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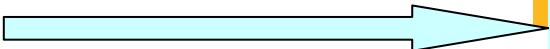
Description and evaluation of the training program for the FRACP part 1 clinical examination, The Alfred hospital, Melbourne.

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The Clinical Examination (CE) for the Fellowship of the Royal Australasian College of Physicians FRACP - part 1.



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- -high stakes hurdle exam
 - enables entry to advanced training.
- -pre-requisite:
 - 36 months of basic physician training.
 - success in written (MCQ) component.
- -candidates assessed on:
 - 2 long cases 
 - 4 short cases. 

(60minutes with patient unobserved)

(15 minutes with patient, observed; by 2 examiners).

Skills required



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- Long Case:
 - thorough history, accurate examination and holistic approach to the assessment and management of a complex medical patient.

- Short Case:
 - accurate execution and interpretation of clinical signs and relevant investigations.



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Aims of this study

- To describe and to present an evaluation of, the FRACP 1 clinical training program at The Alfred, Melbourne.
- To develop a set of broad FRACP 1 clinical training guidelines highlighting more effective, and at times innovative, teaching methods.



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Method

Method



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- **Description and evaluation of the FRACP part 1 clinical training program at The Alfred hospital, run during 2008 and 2009.**

Method (ctd)



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- **Survey completed by 45 of the 52 trainees at The Alfred who sat the CE during that period:**
 - circulated **after** the clinical exam but **before** results became available.
- **Results presented using a 4-point Likert rating scale.**

Method (ctd)



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- **The success rate of the 52 Alfred trainees was compared with the national pass rate:**
 - default validation.
 - not a program comparator.



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PROGRAM DESCRIPTION

- early April to end of July

-approx.15 weeks

PROGRAM DESCRIPTION

Long Case Program



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- i) **Introductory sessions:**
 - how to take, document and present a long case.
- ii) **Subsequent program:**
 - 2 long cases per week for ~15 weeks.
 - 1 or more **videorecorded** long cases per trainee.
 - weekly tutorials focusing on **specific long cases.**
 - trial examinations:
 - > Saturday morning - small groups.
 - > single full dress trial (half day).
- (recommended attendance at all long case demonstrations run by RACP)



PROGRAM DESCRIPTION

Long Case Program



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- Selected candidates targeted for:
 - long case(s) observed at bedside (directors of training).
 - additional cases with senior examiners.

PROGRAM DESCRIPTION

Short Case Program

- (i) **Introductory sessions**
 - basic clinical skills revision program/workshops.

- (ii) **Subsequent program**
 - > bedside tutorials -
 - weekly: cardiology, respiratory, neurology.
 - alternate weekly: abdominal, joint examination.

 - > classroom tutorials -
 - around clinical examination issues and investigations.

 - > specialty clinic exposure -
 - rheumatology, neurology, cardiology.

 - > trial examinations.

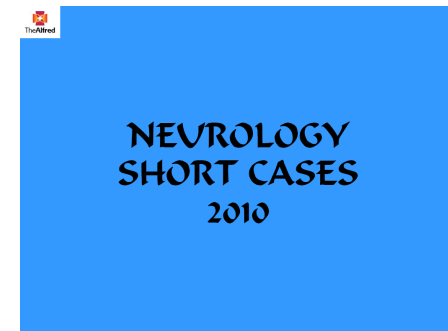
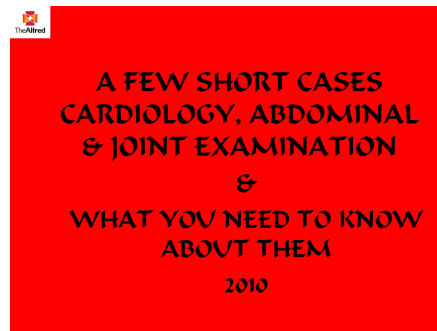
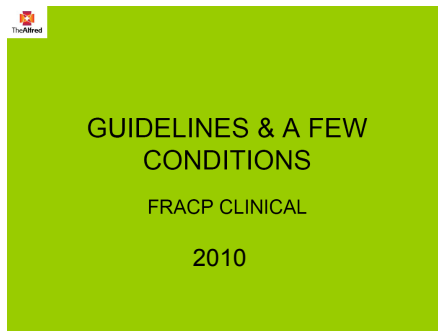
PROGRAM DESCRIPTION



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- **Additional teaching tools:**

- locally produced handbooks for “bedside use” during long and short case preparation.



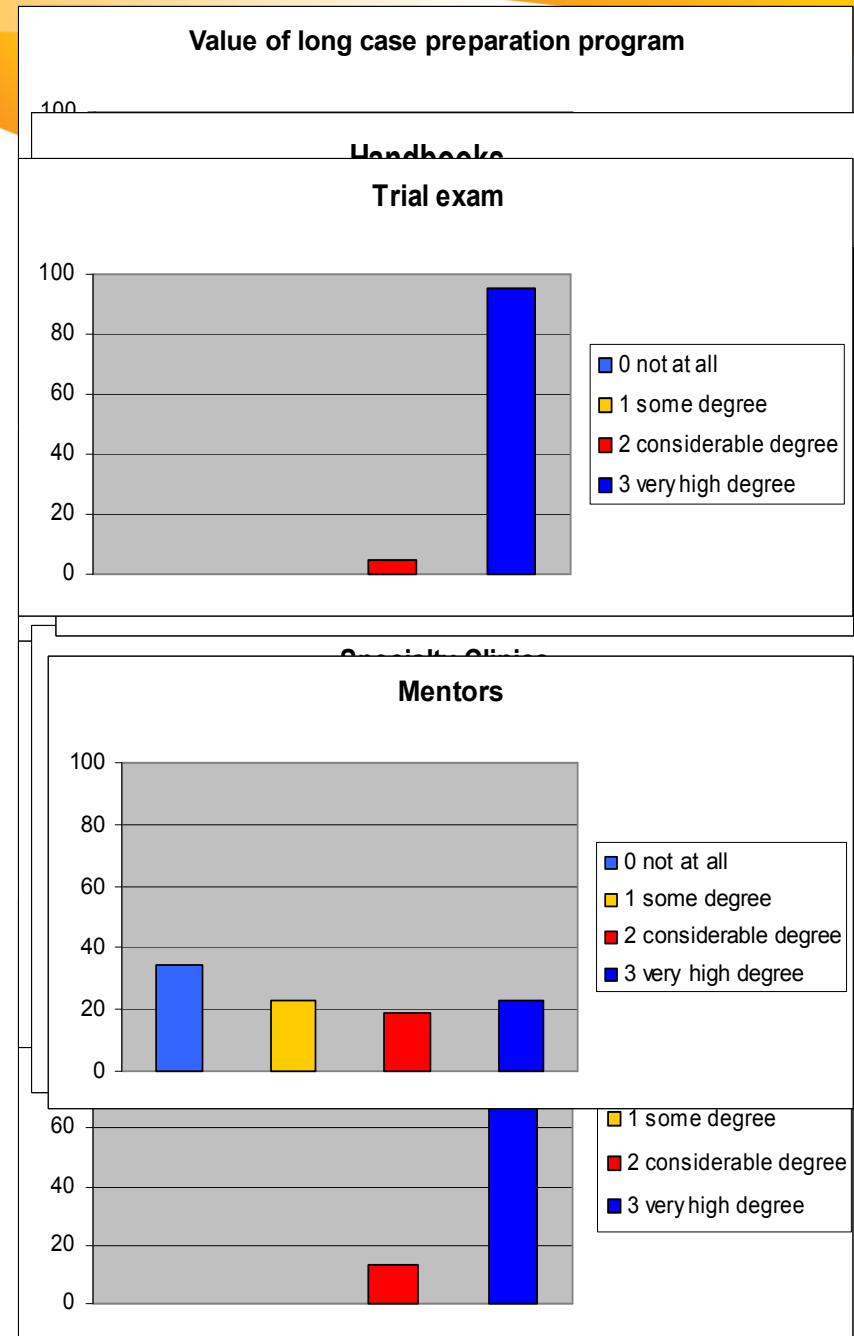


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PROGRAM EVALUATION

Program evaluation

- **Candidate feedback:**
- All elements of the program were rated very highly for examination preparation, except log book and mentors.
- Trial examination and handbooks rated particularly highly by all candidates.





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EVALUATION OF CE RESULTS



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Comparison of local and national (excluding local trainees) trainee pass rates.

	national candidates	local candidates
2008	594	25
2009	649	27
Results		
Passed in 2008:	435 (73.2%)	23 (92.0%)^a
Passed in 2009:	498 (76.7%)	26 (96.3%)^{a*}

* Chi-square test of independence - $p < .05$.

^a Continuity correction applied for cells with less than 5 participants.

“As shown, the pass rate for local trainees was significantly higher than was seen for trainees nationally in 2009, $\chi^2(1) = 4.33$ $p = .03$, with a trend for a local trainee advantage evident in 2008, $\chi^2(1) = 3.47$, $p = .06$.



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- Overall long case pass rate in CE was 88%.
 - “highly satisfactory” in 27% ($\geq 5+$ or 76%).
- Overall short case pass rate was 75.5% (157 out of 208 cases)
 - 69% in 2008 to 81.5% in 2009.



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DISCUSSION



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To cover:

- videorecording long case presentation.
- the observed long case.
- log book and mentor.
- basic clinical skills revision program/workshops.



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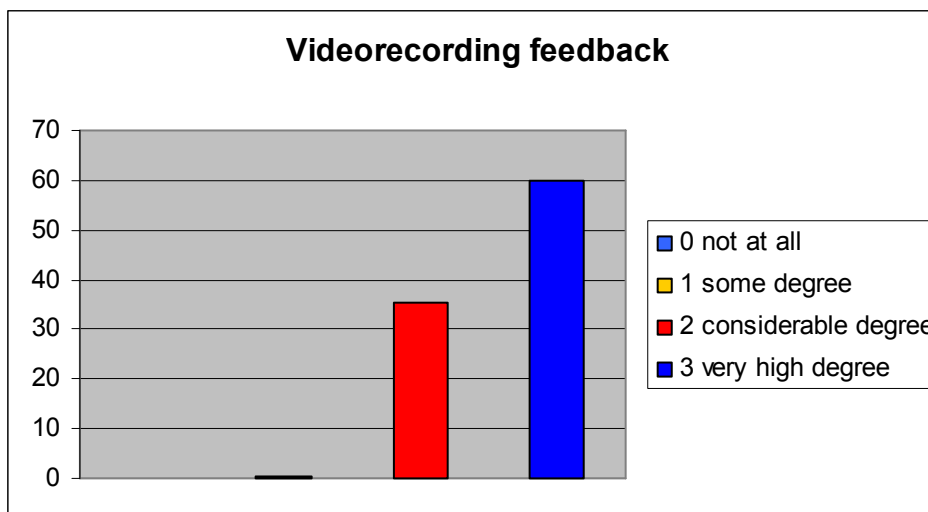
VIDEORECORDING LONG CASE PRESENTATIONS

Videorecording long case presentations²



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- Found to be a very valuable teaching method.
- Able to assess:
 - content.
 - discussion.
 - “mannerisms” and presentation style.
- Suggested format:
 - general to specific feedback.
 - separately view each component of presentation.
- Develop an improvement plan for the trainee.



[2] Twelve tips for using videotape reviews for feedback on clinical performance. *Medical Teacher* 1993; 15:131-139

Videorecording long case presentations



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- Additional issues:
 - time consuming (approx. 1 hour per long case).
 - technical requirements (minimal).
 - anxiety provoking.

The Observed Long Case



- Allows examiners to better understand where problems arise, for example in history taking, time management and examination issues.
- Found to have major benefits for feedback and educational impact of assessment. ^{1,3}

[1] TJ Wilkinson, PJ Campbell, Judd SR. Reliability of the long case. *Medical Education* 2008; 42: 887-893

[3] Pavlakis N, Laurent R. Role of the observed long case in postgraduate medical training. *Internal Medicine Journal* 2001; 31: 523-528.

The Observed Long Case



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- Select candidates for whom presentations are consistently:
 - incomplete or inaccurate.
 - poorly prioritised and synthesised.
 - disorganised.
 - errors on physical examination.

The Observed Long Case



- **How to utilise this tool:**
 - observation and feedback alone.
 - interrupt with suggestions during history.
 - offer guidance in identifying priorities.
 - offer guidance re actual long case presentation.

Log book and the role of mentor⁴⁻⁶



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- A large volume of literature exists regarding the value of these tools.
- Require better guidance for candidates, together with further mentor training, to facilitate improved utilisation of these tools.

[4] Snadden D, Thomas M. The use of portfolio learning in medical education. *Medical Teacher* 1998; 20: 192-199

[5] Sambunjak D, Stauss SE, Marusic A. Mentoring in academic medicine: a systemic review. *JAMA* 2006; 296: 1103-15.

[6] Ramanan R, Phillips R, Davis RB, Silen W, Reede J. Mentoring in medicine: keys to satisfaction. *Am J Med* 2002; 112: 336-41.

Comparative short case pass rates 2008/2009



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Comparison of 2008 and 2009 short case pass rates.

	2008	2009
Number of short cases	100	108
Number of short cases passed	69 (69.0%)	88 (81.5%)*

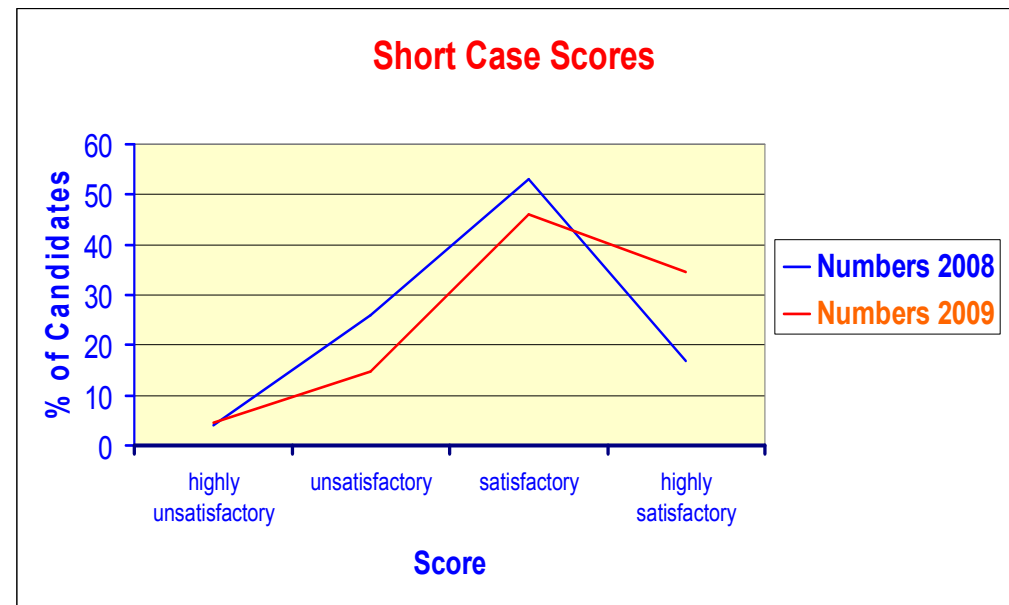
* Chi-square test of independence - $p < .05$

“As shown, this reached statistical significance,
 $\chi^2(1) = 4.37, p = .04.$ ”

Short case-basic clinical skills revision program/ workshops



- Targeted basic examination, interpretation of signs and correct meaningful descriptive terms.
- Further evaluation appropriate to confirm possible link between these events.



Conclusions



1

- **A successful CE training program has been evaluated.**
- **Candidate feedback confirms the highly valued role of trial examinations.**
- **Additional tools beyond traditional long and short case activities include:**
 - **use of videorecording.**
 - **the observed long case.**
 - **early implementation of a basic clinical skills revision program.**
 - **handbook guides to common conditions for use at the bedside.**
- **High resource demand.**

Flow chart for long case clinical training

-Initial tutorials: approach to long cases.



20-30 Long cases (variety of common medical conditions)

Videorecording with feedback for each candidate.



**15 week
program**

Classroom tutorials:
case presentation, specific disease knowledge, synthesis, prioritisation, clinical reasoning and answering questions.

New College Curriculum



The Observed Long case for selected candidates.

- Support with handbooks.

Flow chart for short case clinical training

Initial tutorials: approach to short cases- basics clinical skills revision



Weekly: Cardiology, Respiratory, Neurology
Alternate weekly: joint, abdominal examination
Specialty clinics



Candidate
15 weeks

College Curriculum

Knowledge base required.
How to interpret information
& how to present, list of
differentials how to answer
the questions

Trial exams



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Regular Saturday
Morning education
sessions

Candidate
15 weeks



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Acknowledgement

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