Benchmarking Medical School Assessment and Graduate Outcomes

Developing a national approach

What is the difference between this pilot project and the existing assessment collaborations?

The Medical Deans Project will involve all Australian and New Zealand medical schools and focuses on final summative assessment using a small set of agreed MCQs — AMSAC (the Australian Medical Schools Assessment Collaboration) involves a group of medical schools using shared assessment materials form embedding in examinations around the mid-point of the medical degree; ACCLAiM (the Australian Collaboration for Clinical Assessment in Medicine project) benchmarks clinical graduate outcomes across four medical courses; and International Database for Enhanced Assessments and Learning (IDEAL), a shared medical assessment databank of which a number of Australian medical schools are members.

Who is on the Team?

The project will have oversight by a steering committee chaired by Professor Nicholas Glasgow. Membership includes:

- Associate Professor Warwick Bagg (NZ representative)
- Professor Ben Canny (Chair, AMAC)
- Associate Professor Leo Davies (Chair, AMSAC)
- Professor Richard Doherty (AMC)
- Professor Richard Hays (Chair, IDEAL)
- Marjo Roshier-Taks (HWA)
- Professor Lambert Schuwirth (Medical Education Flinders University)
- Dr Peta-Ann Teague (Chair, ACCLAiM)
- Mr Bruce Whitby (Faculty Manager Representative)
- Karin Oldfield (Project Manager)

What is the assessment benchmarking project?

A pilot project aimed at benchmarking medical school assessment, developing a national approach to demonstrate the high quality of medical students graduating from Australian and NZ medical schools, and promoting collaboration between medical schools.

What is the purpose of the project?

To develop and pilot a collection of national standard assessment items for final summative assessments to achieve the above aims.

How is the project funded?

The Project is being made possible due to funding made available by Health Workforce Australia (HWA).

How is the project governed?

Steering committee, MECC, MDANZ executive.

What are the timelines for the Project?

31 July 2013 – Project approved by HWA

29 November – Stage 1 Progress Report
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28 Feb 2014 – Written confirmation from all Australian medical schools of their commitment to participate in the Project

28 March 2014 – Stage 2 Progress Report

29 August 2014 – Stage 3 Progress Report

Why is this project happening now? Or what was the catalyst for it?

There is significant momentum building amongst regulators, medical educators, clinical training providers and funding bodies to ensure and demonstrate that the diverse programs of study from which Australian medical students graduate are producing graduates of a similar quality standard and that that standard is set at a high pre-determined level. The public would expect the same.

Why this approach?

The preferred approach in Australia, and modelling the national approach taken successfully in the United Kingdom, is to embed assessment benchmarking activities into the final assessments of all medical students in Australian medical schools. This could be achieved by the sharing of assessment items in the key fields of knowledge, clinical competency and professionalism. In addition, the dissemination of best practice in assessment standard setting to all schools would begin to demonstrate increasing confidence that the appropriate standard has been set for all medical students about to graduate.

Without establishing a league table, such an approach allows all schools to benchmark themselves against others by analysing their student cohort performance on the national embedded assessment items.

What outcomes are we hoping to achieve?

An assessment collaboration that:

- engages all Australian and New Zealand medical schools to raise standards and ensures that their exams are valid, reliable and fair measures of medical student performance;
- develops a databank of highest quality assessments for final year medical students;
- shares experience and adds value through collaboration rather than competition;
- provides psychometric and statistical analysis of assessment data;
- demonstrates the equivalency of the standards applied by medical schools.

Who will benefit from this project?

Health consumers, employers, regulatory body.

Why Medical Deans as leads?

Medical Deans, as the peak body for the first stage of medical training, is well placed to lead such a project. The recent development of the Medical Deans Medical Education Collaboration Committee (MECC), which includes Deans of Medicine and senior medical educators representing all 20 Australian and New Zealand medical schools, places Medical Deans in a position to achieve outcomes which are not able to be met by the individual consortiums described above.

Is this about national standardisation of medical school assessments?
No, this is about collaboration that sends the clear message that medical schools have the assessment expertise and that they are committed to raising the standard of assessment across Australia and NZ, without having national solutions imposed externally.

What does being part of the Project mean for medical schools?

- Providing 10 MCQs using Internal Medicine blueprint provided
- Delivering a 60-item MCQ exam in Internal Medicine to end-of-course students in 2014
- Deciding where in the course to place the Module
- Deciding what contribution it will make to progression – the Project suggests 20 per cent of the internal medicine mark so that students take it seriously
- Programming the 90 minute exam into the assessment schedule
- Telling students about the module and when they will take

We do not use MCQs in our final written exam (we use EMQs, SAQs, progress testing) but we want to assist the benchmarking project. How can we be involved this?

The solution proposed at the moment is a series of modules (i.e. Internal Medicine, Surgery, General Practice, Psychiatry, Paediatrics, O&G) with the long-term plan being that schools would use two modules per year and complete the full suite over a three-year period.

Schools would program a module (MCQs) into their assessment timetable and use some percentage of the mark on the module towards their local barrier. This should be enough to ensure student engagement but not so much that it distorts the balance of local assessment.

We do not test all medical students at the end of final year – half are tested mid-year and half are tested end of the year

This would work as a sampling of students rather than the whole cohort – 50% is a suitable sample from which you could get meaningful comparative data.

We could use some of the 60 MCQs but not all

To ensure the success of the benchmarking pilot project – where embedding in existing exams is not an option – we are asking schools to create a standalone single module for adult internal medicine consisting of 60 MCQs. We need schools to attach just enough summative importance to the module that students will take it seriously (we suggest 20% of the component that would normally be attributable to internal medicine) and make it clear to students that it is part of an Australasia wide benchmarking project. Over the next couple of years we hope to have six modules (med, surg, paed, general practice, pysch, O&G) with the aim being that each institution delivers two in any given year. This gives a three-year benchmarking cycle.

What support can participating medical schools provide for the project?

Enter 10 questions spread across a simple blueprint on adult internal medicine into the Exambank set up for Medical Deans by AMSAC. If schools need assistance with entry of questions in to the databank please contact the Project Manager (Karin Oldfield) on koldfield@medicaldeans.org.au or 02 90367585.

What happens after we enter questions into the Exambank?

A steering committee review group will go through and filter down to 100 question set for review by schools. From this we would generate the 60 question module from the items gaining widest acceptance.
FAQS
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When will the first module be ready for use?

The project hopes to have a module ready by early February 2014

Our school uses progress testing; can we still be part of the project?

Yes, in the first iteration there is no problem with it being simultaneously administered to all years at a school but if you hoped to retain questions in the bank that had been demonstrated to perform well these will become problematic in future modules because they will have been pre-exposed to the cohort at that school. It really comes down to whether or not we would plan for each new module to contain all new questions. An issue though for consideration is whether the progress test carries any weight: if it plays no role in any decision about progression then a sub-set of students will perform below their best and this may distort the data.

Why collaborate on medical course assessment?

Collaboration provides the impetus to stimulate the professionalisation of assessment and improve the quality of assessments.¹

What is the goal of assessment collaboration?

- A way to express mutual interest, exchange information and a way of tapping into and taking full account of the expertise of all participants;
- Provides access to expert guidance on assessment skills, including design, writing, editing, development of electronic products (i.e. data software);
- Provides remote access to resources, such as assessment databases, data analysis, school reports;
- Provides a forum for collaborative communication on the often complex area of assessment and evaluation.

Collaboration is about doing more together than any of us can do alone.

Important aspects of medical assessment collaboration include:

- Building capacity - develop protocols for developing, storing, implementing, analysing and reporting on assessment items;
- Seeking meaningful, multi-directional dialogue aimed at learning and sharing information about assessment between medical schools - providing benchmarking reports for schools and feedback for individual students;
- Leveraging differences - different strengths, different knowledge - on behalf of the group, rather than dwelling on those differences - build staff capabilities through assessment and item development workshops;
- Allowing equal participation even when there are differences in responsibility, knowledge, resources - using resources effectively to minimise duplication.

It is important to remember that collaboration does not transfer the autonomy of participants.

¹Van der Vleuten et al