

School of Examinations:
European Examiner Certificate EEC

Klaus Albegger

Graz/Austria

UEMS Section and Board ORL-HNS

Brussels, 13.12.2014

Topics of the presentation

1. Short questionnaire

How is the present situation in the different sections?

Which specialities would really need a training for their examiners?

2. Problems of oral assessments

3. Present situation:

selection and training for examiners

(different for „old“ and „newer“ specialists sections, UK and Europe)

4. Learning objectives for European Examiners

5. How could it be organised for about 30 specialities?

6. Costs ?

Please answer this questionnaire!
Thank you!

Questions regarding European Examiners and Examinations (by Klaus Albegger, ORL-HNS)

Name of your speciality:

Question	Oral viva	written
1.) When did you start the exams?		
2.) What is the format of your exams content? (MC/Essay/Clinical Cases/...)		
3.) How many candidates do you usually assess per exam day / per year?		
4.) How many examiners do you usually need per exam day?		
5.) What is the qualification of your examiners (Didactic training program / certificate)?		
6.) Is there a training program for your examiners? If so, please send the content me.		
7.) What kind of Multiple Choice Questions do you use?		

8.) Are there any guidelines and/or a training to write good multiple-choice questions? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.) Do you have a statistical evaluation after the exam? (difficulty, discrimination index, evaluation of the distractors, Cronbach's alpha ect. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.) Do you have a review before and after an exam? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.) Do you have a "blueprint" for the exam? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.) If so, what are the criteria for this blueprint(s)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.) Do you think that a special training for your examiners would improve the quality of your exams? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.) Would you support the idea of special training courses for European Certified Examiners (ECE)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your remarks/suggestions: ¶		

Name?

School of examiners? Academy of examiners?

European Examiner Certificate EEC

European Certified Examiner ECE?

Other proposals?

Assessments of clinical competences are a crucial for the decisions about the ability of specialits after training.

What should be assessed?

- Knowledge,
- clinical examination skills,
- practical procedures skills,
- doctor-patient communication,
- problem solving ability,
- management skills,
- professional attitudes and behaviour.
- relationship with colleagues, and others.....



Assessment is never undertaken without a specific purpose. This can be either summative or formative.

Summative means, that the assessment has been conducted for decision making or for certification purposes, like UEMS

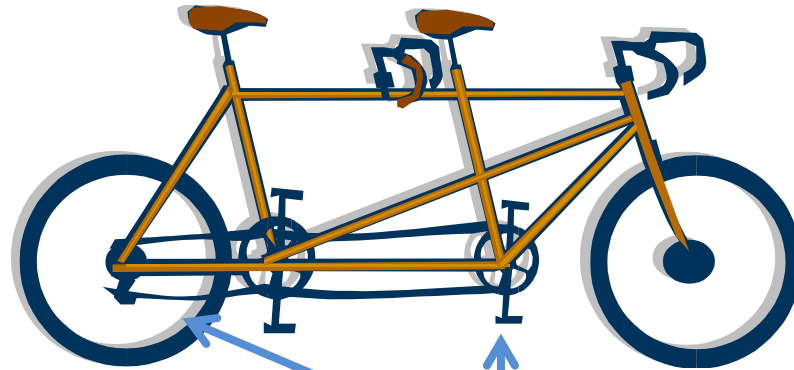
Formative assessment linked to the curriculum design should be an essential part of medical education and training, pre- and postgrad.

Assessment drives the curriculum

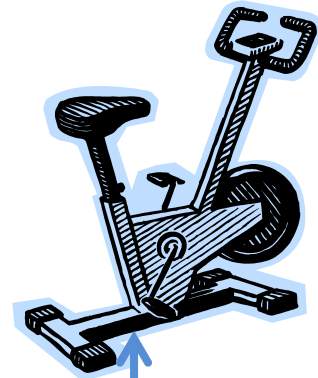


Curriculum
Logbook

Summative
Assessment



Formative assessment:
Effective feedback is a
central process



Self-
Assessment
Not driving,
But good training

Summative Assessment:

Assuring, that an individual meets a certain qualification level
(f.e. UK-Royal College of Surgeons, United States USMLE, EU ????)

How is the situation in Europe?
Do we have a common curriculum and defined qualification level in all specialities?





The Council for European Specialist Medical Assessment
(CESMA-UEMS)



Avenue de la Couronne, 20 B-1050 Brussels, Belgium



Guidelines on examiner selection for European postgraduate medical Assessments

Authors: Zeev Goldik, Danny G.P. Mathysen, Jean-Baptiste Rouffet, Julie-Lyn Noël, Alfred Tenore, Vassilios Papalois, Owen Sparrow



Advantages and disadvantages of oral assessment

Oral assessment mirrors the oral form of communication that dominates professional medical practice, while being able to test the limits of knowledge and understanding. In this way, oral assessment is an effective way of assessing cognitive processes, interpersonal competence and interpersonal qualities.

In contrast to a written form of assessment, oral assessment displays the quality of being flexible, and therefore clinical competences and higher order cognitive skills that cannot be assessed with written assessment, can be assessed by oral assessment.



Disadvantages of oral assessment

There are several disadvantages to be considered when oral assessment is concerned. First of all, oral assessment is resource intensive. Secondly, during oral assessment judgments will be made on the basis of limited evidence, which in case of appeal may be troublesome without written evidence to justify the marks given. Furthermore, examiners will need to be able to distinguish between what a candidate says and how it is being said. Candidates may display performance-inhibiting stress, which may lead to underestimation by the examiners and which may lead to poor agreement between examiners.

In contrast to a written form of assessment, oral assessments are expensive to be organised, require complex logistics and are very time consuming.



**ORL-HNS viva exam 29.11.2014 147 Candidates, 62 Examiners,
25 Helpers for Administration**

“Hawks and Doves” by Zeev Goldik (MD) (MPH)

CESMA Innsbruck 24.05.2014.pdf

Dr Goldik made a interesting interactive presentation on the attitudes of examiners which can be very different from one another.

Effect of training examiners

- “All assessments that depend on human raters are vulnerable to mischief due to raters”
- “Some studies have found null or even negative effects of training”

Bernardin, HJ, & Buckley, MR. Strategies in rater training.

*Academy of
Management
1981:6,205-222*

Oral Exams - what works and what doesn't (Interactive) – Nigel Bax

Prof. Nigel Bax reflected on the relevance of oral examination to assess the competence of medical specialists. He challenged the usefulness of this assessment method to the scope of practice to be evaluated. He stressed that oral examination were not reliable enough and could lead to chairmen of EU exam to receive complaints from candidates given the subjectivity and the absence of pre set questions for oral examination.

DANGERS of oral Examinations

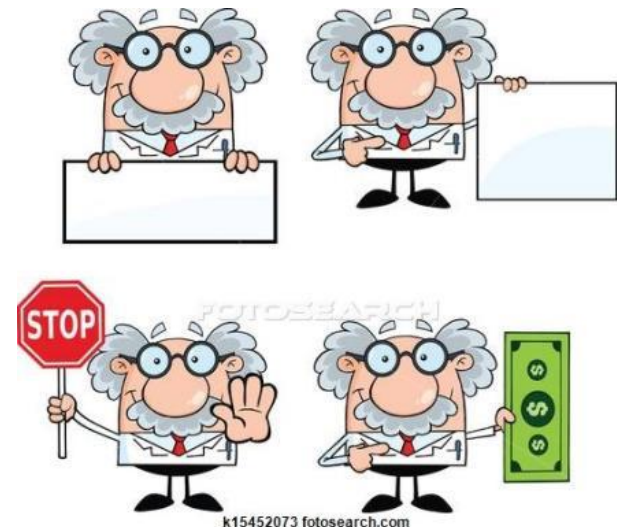
- Language differences
- Comprehension differences
- Potential for discrimination
- Inherently less reliable than other assessment methods
- Challengeable
- A cheap way of having a surrogate for a clinical examination

Oral examinations come in various forms, ranging from completely unstructured to highly structured, case based examination. The oral examination tended to be discarded, being considered too unreliable, and too expensive. But recently the opinion has shifted in a more favourable direction and the prevailing view is that there is room for an oral exam as long as it is used in a correct way and for the correct purpose.

Potential weakness as inconsistency between examiners

Examiners require specific skills (Norcini et al. 2011)

Considerable resources should be devoted to examiners training





ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Joint Committee on Intercollegiate Examinations

Terms of Reference

Joint Committee on Intercollegiate Examinations May 2014

Criteria for Appointment to the Panels of Examiners

In accordance with the GMC Standards for Curricula and Assessment System 'examiners will be recruited against criteria for performing the tasks they undertake'. Therefore, applicants will be required to identify, on their application form, areas within the examination where they are competent to examine.

Eligibility Criteria

Applicants must:

1. be a Fellow of one of the four Royal Surgical Colleges of Great Britain and Ireland and in good standing with the College
2. hold a substantive (min 5 years) Consultant post (min 5 PAs) in the National Health Service/Public Health Service (Ireland)
3. be in 'good standing' with the GMC.
4. For our purposes 'not in good standing' and 'under investigation' refers to either an Interim order being issued and/or
5. conditions having been placed on practice by the GMC and/or suspension from the workplace.
6. have significant previous examining experience e.g. MRCS, University undergraduate
7. be able to demonstrate an established interest in teaching, training and education or surgical trainees
8. be able to complete one term of office (5 years) before retirement
9. have approval of the Chief Executive or Medical Director to commit the time necessary to undertake this important educational role [Structured Reference A].
10. be prepared to relinquish any involvement or participation in crammer examination revision courses. This rule does not preclude examiners from lecturing at courses or teaching their own trainees as part of their normal training commitment as examiners would not examine their own trainees in the examination

Personal Specification

Applicants must:

1. be able to demonstrate a policy of courtesy, fairness and non-discrimination [Structured Reference B]
2. have high professional standards in, and commitment to the teaching and development of higher surgical trainees [Structured Reference B]
3. have a commitment to continuing professional development and research (inc publications) with up to date specialist knowledge [Structured Reference A]
4. have an enthusiasm for, competence in and loyalty to the surgical profession [Structured Reference B]
5. have a commitment to the professional conduct and development of the examinations and a willingness to provide the time necessary to honour commitments to write questions and attend examinations [Signed Declaration - Application Form]
6. have a commitment to on-going assessment, training and development as an examiner including participation in Internal Quality Assurance processes [Signed Declaration — Application Form]
7. be able to demonstrate specialist knowledge in the areas of the needs and requirements of the relevant Intercollegiate Specialty Board



ROYAL COLLEGE OF
PHYSICIANS AND
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Joint Committee on Intercollegiate Examinations

Examiner Induction Course Programme — Friday 31 October 2014

Royal College of Surgeons of Edinburgh

Quincentenary Building, The Tausend Room

¶

- Faculty:**
- Professor David Richens, Chairman JCIE ¶
 - Professor Phil Turner, Chairman, IQA ¶
 - Dr Cara Featherstone, Psychometrician ¶
 - Mr John James, Management Consultant → → ¶
 - ¶
 - ¶

10.15—11.00 → Welcome and overview of the examinations → → → *Professor David Richens* ¶

¶

11.00—11.30 → Role of Quality Assurance and the JCIE IQA Committee → → *Professor Phil Turner* ¶

¶

11.30--12.00 → Equality & Diversity in Assessment → → → → *Mr John James*

¶

12.00--12.30 → **Workshop A:** Equality & Diversity Issues → → → *Professor Turner & Faculty*

¶

12.30--13.30 → Lunch ¶

¶

13.30--13.55 → Psychometrics and evaluation of examination data → → *Dr Cara Featherstone*

¶

13.55--14.45 → **Workshop B:** How to construct and write oral questions → → *Dr Cara Featherstone* →
→ → → → → → → → → *& Faculty*

14.45--15.00 → Tea/Coffee ¶

¶

15:00-15.30 → How to undertake the oral and clinical examinations → → *Professor Phil Turner* →
→ → including the use of marking descriptors → → → → ¶

¶

15.30--16.00 → **Workshop C:** Oral examination; assessment of mark → → *Professor Phil Turner*
→ → and scenarios → → → → → → → ¶

¶

16.00 → → Round Up/Take home message → → → → *Professor Richens/Faculty*

EUROPEAN DIPLOMA IN ANAESTHESIOLOGY AND INTENSIVE CARE

- Home
- About the EDAIC
- Exam Types**
- Fees
- Dates / Centres / Deadlines
- Hypnos Grant
- Examinations Committee

- Exam Types** >
- On-Line Assessment >
- In Training Assessment
- Part I Examination** >
- On-line Registration for Part I Examination
- Part II Examination >

Part I Examination (MCQ)

Part I Examination Results

The anonymous results of the 2014 EDAIC Part I Examination are now available.

The detailed results are scheduled to be e-mailed to all

PART I EXAM ANONYMOUS RESULTS

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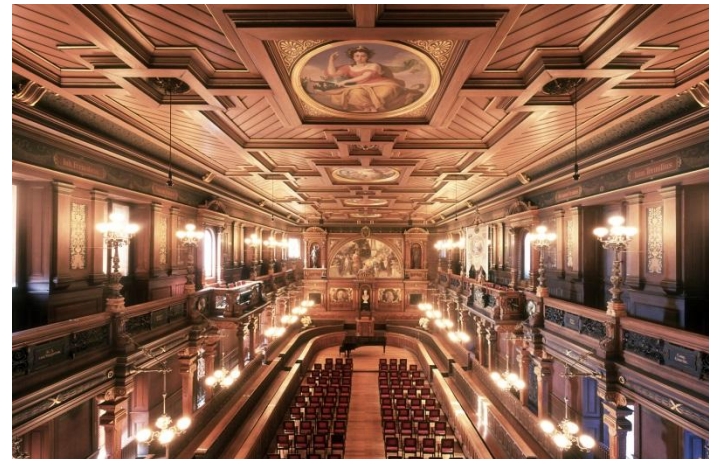




Prof.Dr.med.Jana Jünger, Dr.Konstantin Brass, Dipl.Marcus Lindner

Center of Excellence for Assessment in Medicine Master of Medical Education (MME)

The **Center of Excellence for Assessment in Medicine** (located in Heidelberg) is a joint effort of the Ministry of Science and Art of Baden-Württemberg and the Medical Faculty of Heidelberg University in cooperation with the medical faculties of Tuebingen, Ulm, Freiburg, and Mannheim universities.



Learning Objectives for Examiner's Training

General Part

Individual Part

General Consensus

Some Proposals



To be developed
by each specialists
section

The European Certified Examiner (ECE) graduate should....

- 1)....have an overview of competency-based assessment and be familiar with the relevant international activities.
- 2).....know the international standards for the performance of good and fair assessment as a basis for his/her own performance as an assessor (e.g. the WFME standards)
- 3).....have an overview of test statistical analysis procedures for assessment and should be capable to use such values for the improvement of their own items and questions.
- 4)....know methods for the standardized determination of pass/fail borders and apply these for their own items and questions (e.g. default setting, Angoff and modified Angoff, etc.)
- 5)....know criteria for authoring and reviewing good MCQs as well as be able to write good multiple-choice questions. He/she should also be able to give adequate feedback to colleagues in regard to their questions/items.

Learning objectives part II

6).....assess various methods of performance evaluation in regard to their advantages and disadvantages and be able to select adequate procedures for their own items and questions (global rating vs. checklists rating, benefits of anchor criteria, borderline method, span or rating scale: grades vs. points, etc.)

7).....know the criteria for writing good oral guided questions (Structured Oral Assessment) and he/she should be able to write good oral exam questions. They should also be able to give adequate feedback to colleagues in regard to their questions/items.

8).....know the influence of an examiner's behavior on the performance evaluation. He/she should also be able to provide feedback to colleagues in this regard. They should also be able to reflect on their own behavior and accept feedback.

9).....be able to adequately evaluate an examinee's performance based on structured tasks and sample solutions.

Consultation Board

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General Secretary UEMS
President of Sections
.....
.....

Steering Group

Zeev Goldik
Owen Sparrow
Vassilios Papalois
Jean Baptiste Rouffet
Alfred Tenore
Danny Mathysen
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Members

Train the Section Trainer

4 days Training

Training
and
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.....
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Norcini

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Training
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Neurology

Ca. 30
Section
Training
Examiners

Thank you for your attention!

Contact:

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Mobile +43 664 4222 865

<http://www.ebeorl-hns.org/>

8010 Graz

Wartingergasse 37

Cost Estimation for Train the (sub-)Trainer

Costs	Trainer	Technitian
Training/day	€ 1.500	€ 1.000
Accomodation/Meals	€ 200	€ 200
Sum	€ 1.700	€ 1.200
Number 4/2	€ 6.800	€ 2.400
4 Days	€ 27.200	€ 9.600
Travel 500 x 4 trainer/2 technitian	€ 2.000	€ 1.000
	€ 29.200	€ 10.600
SUM		€ 39.800

Specialists section: 4 Subtrainer
 6 Specialists section: 24 Subtrainer

24 Sub-Trainer from 6 Specialistssection: 40.000: 24= 1.667 €
 Per Section 6.667 €
 Section Trainer: 4x200 Accomodation=800 + 500 Travel= 1.300 €

School of Examinations:
European Examiner Certificate
EEC

Klaus Albegger
Graz/Austria
UEMS Section and Board
ORL-HNS

Brussels, 13.12.2014