

amee 2014

INTERNATIONAL ASSOCIATION FOR MEDICAL EDUCATION

Milan, Italy

MiCo Milano Congressi

30 August – 3 September 2014

ABSTRACT BOOK

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2014



2G3 (21717)

Reliability Analysis of an Objective Structured Clinical Examination with Generalizability Theory

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Background: OSCE is a widely used method to assess clinical competence in health sciences. In Latin America there are no reports about OSCE reliability using generalizability theory. The objective of the study was to assess clinical competence in medical students with an OSCE, and to measure its reliability with generalizability theory.

Summary of Work: Prospective cohort study, pre-posttest, in 5th year medical students at UNAM Faculty of Medicine in Mexico City. Students were assessed with 18 six-minute OSCE stations. At the beginning of Internship we applied a pretest, and a posttest one year later. Internal consistency was calculated regarding the total scores for each station. A crossover random effects design was used to identify the main sources of variation. Examiners, standardized patients and cases were regarded as a single facet of analysis.

Summary of Results: 278 Students were assessed. Pre-test OSCE global mean score was 55.4 ± 6.3 , the post-test score was 62.6 ± 5.6 ($p < 0.001$), with a Cohen $d = 1.2$. Cronbach's alpha in the pre-test was 0.62 and 0.64 in post-test. Coefficient κ was 0.66 in the pretest and 0.62 in the posttest. The major components of variance were the residual error, stations and students.

Discussion and Conclusions: The clinical competence of medical students measured with an OSCE is higher at the end of undergraduate medical internship. The OSCEs showed adequate reliability evidence, using the two analyses, Cronbach's alpha and G Theory.

Take home messages: Reliability using generalizability theory in our 2-hour, 18-stations OSCE was acceptable.

2G4 (22510)

Correlation of Self Assessment and Peer Assessment to the Passing Grade of the OSCE in Level 2 and Level 4 Students, Faculty of Medicine UNISBA

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Background: Objective Structured Clinical examination (OSCE) is a clinical competency assessment of students comprehensively and consistently. Self assessment and peer assessment could improve student capacity to perceive learning objective, increase self confidence, critical thinking ability and act appropriately in facing the exam. This study aims to look at the relationship between self and peer assessment to the passing grade of the OSCE in level 2 and level 4 students

Summary of Work: The value of the OSCE was retrieved after students take the exam, while self and peer assessment was carried out just before the exam. Self assessment was done by students themselves, whereas peer assessment was done by 5 other students who had one group.

Summary of Results: The study result in the level 2 students shows meaningful relationship between self and peer assessment with the passing grade of the OSCE with P value < 0.001 . The strength of relationship between these was moderate ($R = 0.426$). In level 4 students the results indicate there is meaningful relationship between self assessment and the passing grade of the OSCE with P value < 0.001 . The strength of relationship between these is moderate ($R = 0.451$). There is no meaningful correlation between peer assessment and passing grade of the OSCE.

Discussion and Conclusions: Self assessment has positive correlation to the passing grade of the OSCE in level 2 and level 4 students. Peer assessment has positive correlation to the passing grade of the OSCE in level 2 students. Self assessment has positive correlation to peer assessment in level 2 and level 4 students.

Take-home messages: Self assessment and peer assessment are necessary for achieving learning outcomes and students' performance to gain clinical competence

AMEE 2014 Programme Schedule

Day/Date	Time	Session Type
Sunday 31 st August	1730-1930	Session 1: Plenary 1
Monday 1 st September	0830-1015	Session 2: Simultaneous Sessions
	1015-1045	COFFEE BREAK
	1045-1230	Session 3: Simultaneous Sessions
	1230-1400	LUNCH
	1400-1530	Session 4: Simultaneous Sessions
	1530-1600	COFFEE BREAK
	1600-1730	Session 5: Simultaneous Sessions
Tuesday 2 nd September	0830-1015	Session 6: Plenary 2
	1015-1045	COFFEE BREAK
	1045-1230	Session 7: Simultaneous Sessions
	1230-1400	LUNCH
	1400-1530	Session 8: Simultaneous Sessions
	1530-1600	COFFEE BREAK
	1600-1730	Session 9: Simultaneous Sessions
Wednesday 3 rd September	0830-1015	Session 10: Simultaneous Sessions
	1015-1045	COFFEE BREAK
	1045-1230	Session 11: Plenary 3
	1230	Close of Conference

