Quality Assurance Team
Received by e-mail 25/09/2014

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2013– 2014

Part A: General Information

Subject area and awards being examined

Faculty / School of:	Medicine
Subject(s):	
Programme(s) / Module(s):	Phase 5 (Final MB)
Awards (e.g. BA/BSc/MSc etc):	MB BCh

Name and home Institution / affiliation of Examiner

Completed report

The completed report should be attached to an e-mail and sent as soon as possible, and no later than six weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to: **Head of Quality Assurance**
Room 12:81, EC Stoner Building
The University of Leeds, Leeds LS2 9JT

Part B: Comments for the Institution on the Examination Process and Standards

Matters for Urgent Attention
If there are any areas which you think require urgent attention before the programme is offered again please note them in this box

No

Only applicable in first year of appointment
Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

No

For Examiners completing their term of appointment
Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School

N/A

Standards

1. Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award

- *The appropriateness of the Intended Learning Outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

I believe that the stated learning outcomes were commensurate with the level of award.
(Please see attached report for further details)

2. Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

I believe that the stated learning outcomes meet the expectations of the national subject benchmark

3. Please comment on the assessment methods and the appropriateness of these to the ILOs

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

Assessment methods used in this examination were appropriate to the stated learning outcomes

4. Were students given adequate opportunity to demonstrate their achievement of the Aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

I believe so (Please see attached report for further details). The examination was effectively blueprinted to the stated learning outcomes.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

Please see attached report for details

6. Please comment on the nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

Unable to comment given that this is my first year as an external examiner

7. Please comment on the influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

Please see attached report for details

8. Where the programme forms part of an Integrated PhD, please comment on the appropriateness of the programme as training for a PhD

N/A

For Examiners involved in mentoring arrangements

9. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

N/A

The Examination/Assessment Process

10. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner.

Whether External Examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.

I believe that the information provided to me was sufficient and made available in a timely manner.

11. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks, marking criteria?

The coherence of the policies and procedures relating to External Examiners and whether they match the explicit roles they are asked to perform.

Yes – I received appropriate documentation in relation to the course and assessment content / process

12. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

Yes - Please see attached report for further details

13. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

Yes - Please see attached report for further details

14. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

N/A

15. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

Yes - Please see attached report for further details

16. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

Yes - Please see attached report for further details

Other comments

Please use this box if you wish to make any further comments not covered elsewhere on the form

Please see attached report for further details

External Examiners report

Institution: University of Leeds

Examination: Final MB

Year: 2013-14

The findings of this report are based on my

i) email correspondence prior to assessment dates

ii) site visits to 1) Bradford Royal Infirmary Hospital 14/5/2014 (morning session) and School of Medicine (afternoon session) and 2) Bradford Royal Infirmary Hospital (3/6/2014).

iii) Post hoc analysis results sent to me on the 13/6/2014 and attendance (via Skype) at examination board (17/6/2014)

Overall summary: Based on my observations I believe that the Final MB assessment at the University of Leeds (2013-14) was fair, conducted in a professional manner and comparative to other medical schools that I have experience of. I was very impressed with the organisation of the examinations and received good and timely communications from the assessment team. I would like to particularly thank the assessment team in facilitating my visits and responding to me queries in a timely manner. There were numerous examples of good practice that are detailed later on in this report. I look forward to working with the team over the next few years and contributing to the development of their assessment strategy and quality assessment of these important examinations.

Assessment blue printing: A thorough blue printing process had taken place prior to the examinations. This process appeared to be comprehensive and equitably sampled across the entire stated curriculum.

Performance of candidates: Of the sample of students that I observed during my time in Leeds/Bradford, the standard of performance shown by candidates, appeared to be adequate and in keeping with a graduating Final MB examination. The vast majority appeared to be competent in the tasks assigned to them; conducting themselves in a professional and compassionate manner. Numerous students performed to a very high standard.

Facilities: Overall the assessment venues were adequate and fit for purpose. They were reasonably spacious. The OSCE in Bradford Royal Infirmary Hospital took place in separate rooms which was an ideal setting for an OSCE. The OSCE in SoM took place in an open venue with dividing partitions. Despite some background noise – this was also a suitable venue. There was adequate water available and an endless supply of refreshments – which is important for staff and examiners during such a long examination. Staff used a bell system to signify time changes. This largely worked but with a few minor timing problems occurred. There are many relatively inexpensive OSCE timing systems on the market and this might be a suggestion going forward for the assessment team.

Standardised patients / real patients performance: Largely 'patients' performances in the OSCE was of a good standard. I gather that the standardised patients (SPs) received prior training of their role and conduct expected of them in OSCEs. I gather they also received specific training in awarding candidates scores. In some stations I did observe a degree of variation in how SPs portrayed their role (for e.g. in explaining the diagnosis of type II Diabetes station: some SPs prompted the student more than other SPs in the similar station in other circuits). Nevertheless this was within an acceptable range of variation and in keeping in other medicals school OSCEs that I have experience of.

I was delighted to see the use of real patients in the OSCE. I appreciate the many challenges there are in recruiting real patients for OSCEs and the team have to be commended in admirably rising to this challenge. Having 2 real patients per station – ensured that the patients were comfortable and less susceptible to distress by repeated examinations. Several of the real patients commented that they 'enjoyed the experience'. Real patients

were also asked to award ratings on the more humanistic interactions of the candidates encounter. Whilst they fully supported this concept – many of the real patients commented that they would like to have had more training in the process of awarding candidate scores. I would encourage the team to explore this for future OSCEs (especially as SPs scores is a separate rubric for passing this examination). In the future I wonder if the team might consider using more real patients in the OSCE? For example setting up a system whereby local GPs could recruit suitable patients to take part?

Examiner brief: Examiners were provided with an overview prior to the OSCE commencing. This brief appeared to be adequate in focusing the examiners on the task in hand. Examiners were given clear instructions about the process of the OSCE and what was expected of them on the day. There was also time for some Q&A following the brief. I wonder if in addition to a general examiner brief, if they could also be provided with more detail about the content of the stations that they will be examining - rather than just relying on reading the examiner notes (for e.g. the OSCE station writer being on site to give more instructions? Or specific comments about content to be included on the PowerPoint presentation). This may in some way help to address some of the examiner variance that I observed – especially when there were multiple circuits running in parallel. On some of my conversations with internal examiners, they mentioned that they would like to know more about how other examiners conducted themselves in the same station (in other circuits) that they were examining.

Standard setting: The border line regression method of standard setting was used for the OSCE. This is a very appropriate and widely used form of standard setting for OSCEs.

Examiner conduct: I gather that all examiners are required to receive training prior to examining in an OSCE. Overall this was evident in their conduct and commitment that I observed. However on a number of occasions I observed variation in how examiners delivered the same OSCE station. Nevertheless this variation appeared to be within an acceptable degree of variance and in keeping with other medical schools that I have experience of. In some of the stations the examiner had an intentionally *passive* role - but in other stations they were instructed to be more *interactive* with the candidate. In such stations I tended to observe more variance in examiner performance. I also observed

degrees of prompting by examiners that varied across circuits/sites. Often this was more implicit (e.g. *"can you think of one more reason……anything else…….you are nearly there"*). In some stations it was more explicit (e.g. *"Please put the sharp away now and carry on with the procedure as you have little time left"*). Examiners largely presented themselves in a neutral demeanour – but only a minority showed either a 'more receptive' manner compared to others. Again this is in keeping with other medical schools OSCEs that I have experience of.

Yellow cards: The School has a 'yellow card' system in place for reporting candidate unprofessional and/or unsafe practice. Such a system is standard practice with many other schools. During my time I did not observe any yellow cards being issued. Equally I did not observe any candidates performances that warranted a yellow card. I would commend the team for also having a 'green card scheme' (for excellent practice) – in keeping with the spirit of rewarding excellence.

OSCE feedback (by examiners): Given the duration that examiners spent examining in the stations – they are in an ideal position to comment on how the stations performed. Such information is invaluable if these stations are to be enhanced for future use. Examiners mentioned that they could provide this information by completing a feedback form – but none of them knew were these forms were located. Perhaps the forms were not included in the OSCEs that I observed? If not – I think this would also be a good idea to help station refinement if they are to be recycled. Many examiners specifically wanted to comment about the timing of the stations (esp if they were over or under running). A separate area on the OSCE examiner feedback sheet could also include the timing of the stations (e.g. 5 point likert scale ranging from: too short – just right – too long)?

Floor staff on the day: I was very impressed with the professional support staff / academics who contributed to the running of the OSCE on the day. There was a great sense of team work - with a focus on providing a fair examination for their students. This was evident on all sites that I visited but particularly in the Bradford Royal Infirmary site. The staff should be congratulated on this. It was also very evident that they had a good relationship with their students. I also welcomed the scheme were several 'volunteer' patients also contributed to

the running of the OSCEs. They appeared to enjoy the day and made a valuable contribution. Well done!

Students: The students at Leeds conducted themselves in a very professional manner. I had the opportunity to speak to a small number (c.15) after their 1st OSCE. Obviously the views of this small cohort may not be representative of the entire year group. Overall they felt that the examination was fair and that they were well informed in advance about the arrangements of the examination.

I also had the opportunity to speak to another cohort of students (c.10) following completion of their 2nd OSCE on the 3/6/2014. Overall they felt that the exam was fair. However some did express concerns on a number of points:

1) They would like to have known (or at least some indication) how well they performed in the first OSCE. There reasoning was to know 'how best to prepare' for the 2nd OSCE. After much discussion they appreciated that results need to be ratified by the examination board and that actually knowing that if your score was particularly low that this might be off putting.
2) The group also mentioned that they would have liked "better support" (e.g. further guidance on how to prepare for the second OSCE, more opportunities to chat to staff about their anxieties about the second OSCE). On further questioning they acknowledged the school had a good student support service but possibly their views may have been skewed given that they had to sit a second OSCE.
3) There were also some comments about the desire to have been provided with more information about the timings and logistics of the second OSCE.

Again these issues were only raised by a small cohort of candidates and may not be representative of the larger group. The students felt that they could communicate their issues with the medical school – if they so wished. Such post OSCE issues are often encountered in other medical schools. Overall they supported the use of sequential OSCEs compared to the previous format and resits in November the following year. Some students

mentioned that (following the OSCE) on discussion with their colleagues - they also noticed some examiners varied in how they asked questions and prompted.

Psychometrics:

I was provided with a very detailed summary of the metrics for this set of OSCEs. Such a detailed report is an example of best practice. The OSCE achieved an overall Cronbachs alpha of 0.725 with good R^2 values for many of the stations. I appreciate the need to withdraw 2 stations due to poor metrics and not being unable to apply the 60% station pass profile part of the rubic. Metrics reveal that there was a site variation detected in the SoM site – with as many candidates failing to achieve a pass mark as in the other sites (and that marks were adjusted to a common mean). The assessment team reflected that this may be due to the number of independent review marking taking place on this site. I think this is a plausible reason for this effect and I am glad to see that the team have already considered changes for next year's OSCEs. Social processes have the potential to have an effect on OSCEs and their metrics. Such effects have not yet been fully explained in the evidence base. Having an experienced statistician observing the OSCE performance was an example of good practice and should be encouraged in other medical schools.

OSCE stations: Generally the OSCE stations were well written. Stations tested a wide ranging of integrated clinical domains (including communication skills, history taking skills, physical examination skills, mental state assessment, clinical reasoning, prescribing skills and procedural skills) which were appropriate to the candidates level of studies. I commend the use of variation in the duration of OSCE stations (i.e. 8 and 12 minutes) were longer timed stations allowed testing of more integrated skills. Largely the skills assessment focused on preparation *for* practice in skills expected of candidates in the Foundation Programme scheme. Fewer stations tested more preparation *to* practice skills i.e. more lifelong skills. I gather that only one (out of 13) new station was developed for the main OSCE (but noting that one station was substantially revised and others updated). Given the tendency of the social network of medical students and sharing of previous OSCE station content – the team may consider introducing more new stations next year?

Comments re individual stations:

13/05/2014 OSCE (Not present for)

14/05/2014 OSCE stations:

1) **Cardiovascular examination station:** This was a good and suitable station. I particularly welcomed the use of real patients in this station. Clinical data was also presented to candidates at this station allow good integration of their clinical reasoning skills.

2) **Respiratory examination station:** This station worked well and again the use of a real patient has to be commended.

3) **Video of a patient with Parkinson's disease:** This is a good use of technology and footage of a real patient. Perhaps in the future the team might think of using a real patient with PD?

4) **Treatment of a patient with UTI.** This was a good station testing clinical reasoning and prescribing skills. This is a common task encounter by FP doctors. Generally candidates were pushed for time in this station.

5) **VTE assessment / management station:** This was an excellent and represents a very important clinical task for FP. This station appeared to run well how given the nature of the questions that the examiners posed candidates – it was often subject to examiner variance in how they asked the questions and prompting.

6) **MCCD station:** This was a good station and an important task required of FPs. I particular like the use of clinical mocked up patient notes to make this station more realistic.

7) **Venepuncture and transfusion prescription:** This station appeared to work well. It represented a good blend of procedural and prescribing skills.

3/6/2013

1) **Abdominal examination:** This was also a suitable station. I commend the use of real patients in this station. One minor point – on the marks sheet 'ECG' was mentioned but in fact it was 'blood test' results that were needed to be interpreted by candidates

2) **Cardiovascular examination station:** Like the first OSCE, this is an important station and performed well. Of note this station had female patients and candidates particularly demonstrated sensitivity in examining the female praecordium. I wonder if the checklist weightings acknowledge this particular dimension in this station?

3) **Eye examination:** This station worked well and included examination of a SP and a manikin set of eyes. Overall this station worked well. I wonder if in the future the team may consider using real patients?

4) **Pre op assessment station:** This was an excellent station and appeared to work well.

5) **ABG sampling and interpretation station:** Overall this station worked well. There was a tendency for candidates to be very 'checklist' oriented in this station. I wonder if this station is to be recycled in the future that the team may consider hybrid (manikin arm attached to a SP) so this may allow a more holistic assessment?

6) **Peripheral vein cannulation and iv fluid prescribing:** This station appeared to be short for time with most candidates. Again candidates often appeared to be 'checklist orientated' and paid little attention to the patient. I wonder if hybrid simulation here may help allow for a more holistic assessment? Many students did not get a 'flash back' on inserting the canuula – which may have been off putting. There was a noticeable degree of examiner variance in this station in terms of their instructions (e.g. *"yes you have to secure the cannula"* (in another circuit) *"No you don't need to secure the cannula…..you have no time to")* I suspect the time pressure in this station contributed to this variance.

7) **Confirming life extinct and MCCD:** Overall this station was suitable and performed well.

1) **Ward round and note taking:** I thought this was an excellent station and welcome the use of video footage of a patient encounter. This is an important skill for FP doctors and overall the station appeared to perform well.

2) **Explanation of a diagnosis of Type 2 diabetes:** This was a good station and very suitable for a final MB exam. Overall the station appeared to perform well.

3) **Video footage of a patient being assess who has acute appendicitis:** This was an excellent station and tested note taking skills and prescribing skills. This station is an example of good practice and very relevant to clinical practice. Well done.

4) **Renal calculi history:** Candidates in this station were asked to take a history from a patient presenting with renal calculi. They were also tested about appropriate investigation and treatment. This was a good integrated station and appeared to work well.

5) **Informal complaint by a carer:** This was an excellent station and worked very well. This tested an important skill that often FPs doctors find challenging. Therefore I welcome this skill being included in the Final MB exam. This station appeared to work very well.