Organization of a high-stake assessment in surgery for final year medical students

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Background

Final year examination in medical schools is the last professional assessment before medical students would proceed to internship as practicing doctors. At the Chinese University of Hong Kong, the final year examination consists of two parts – the medicine and surgery. Surgery examination covers disciplines including surgery, orthopedics, radiology, anaesthesia and intensive care.

Summary of work

The surgery examination is a high-stake examination based on a well-verified examination blueprint. The whole examination is divided into three parts: written examination, OSCE and clinical short-case examination using patients with real pathologies. Passing the examination means the medical students would have acquired the necessary knowledge and competencies of being interns.

Summary of result

The scope of surgery examination include (1) use of high-quality, standard-set MCQ items; (2) use of OSCE stations to test multi-facet tasks by well-trained simulated patients and assessors; (3) the use of patients with real surgical pathologies in clinical examination to test the relevant clinical examination skills.

Discussion and Conclusion

We make use of the strategy of “examination drives learning” so that our students would be willing to spend time in the ward environment and learn directly on patients they encounter during their clinical attachment. We tried hard to steer the students away from learning clinical medicine and surgery by rote learning by reading textbooks at home or in the library. The whole examination would take 7 hours in total but it allows a fair and comprehensive assessment of the knowledge and clinical competencies of the medical students. A similar approach is also used for licensure examination in Hong Kong.

The current format of final year surgery examination is a useful tool to ascertain the necessary credentials for medical students to progress to become safe and competent interns in the hospital setting. Although the resource requirement is substantial and also it may generate significant stress among medical students, it is a worthwhile exercise to make sure the graduating medical students are safe to practice. The medical schools cannot escape from the duty of protecting the public by this final gatekeeping.