This is the published version of the abstract:


Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30048479

Reproduced with the kind permission of the copyright owner

Copyright: 2010, ANZAPHE (formerly ANZAME)
Concurrent Session 4  0945 - 1030

**Pearl 8**  
**Theme:** Re(e)forming Tansitions: Supporting Students through Critical Transitions

**ID:** 1012  
**Title:** Issues in Assessing Students in the Clinical Workplace: an Exploratory Study  
**Dr Cathie Haight, Dr David Birks, A/Prof Daryl Pedler, Dr Rob Birks**

**Introduction/Background:**
The Monash Mini Case Record (MCR), based on Norcinis mini CEU, is an observed interaction between a student and a real patient in an authentic clinical setting. The assessor rates the students' competence in history taking or physical examination and clinical reasoning on eight point scales. Professional / ethical behaviour within the encounter is evaluated on a four point scale. The assessor also grades the complexity of the case as low, medium or high. On completion of the student-patient interaction, the student briefly summarises his or her findings, and outlines differential diagnoses and/or a management plan for the patient. The student is encouraged to reflect on his or her performance, and the assessor provides verbal and written feedback. Students complete both formative and summative MCRs across the academic year.

**Purpose/Objectives:**
A survey of students enrolled in Year 3B (the first full clinical year of training) at the Gippsland Regional Clinical School revealed that the MCR was regarded as an acceptable, valid and feasible instructional and assessment tool that had a positive effect on learning. However, some concerns with inter-assessor reliability were raised, specifically the existence of 'hawkish' versus 'dovish'. To explore this issue eleven formative MCRs were videotaped with permission. Three student-patient encounters were selected from this pool. A panel of twelve assessors was asked to view and rate the performance of these students using the standard record form. Thus scores were collated for two candidates physical examination and clinical reasoning skills, and one candidate's proficiency in history taking. There was general agreement as to the relative ranking of the three students. However, differences in ratings across examiners were noted and these were large enough to represent qualitative distinctions e.g., borderline to pass, borderline to good, and pass to excellent. These differences were apparent even within a subset of experienced examiners. Clinical reasoning was rated lower than both physical examination and history taking. There was less variation in ratings of professional / ethical behaviour within the consultation across the three candidates.

**Issues/Questions for exploration or ideas for discussion:**
Should the MCR use a checklist rather than a global form of assessment for history taking, physical examination and clinical reasoning skills? For efficiency should and these be large enough to represent qualitative distinctions e.g., borderline to pass, borderline to good, and pass to excellent? These differences were apparent even within a subset of experienced examiners. Clinical reasoning was rated lower than both physical examination and history taking. There was less variation in ratings of professional / ethical behaviour within the consultation across the three candidates.