Undergraduate student assessors in a formative OSCE station

G. Browne, P. Bjelogrlic, J. Issberner & C. Jackson

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Letters to the editor

Role of distance-learning modules and contact sessions in developing knowledge and skills of junior doctors for practicing effectively in rural hospitals in India

Dear Sir

Distance learning, supported with supervised clinical work, has been successful in helping doctors located in geographically remote areas to practice effectively (Sanders 2007). Christian Medical College (CMC), Vellore, in India designed the Fellowship in Secondary Hospital Medicine (FSHM), a one-year blended distance education program, to support its graduates working in secondary hospitals, which are typically small hospitals in rural areas. The FSHM was designed to provide educational opportunities for these junior doctors working in geographically remote areas through 15 paper-based distance-learning modules focused on providing the academic resources to develop knowledge to practice in rural hospitals; three contact sessions at CMC focused on developing necessary skills; project work focused on improving local health services; and networking between peers and with faculty to provide academic and social support and reduce potential isolation. The purpose of this letter is to report an evaluation of the role of distance-learning modules and contact sessions in helping junior doctors develop the knowledge and skills to practice effectively in rural hospitals in India. The role of project work and networking is important and will be addressed in another publication.

A mixed method evaluation was done using written surveys with students and faculty and a focus group discussion with students. Evidence for validity was gathered for the written survey. Criteria for trustworthiness, including triangulation, member check, thick description and audit trail, were applied for the qualitative data analysis (Barzansky et al. 1985).

The vast majority of students (81%) and faculty (80%) rated the distance-learning modules as Very Good/Excellent in helping students develop the knowledge to practice in

secondary hospitals. Major strengths of the distance-learning modules, identified through qualitative data analysis, were Instructional Design; Useful Content; and Applicability in Secondary Hospitals. Recommendations for improvement were: Add New Modules and Make Modules Available Online.

The vast majority of students (88%) and faculty (87%) rated the contact sessions Good/Very Good in helping students to apply what they have learned in secondary hospitals. Major strengths of contact sessions identified were: Content; Networking and Support; Clarification of Doubts Regarding Patient Management Issues in Secondary Hospital Setting; and Skills Training. A recommendation for improvement was to Continue and Enhance Networking.

Carefully prepared distance-learning modules, supported with contact sessions, should be considered for enabling junior doctors to practice effectively in rural hospitals.

Rashmi Vyas, Anand Zachariah, Isobel Swamidasan, Priya Doris, Medical Education Unit, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: rashmifvyas@yahoo.co.in

Ilene Harris, Department of Medical Education, University of Illinois, Chicago

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Undergraduate student assessors in a formative OSCE station

Dear Sir

The nature of marking and rating in OSCEs is such that any examiner, who has been trained, can assess a station. Bucknall et al. (2007) have shown that peer assessment has a high

correlation with the faculty assessment of Basic Life Support (BLS) in healthcare students.

We took a cohort of undergraduate medical students sitting a formative OSCE (November 2011) and looked at the BLS station. Candidates were assessed by two independent OSCE assessors: a staff and a student assessor. Prior to the assessment, both assessors underwent separate but identical training specific to the station. All assessors remained blind to each other's marking and rating with resultant data assessed for differences within and between assessor groups.

We considered the component skill tasks of the BLS station and compared the marks recorded for each candidate ($n = 75$) by each assessor. The spread of marks assigned by assessor groups were not normally distributed and therefore we employed the non-parametric Kruskal–Walis test to analyse difference. Variation in marking amongst student assessors ($n = 3$) was not significant while the variation in marking amongst staff assessors was significant ($p < 0.01$, $n = 5$).

The variation between average staff assessor marks and average student assessor marks for a given candidate was examined using the Wilcoxon match-pairs-ranks test, with Spearman's rank correlation test showing effective pairing ($p < 0.0001$). The former illustrated a significant difference between the marks given to a candidate by staff assessors compared to the marks given to the same candidate by a student assessor ($p < 0.002$).

Analysing the marks awarded to specific tasks indicated that the two groups of assessors differed in their marking of tasks related to airway management, simultaneous assessment for breathing and pulse, notifying emergency services and integration of the BLS algorithm. This study could be extended by examining which group of assessors provided more lenient or stringent marking in particular sections of BLS as this may point toward differences in marking related to clinical experience or even the lack of familiarity with up to date guidance. This pilot study supplements early work done on the subject of student OSCE assessors.

Browne G., Bjelogrlic P., Issberner J. and Jackson C., School of Medicine, University of St Andrews, Fife, UK. E-mail: gpb3@st-andrews.ac.uk

Reference

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What motivates us to teach?

Dear Sir

The internal *reward that faculty members receive from teaching medical students is critical to the* quality of teaching and to the overall success of an educational program. (Kanter 2012, p. 679; emphases added)

Motivation is the desire to do something, but there are different factors involved in *why* we do the things we do, and *how* we do the things we do. Since there is evidence that a teacher's internal desire to teach has a direct impact on student enthusiasm for the subject and level of achievement, we were interested in exploring the intrinsic motivation of health professionals to teach.

We conducted eight in-depth interviews with physicians and other healthcare professionals who are teaching various classes in Bachelor courses of healthcare professions using a purposive sampling of highly motivated teachers based on the importance of accessing 'key informants'. Interviews were transcribed, coded and thematically analysed.

Participants reported a strong interest in their field of practice and the subject matter of their instruction; they enjoyed their own learning while teaching. They stated an internal desire to impart knowledge for its own sake and showed concern for the effectiveness of their teaching. They also described a strong desire to establish teacher–student rapport and reported that feedback from students was crucial in maintaining their motivation to teach. We arranged these results into four themes that suggested an intrinsic motivation to teach: interest in the subject matter, interest in students' development, interest in establishing teacher-student rapport and the importance of students' feedback.

We believe that teaching is likely to be most effective when the teacher is simultaneously interested in the subject matter and in the students' development. *Self-determination Theory* (Ryan & Deci 2000) predicts that teachers will be intrinsically motivated for tasks that evoke feelings of competence. While our teachers certainly experience competence in their fields of practise while teaching students, the critical theme that emerged here is the need to experience satisfaction from the students' development. Being able to help students to progress, however, may be more dependent on the educational know-how, than on the professional expertise.

We need further research to determine the significance of each factor – the teachers' enthusiasm for the subject matter and teaching process – and correlate them with the quality of the teaching performance. A better understanding of the factors that enhance a teacher's intrinsic motivation can help to optimise educational environments and staff development programmes.

Lukas Lochner, Heike Wieser and Maria Mischo-Kelling, Claudiana – College of Health-Care Professions, Via Lorenz Böhler 13, 39100 Bolzano/Bozen, Italy. Tel: +39 0471 067203. E-mail: lukas.lochner@claudiana.bz.it

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