However sections G and H dealing with Comprehensiveness of Services Available/Provided had low Cronbach alpha results. Internal consistency results showed that Family Centeredness and Community Orientation had low Cronbach alpha results of 0.495 and 0.616 respectively.