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**Report from the "Meeting of the Council for European Specialist Assessment"**

**Innsbruck, Austria, 23-24 May, 2014**

In the beginning of the Meeting **Zeev Goldik** welcomed everybody, and informed that the communication about our meeting was published in the local Press.

Afterwards he presented us an interactive lecture about the personalities of examiners entitled:

### **HAWKS AND DOVES**

Following questions were asked in an interactive way:

1. Is the examination a teaching experience?

2. Should a borderline candidate pass?

Hawks – this group of examiners take patients' perspective

Doves – this group of examiners take candidates' perspective

3. Does good or bad luck in examinations exist?

4. What is the percentage of hawks and doves among examiners?

There is a very small percentage of examiners with a very extreme attitude.

Conclusion: You cannot train the examiner. It is difficult to change his/her personality.

Examiners gender – no difference related to hawks and doves.

**Nigel Bax** – continued with a presentation:

### **Oral exams, what works and what doesn't (Interactive)**

1. The question was asked if an oral exam must be the part of UEMS system. There were 50% answers YES, and 50% answers NO.

Following questions:

2. What is the main purpose of the oral examination?

Assess critical thinking /professionalism/reliability

An oral examination has national reliability.

There is a modern form of an oral exam, objective, structured clinical examination:

## **Objective structured clinical examination (OSCE)**

According to the speaker the literature is critical on oral examinations.

Pros and contras among the participants were discussed.

Examples of ophthalmologists was presented. The use written Multiple Choice Question (MCQ) - 40% of the exam, orals 60% of the exam.

The exam is organized during the medical congress. According to them oral exams are necessary, there is no impact of marginal factors on the result.

Representative of Cardiologists replied that no more oral examinations will be organized in their specialty.

The importance of HCQ tests was discussed. HCQ tests, asses– cognitive knowledge, how people would react in certain situations. It is advised to move the communication abilities shaping to the period of earlier training.

**Klaus Albegger** from Graz presented the current situation in the specialty of Oto-Rhinolaryngology and, Head&Neck surgery.

In Vienna first oral exam was organized, item-management system was used. 67% candidates passed. Last exam 2014 in Antalia, Turkey was organized.

The presenter showed us examples of examination sheets. We discussed some questions from the examination form. Statistical analyses of results were presented.

This section takes advantage of the UCAN system. The **umbrella consortium for assessment networks (UCAN) was developed at** the University of Heidelberg, it`s a non profit academic organization. Presentation included the application of their Item Management system, statistical analysis of results methods.

**James Kelly**, presented:

**Situational judgment tests (SJTs)** psychological test which present the test-taker with realistic, hypothetical scenarios asking the individual to identify the most appropriate response or to rank the responses in the order they feel is most effective. Situational judgement tests tend to determine behavioral tendencies, assessing how an individual will behave in a certain situation, and knowledge instruction, which evaluates the effectiveness of possible responses.

Subjective judgement tests

- Present real situations from life experience
- E.g. disagreement with the nurse on the dose of painkillers.

**John Boorman - SITUATION in DIFFERENT SECTIONS was presented:**

Exams are organized in different places, different languages are used. There are problems in translation. Exams are paper hand marked, paper scanned marked, computer based. There are different systems of calculating the results:

1. Mean minus 1SD
2. 75% of the mean of 5 best results
3. Fixed percentage 60%

**Arthur Felice presented the 360 Degrees Assessment in Surgical Trainees**

Psychomotor skills, technique, skill rating scales, with the use of a virtual patient are assessed.

Psychological assessment is important to introduce professionalism – priority to the trainees.

We should work with undergraduate to train the human aspect of professional behaviors.

The next topic was:

Discussion if LOGO of UEMS can be on certificates. The answer is that that the moment no, legal problem must be solved, lawyers must work on it.

**Jean Baptiste Rouffet**, proposed electronic certificates as alternative, database of candidates who passed could be created.

**Mariella Catalano presented an update on Section of Angiology/Vascular Medicine- recent examinations.**

They finished in 2012 working on the curriculum. There was a collaboration between VAS and UEMS Section of Angiology.

In order to receive European Masters, 2 years training are necessary, there is an agreement between 8 European Universities, or 25 hospitals and VAS.

European Fellowship can be done in the VAS Center.

In case of a national training – in national centers it must last 3 years.

Doctors, who already have a national specialty, may enter for the exam. Specialists in internal medicine, need 2 years training.

1 week before the exam the questions process of validation by the board takes place.

The disadvantage is that the national consideration of the examination is poor.

In the end some **News from the UEMS** were presented:

In February 2014 a conference on the implementation of criteria was organized.

UEMS had a meeting with medical associations in march.

There are changes in Chapter 6. Now a template must be used.

European Longbook for medical specialties Eulog 4 is released.

New website CESMA was created.

**Next meeting of CESMA is proposed for December 6th, 2014.**