Use of feedback

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Why seek / give feedback?

- Feedback is a tool for continued learning
- Feedback improves performance
- Feedback motivates
Feedback in examinations

- To candidates on their performance
- From candidates on examination itself
- From examiners / faculty
- From question writers
- To examiners & question writers
Provision of feedback to candidates

• Proactive – provided routinely OR
• Reactive – only provided on request
• What form does it take?
  o Overall indication of performance
  o Marks in individual sections / chapters of blueprint
  o Ranking or relative performance
  o In clinical / OSPE exams – area of strength or weakness
Assessment appraisal

• The ultimate feedback!

• If you have been appraised ..... Have the appraisers sought YOUR feedback?
CESMA survey of assessments
Barcelona, December 2018

UNION EUROPÉENNE DES MÉDECINS:SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

CESMA questionnaire on specialty assessments

Q1
Does your specialty run an assessment (in any form) available to candidates from all UEMS member states (not just local country, nation or state)?

Yes
Go to Q2
No
Exit

Q2
If (Q2) = No, Are you in the process of developing an exam?

Yes
No

Q3
If (Q3) = No, Please, inform why not:

This is the end of the questionnaire. Thank you for your interest.

Q4
If (Q2) = Yes,
For how many years overall has the assessment been run?
Please enter number of years:

This is the end of the questionnaire. Thank you for your interest.
Summary of responses
Questionnaire completion

• Responses from 24 specialties (57%)
  o 16 currently run an assessment
    o 13 running ≥8 years
    o 3 running ≤5 years
  o 8 in process or planning to develop an assessment
Examination ownership

- 4 run by UEMS Section
- 5 run by Specialist Society
- 7 run jointly by UEMS & Specialist Society
Assessment type

• 1 – described as Formative
• 2 – Formative and Summative elements
• 13 – Summative

• All but one:
  Certify Achievement of Specialist status
Eligibility criteria

• 3 None

• 13 Multiple overlapping criteria
  o 5 accredited specialist in own country
  o 9 specific stage in training (usually final year)
  o 8 certification by Training Supervisor
  o 7 Logbook of procedures

• 1 Specific criteria for non-EU candidates
Examination structure

- Non-medical specialties
  - All: multiple parts (MCQs and Oral / OSPE / clinical)
- Medical specialties
  - 4 1 or 2 parts (MCQs)
  - 1 3 papers (2 MCQs, 1 oral)
- All include MCQs
  - 12 Single best answer only
  - 2 True / False only
  - 2 SBA, T/F, EMQ combinations
Questions development

• 8 Qs written by examination committee only
• 8 Qs invited from specialists across Europe (and reviewed by exam committee)
Examination design & delivery

Design
• 4 Non-medical professional expert

MCQ Delivery & marking
• 1 Hand marked by exam committee
• 5 Computerised scanning system
• 10 By commercial partner (5 named)
Exam statistical analysis & Passmark determination

• Passmark
  o 1 Based on perceived difficulty
  o 3 Absolute
  o 4 Normative
  o 8 Statistical
    o Cohen’s cut-off
    o Angoff

• Statistical analysis
  o 14 Yes
  o 2 No
Examination appraisal

- 5 By CESMA
- 1 By ICBSE (Surgical Royal Colleges UK & Ireland)
- 2 In progress
- 7 Not yet
What’s new since 2014?

2014 survey by John Boorman, European Board of Plastic, Reconstructive and Aesthetic Surgery

- Responses from 28 specialties
- Exams held in 26 specialties
- 5 use multiple languages
- 15 of 25 paper-based
- Passmark setting (24)
  - Angoff (7); mean -1SD (4); 75% of top 5 (2)
  - Absolute (7); examiner vote (1)
What next?

Is it still acceptable to:

• not use electronic question databases?
• deliver on paper?
• use non-statistical methods?
  (4 of 16 use absolute or examiner vote)
• not be appraised externally?
Thank you for your attention

Feedback please!